Building the High-Functioning Team

For supervisors and senior clinicians: build teams that work — for clients and for each other

10-Day Challenges

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Part 1 · About this challenge

A ten-day guided pathway for SUD clinical supervisors — from seeing your team clearly to building trust, cohesion, and a culture that lasts. One day at a time.

Helpers Helping Helpers · Recovery Made Simple

Your Journey

Team Health Score

Before You Begin

Building a high-functioning team is not a single event — it is a daily practice of seeing clearly, leading honestly, and making choices that strengthen the people you lead. Move through one day at a time. Some days ask hard questions about your own leadership. That difficulty is the work. You are not just completing exercises — you are building a team.

Team Health Baseline

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

The 10-Day Pathway

DAY 1 · AWARENESS
Seeing Your Team Clearly

You cannot build what you cannot see

DAY 2 · AWARENESS
How Your Team Actually Works

Mapping informal power and the real communication network

DAY 3 · AWARENESS
Knowing Your People

Seeing each team member beyond their job description

DAY 4 · TRUST
The Foundation Everything Stands On

Trust is built in the small moments — and broken there too

DAY 5 · TRUST
Making It Safe to Be Human

Psychological safety is not niceness — it is whether honesty is safe

DAY 6 · TRUST
Repair, Transparency & Honest Conflict

Naming what was left unsaid before it hardens

DAY 7 · COHESION

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Activating What Is Already There

Strengths, and the difference between coordination and collaboration

DAY 8 · COHESION

What This Team Stands For

Shared identity, shared beliefs, shared purpose

DAY 9 · SUSTAINABILITY

Performance That Lasts

Standards, accountability, resilience, and sustainable load

DAY 10 · SUSTAINABILITY

The Team Charter

Building something that outlasts you

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Part 2 · Team Health Baseline

Team Health Baseline

Rate each statement about the team you actually have — 1 (Not at all true) to 5 (Very much true). Higher scores indicate a stronger, healthier team. Take it on Day 1 as your baseline, and again on Day 10 to see your movement.

Team Awareness & Clarity

I have an honest, comprehensive picture of my team's current dynamics and health

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I understand the history and unresolved tensions my team is carrying

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I can map the informal power structures and how influence really works on my team

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I know how information actually travels on my team, formally and informally

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I can name a strength beyond the job description for each member of my team

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I invest in my relationships with every team member, including the uncomfortable ones

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I know what my team would say most needs to change, and I have verified it with them

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I observe my team's patterns deliberately rather than only reacting to problems

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

Trust & Psychological Safety

My behaviors consistently build trust rather than quietly eroding it

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I own my mistakes directly with my team and work to repair the damage

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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Not at all · Very much

My team feels genuinely safe to disagree with me without fear of consequence

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team feels safe to admit clinical errors and bring personal struggles to supervision

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I respond to mistakes with curiosity and learning rather than blame and distance

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I actively repair trust ruptures rather than hoping they fade on their own

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I am transparent with my team about decisions, constraints, and pressures that affect them

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team can have direct, respectful conflict and remain relational through it

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

Strength & Cohesion

I know my team's collective strengths and deploy them intentionally

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I create contexts where underrecognized strengths become visible and valued

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team genuinely collaborates and thinks together, not just coordinates parallel work

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team has protected time and structure that makes real collaboration possible

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team shares an articulated clinical identity and set of values it owns

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team holds a coherent, shared philosophy about the people it serves

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

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Team members actively invest in each other's professional development

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team has a palpable, named sense of shared meaning and purpose

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

Performance & Accountability

My team owns clear performance standards it discusses as living conversation

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

Peer accountability is normalized; addressing quality is not only my responsibility

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team holds shared clinical and relational standards beyond formal HR criteria

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team talks about quality continuously, as conversation rather than only evaluation

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

When standards slip, the team addresses it collaboratively and constructively

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team's expectations of excellence are specific enough to be meaningful

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I develop next-level leadership capacity within the team rather than hoarding it

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

The team's performance does not depend on my constant presence to maintain it

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

Sustainability & Resilience

My team responds to crisis by leaning into each other and reintegrating, not scattering

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team debriefs hard events honestly rather than absorbing them in silence

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

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My team has intentional practices for collective recovery after difficult periods

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

Workload is distributed equitably and sustainably across the team

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team protects the wellbeing of its people while delivering excellent care

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team has standing space to reflect on its own dynamics, not just clinical outcomes

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

My team continuously examines and improves how it works together

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

I am building culture and standards durable enough to outlast my own tenure

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

Scoring guide

Each group gets its own score, as a percent.

Higher scores indicate a stronger, healthier team. Take it on Day 1 as your baseline, and again on Day 10 to see your movement.</p> {overall > 0 && (<div style={{ background: 'white', borderRadius: '14px', padding: '20px', border: '1px solid #e5e7eb', marginBottom: '16px' }}> <h3 style={{ fontSize: '15px', fontWeight: '700', marginBottom: '14px' }}>Your Team Health Profile</h3> {assessmentCategories.map(cat => (<ProgressBar key={cat.id} value={getCategoryScore(cat.id)} color={cat.color} label={cat.name} />))} <MetaphorBox icon={<Lightbulb size={16} color=

Higher scores indicate greater team health and strength in that domain. This is a map, not a verdict — the lowest-scoring domains are your priority focus areas. No score here is permanent; every one can move through deliberate leadership work. The most honest verification of all is to ask your team to score it too.

Score: 80% and above — High-Functioning: This domain is genuinely embedded, consistent, and producing results. Protect it and keep verifying it with the team itself.

Score: 65–79% — Strong & Building: Real strength is present here. Continue reinforcing the practices that are working and close the remaining gaps.

Score: 45–64% — Developing: A foundation exists but is not yet reliable. This domain will reward focused, consistent leadership attention.

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Score: 25–44% — Needs Focused Work: This domain presents significant challenges to your team's health. Prioritize it deliberately this period.

Score: below 25% — Foundation Work: This area is the team's biggest opportunity. Honest low scores here are the beginning of something real — start at the foundation.

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Part 3 · Day 1 · Seeing Your Team Clearly

DAY 1 OF 10 · AWARENESS

You cannot build what you cannot see

Today's Reading

Every team tells a story — about what it has been through, what it values, who holds power, who feels invisible, where trust is real and where it is merely performed. Teams have personalities the way individuals do: a collective mood, a default way of relating to each other and to the work. And in substance use disorder treatment, that collective mood does not stay inside the team. It flows directly into the therapeutic environment. A guarded, exhausted team produces a guarded, exhausted milieu. A grounded, connected team produces a place where patients can do the hardest work of their lives.

Most supervisors are so absorbed in the daily clinical and operational demands of the work that they have never stopped long enough to actually study the dynamics they are living inside. The first day of building a high-functioning team is not about fixing anything. It is about seeing clearly — developing an honest, comprehensive picture of where your team actually stands. This is the same discipline recovery asks of every client: you cannot change what you will not first name. Helpers are not exempt from that principle. The same rigor we ask patients to bring to their lives, we owe to the teams we lead.

Teams also carry their history the way individuals carry the past. A beloved colleague who left, a leadership failure that was never repaired, a crisis that was never debriefed — these live on as invisible forces in how people relate today. Before you lead your team anywhere new, you have to understand the story it is already carrying. Today is about slowing down before speeding up: observing rather than intervening, and telling the truth about the team you have before you start building the team you want.

Reflect

1. If you had to describe the current personality of your team — its collective mood and default way of relating — what would you say, and how long has it been that way?

2. What history is your team still carrying: past conflicts, departures, losses, or transitions that were never fully processed?

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3. What would your team most want changed if they could say it without consequence — and how confident are you that you already know the answer?

Today's Work

In a few honest words, the current personality and collective mood of my team is:

Energized, guarded, burned out, collaborative, competitive, something more nuanced...

The history my team is still carrying (departures, losses, conflicts, transitions):

What happened, and how much of it is still active today...

What I suspect my team would most want changed if they could say it freely:

Your honest instinct — you will verify it later...

Set Your Baseline

Before going further, take the Team Health Baseline. It maps where your team is strongest and where the work is most needed across five domains. On Day 10 you will return to it and measure how far the team has moved.

Carry Forward

One leadership action or truth from today I am carrying into the next 24 hours:

A single intention, conversation, or change to make with the team today...

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Part 4 · Day 2 · How Your Team Actually Works

DAY 2 OF 10 · AWARENESS

Mapping informal power and the real communication network

Today's Reading

Every team runs on two systems at once. There is the formal one — the org chart, the roles, the meeting agendas — and there is the informal one, which is almost always more active and more honest. On the informal system, certain people carry influence well beyond their title. Someone's approval is quietly sought; someone's mood sets the tone of the room; someone's opinion lands harder than their position would predict. This informal power is not a problem to eliminate. It is a reality to understand. Supervisors who see it can work with it strategically. Those who ignore it are perpetually surprised by why their changes are not landing.

Information travels the same way. Officially it flows through you. In practice, it often travels through alliances and side conversations long before it reaches you — sometimes long before you are even aware an issue exists. That informal network is not a sign of disloyalty; it is how human groups process uncertainty and emotion. But when too much of a team's real communication happens in the corridors and never in the room, the cost is steep: coordination breaks down, small frustrations harden into factions, and you end up leading a team whose actual experience you cannot see.

Today you map both systems. Not to police them — to understand them. Where does the informal influence sit, and is it aligned with the clinical mission or quietly working against it? How does information really move, and what is that pattern costing the team in trust and coordination? You are doing the same diagnostic work a good clinician does with a family system: tracing the lines of power and communication that explain why things actually happen the way they do.

Reflect

1. Who holds informal power on your team — whose influence exceeds their role — and is that influence working with or against the clinical mission?

2. How does information really travel on your team: through you, or through alliances and side conversations first?

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3. What does your current communication pattern cost the team in trust, coordination, or wasted energy?

Today's Work

Mapping Informal Power

Who holds informal influence beyond their role, and how does it show up?

Whose approval is sought, whose mood sets the tone, whose opinion lands hardest...

Is that informal influence aligned with the clinical mission, or working against it?

Be specific about where it helps and where it strains the team...

Tracing the Communication Network

How does information actually travel on your team? (select all that apply)

Formally through me first

Through trusted alliances

In side conversations

I often hear last

Openly in team meetings

Through one or two hubs

Issues fester before surfacing

What does the current communication pattern cost the team in trust and coordination?

Where small frustrations harden, where coordination breaks down...

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Carry Forward

One leadership action or truth from today I am carrying into the next 24 hours:

A single intention, conversation, or change to make with the team today...

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Part 5 · Day 3 · Knowing Your People

DAY 3 OF 10 · AWARENESS

Seeing each team member beyond their job description

Today's Reading

It is easy to know your team members as role-holders — the intake clinician, the group facilitator, the case manager — and never quite know them as people. But the contributions that most shape a team's culture and clinical quality usually live outside the job description. One person steadies the room in a crisis. Another quietly mentors everyone who is struggling. Another brings a moral clarity that keeps the team honest about its patients. These strengths are real assets, and when they go unnamed they become a form of team waste: present, but never fully activated.

Supervisors who know their people as individuals build a kind of loyalty and engagement that transforms a group of professionals into a genuine team. It is not complicated work, but it is deliberate. It means noticing the strength that is not on anyone's evaluation form, and — this is the part most leaders skip — actually telling the person you see it. Recognition that stays in your head does nothing. Spoken, it changes how someone shows up.

There is a harder edge to this day, too. There is almost always one team member you are least connected to right now — and there are usually assumptions underneath that distance. The team member you know least is frequently the one the team needs you to understand most. Today you look honestly at where your attention has and has not gone, and at the quiet assumptions that may be shaping your supervisory relationships without your full awareness. Investing equally in every relationship — especially the uncomfortable ones — is one of the most reliable ways to build a fundamentally stronger team.

Reflect

1. For each member of your team, can you name a strength that is not in their job description — and when did you last tell them you noticed it?

2. Which team member are you least connected to right now, and what assumptions might you be making about them?

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3. Where has your supervisory attention naturally flowed, and who has quietly received less of it?

Today's Work

Strengths Beyond the Role

For each team member, name one strength that is not in their job description — the contribution to culture, climate, or clinical quality the team would miss most if they were gone.

Team member 1 — name and hidden strength:

e.g., steadies the room in crisis; quietly mentors everyone struggling...

Team member 2 — name and hidden strength:

Their contribution beyond the role...

Team member 3 — name and hidden strength:

Their contribution beyond the role...

Team member 4 — name and hidden strength:

Their contribution beyond the role...

Additional members (as needed):

Continue the list...

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The Member You Know Least

The team member I am least connected to right now is:

Name them honestly...

The assumptions I may be making about that person:

What am I assuming about their motivation, capacity, or attitude?

One concrete step to invest in that relationship this period:

A conversation, a question, a deliberate moment of attention...

Carry Forward

One leadership action or truth from today I am carrying into the next 24 hours:

A single intention, conversation, or change to make with the team today...

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Part 6 · Day 4 · The Foundation Everything Stands On

DAY 4 OF 10 · TRUST

Trust is built in the small moments — and broken there too

Today's Reading

Patrick Lencioni identified trust as the foundational layer beneath every high-functioning team, and its absence as the root of nearly every dysfunction. In SUD clinical settings the stakes are especially high, because the work itself demands constant vulnerability: clinicians facing the limits of their knowledge, supervisors making hard calls under pressure, teams holding patient crises together. A team that does not trust each other papers over those vulnerabilities with professionalism, performance, and silence — and the result is a team that functions adequately but never reaches the depth of collaboration that excellent clinical care actually requires.

Trust is not granted because someone holds a title. It is built in increments — through consistency, follow-through, transparency, and genuine care — and it is broken in moments, often small ones. The supervisory behaviors that build it most reliably are unglamorous and repeatable: doing what you said you would do, telling people the truth, treating their concerns as real. The behaviors that erode it are frequently invisible to the leader and obvious to everyone else.

One of the most powerful trust-building acts available to any supervisor is also one of the simplest: owning your own mistakes. A leader who says "I got that wrong, and here is what I am going to do differently" builds more trust than a leader who never appears to err — because the second leader teaches the team that imperfection is unsafe here. This is the helper holding themselves to the standard we hold patients to: rigorous honesty, especially about ourselves. Today you take an honest inventory of the trust you build and the trust you quietly cost, and you look squarely at how you handle being wrong.

Reflect

1. What do you do consistently and visibly that builds trust — and what, even occasionally, erodes it? Name both honestly.

2. How do you handle it when you make a mistake as a supervisor — do you name it and repair it, or move on and hope it is forgotten?

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3. If trust on your team is built in small moments, which small moment this week mattered more than you treated it?

Today's Work

What Builds Trust on My Team

Trust-building behaviors I practice consistently (select all honestly true):

Follow-through on commitments

Consistency day to day

Transparency about decisions

Genuine care for people

Defending the team upward

Crediting others publicly

Keeping confidences

What I do, even occasionally, that erodes trust (the harder list to write):

Inconsistency, broken commitments, defensiveness, withholding...

How I Handle Being Wrong

A recent supervisory mistake I made — and how I actually handled it:

A wrong call, an unfair response, a commitment not kept...

What I would do differently to own and repair it well:

Naming it directly, explaining reasoning, repairing the damage...

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Carry Forward

One leadership action or truth from today I am carrying into the next 24 hours:

A single intention, conversation, or change to make with the team today...

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Part 7 · Day 5 · Making It Safe to Be Human

DAY 5 OF 10 · TRUST

Psychological safety is not niceness — it is whether honesty is safe

Today's Reading

Psychological safety is one of the most misunderstood ideas in team leadership. It is not about being nice, lowering standards, or avoiding hard conversations. It is about whether the team genuinely believes that honesty is safe here — that admitting a clinical error, raising an unpopular concern, disagreeing with you, or bringing a personal struggle to supervision will not quietly cost them something. On a safe team, people bring the truth into the room. On an unsafe team, the truth circulates everywhere except where it could actually be addressed.

There is almost always a gap between how safe a supervisor believes the team feels and how safe the team actually feels — and the supervisor's number is usually the higher one. That gap is some of the most important data you can gather, because the team's real belief, not your intention, is what governs their behavior. What would a team member need to believe about you in order to tell you something they feared would make you see them negatively? And are those beliefs currently true for most of your people?

How you respond to the first significant mistake is more formative for team safety than any policy or stated value. The team is always watching and quietly deciding: is it safe to be human here? A response that is curious rather than punishing — what happened, what can we learn, what did you need — teaches the team that growth is the goal. A response that is evaluative and distancing teaches them to hide. This is precisely what we tell patients about shame: it drives concealment, and concealment drives relapse. The same dynamic operates on clinical teams. Today you examine the safety your team actually experiences, and the moments that taught them what to expect.

Reflect

1. On a 1–10 scale, how safe does your team feel to disagree, raise concerns, or admit mistakes — and would they score it the same way you do?

2. What would a team member need to believe about you to bring you something they feared would make you think less of them?

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3. Think of the last significant mistake on your team — what did your response teach everyone about the safety of being imperfect?

Today's Work

The Safety Gap

How safe does your team feel to disagree, admit error, and be honest? (your honest estimate)

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

How would your team rate it if asked anonymously?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Not at all · Very much

If those two numbers differ, what explains the gap — and how could you verify the real number?

The evidence behind your estimate, and how you would check it...

What Honesty Requires

What would a team member need to believe about me to risk telling me something difficult?

A clinical error, a personal struggle, a concern about my leadership...

The last significant mistake on my team — and what my response taught everyone:

In the moment, in supervision, in how it was discussed with the team...

Carry Forward

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One leadership action or truth from today I am carrying into the next 24 hours:

A single intention, conversation, or change to make with the team today...

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Part 8 · Day 6 · Repair, Transparency & Honest Conflict

DAY 6 OF 10 · TRUST

Naming what was left unsaid before it hardens

Today's Reading

Unaddressed trust ruptures do not heal on their own. A conflict that was never fully resolved, a decision that felt unjust, a failure of leadership that left damage behind — left alone, these harden into resentment, cynicism, and quiet emotional withdrawal. The courage to name a rupture is the first real movement toward repairing it. This is the same truth we hold in recovery work: what stays hidden runs the system, and what is brought into the light can finally be worked with.

Transparency is its own form of trust-building. Teams that are simply told to "trust us" without information experience that as a request to trust without grounds. Sharing what you reasonably can about organizational decisions, constraints, and pressures — even being honest about what you cannot fully disclose — communicates respect and treats people as adults. Most supervisors err in one direction or the other; the question is which way you lean, and what it costs.

And then there is conflict. A team that cannot have direct, respectful disagreement is a team carrying a constant weight of unspoken things. The ability to fight well — to surface disagreement, work through it, and stay relational — is one of the highest-level team capabilities there is. It rests on a crucial distinction: accountability versus blame. In a trust-rich culture, accountability is a growth mechanism — curious, collaborative, focused on what happened and what can be learned. In a trust-poor culture, the same conversation becomes a punishment mechanism that teaches people to defend and conceal. Today you name what has gone unrepaired, audit your transparency, and look honestly at how conflict and accountability actually function on your team.

Reflect

1. Is there an unaddressed trust rupture on your team right now — and what would it take to name it and begin repair?

2. Do you err toward too much or too little transparency about organizational decisions, and what does that pattern cost?

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3. When performance falls short, is the conversation curious and collaborative, or evaluative and distancing — accountability, or blame?

Today's Work

Naming a Rupture

An unaddressed trust rupture on my team right now:

A conflict never resolved, a decision that felt unjust, damage left behind...

What it would take to name it and begin repair:

The conversation, the acknowledgment, the first concrete step...

My Transparency Audit

On organizational decisions affecting the team, I tend to:

Share too little

Share about right

Share too much

Share late

Explain my reasoning

Withhold to protect them

Name what I cannot disclose

What would the right level of transparency look like for my team?

Even being honest about what you cannot fully share...

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Conflict & Accountability Pattern

My team currently handles interpersonal conflict by:

Open, direct dialogue

Routing it through me

Avoidance

Building alliances

Letting it simmer

When performance falls short, is my response accountability (curious) or blame (evaluative) — and what does the difference cost?

What happened / what can we learn / what did you need — versus distancing...

Carry Forward

One leadership action or truth from today I am carrying into the next 24 hours:

A single intention, conversation, or change to make with the team today...

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Part 9 · Day 7 · Activating What Is Already There

DAY 7 OF 10 · COHESION

Strengths, and the difference between coordination and collaboration

Today's Reading

Trust creates the safety. Cohesion creates the power. Most teams have significantly more collective capability than is currently being activated — clinical competencies, relational gifts, lived experience, and cultural assets that, deployed intentionally, would make the team distinctively capable. The supervisor who knows what is there and puts it to use builds a team that surprises itself with what it can do. Unrecognized strength is wasted strength: the clinician whose deep empathy gets treated as soft, whose creativity reads as disruptive, whose quiet consistency goes unnoticed — each one an untapped resource sitting in plain sight.

There is also a distinction that matters enormously in clinical work: coordination versus collaboration. Coordination is efficient — dividing the labor and reporting back. Collaboration is generative — genuinely thinking together, building on each other's ideas, and producing outcomes no one could have reached alone. The problems patients bring rarely fit inside a single clinician's perspective. A team that only coordinates will deliver competent parallel care. A team that truly collaborates will deliver care that is wiser than any one member.

Collaboration does not emerge spontaneously in busy clinical environments. It requires protected time and intentional structure — and in most settings, that structure is exactly what is missing. Today you take inventory of the strengths your team is not fully using, look honestly at how much real thinking-together actually happens versus coordinated parallel work, and identify the structural changes that would make genuine collaboration possible. You are doing for your team what good treatment planning does for a patient: finding the existing assets and building the conditions in which they can finally be deployed.

Reflect

1. What collective strengths does your team have that are currently underutilized — not deployed to their potential?

2. Where does your team genuinely collaborate — think together, build on each other — versus simply coordinate parallel work?

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3. What structural change to how your team meets, plans, or consults would most improve real collaboration?

Today's Work

Collective Strengths Inventory

My team's collective strengths — clinical, relational, lived experience, cultural:

What together makes this team distinctively capable...

Which of those strengths are currently underutilized — present but not deployed?

The empathy treated as soft, the creativity read as disruptive, the quiet consistency overlooked...

Coordination vs. Collaboration

Right now, my team mostly:

Divides labor and reports back

Genuinely thinks together

Builds on each other's ideas

Works in silos

Collaborates only in crisis

What gets in the way of real thinking-together — time, hierarchy, habit, something else?

The honest obstacle...

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One structural change to how we meet, plan, or consult that would most improve collaboration:

Protected time, a redesigned meeting, a shared case structure...

Carry Forward

One leadership action or truth from today I am carrying into the next 24 hours:

A single intention, conversation, or change to make with the team today...

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Part 10 · Day 8 · What This Team Stands For

DAY 8 OF 10 · COHESION

Shared identity, shared beliefs, shared purpose

Today's Reading

A cohesive team is held together by more than a shared building and a shared schedule. It is held together by a shared clinical identity — a living agreement about what the team stands for that shows up in how it makes decisions, handles disagreement, and talks about its patients. This is not a mission statement on a wall. It is the difference between a group of clinicians operating from incompatible assumptions and a team that knows, together, what good clinical work looks like here and what this team is actually for.

Underneath that identity sit beliefs about the people you serve — about addiction, recovery, human dignity, and the purpose of treatment. When those beliefs are explicit and shared, the team produces a coherent, trustworthy environment for patients. When they are fragmented across individuals with very different clinical philosophies, patients feel the inconsistency even when no one names it. A team that shares a deep, coherent philosophy about its work simply produces better treatment than a team that does not.

Cohesion is also built through mutual investment. On the strongest teams, clinicians actively invest in each other's growth — sharing resources, offering feedback, mentoring those with less experience, celebrating each other's development. This is not a program; it is a culture, and it is one of the clearest predictors of both clinical quality and retention. Finally, the most cohesive teams have a palpable sense of collective meaning — a felt answer to why this particular group, in this particular place, doing this particular work, actually matters. Meaning cannot be manufactured, but it can be cultivated and named. Today you articulate the identity, beliefs, investment habits, and purpose that bind your team — or surface honestly where those are still fragmented.

Reflect

1. Does your team share an articulated clinical identity and set of values it owns — or do members hold genuinely different ideas about what the work is for?

2. What does your team believe about the people it serves, and is that belief explicit and shared or fragmented across individuals?

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3. How actively do team members invest in each other's development — and what is the deeper purpose that unites them beyond the job description?

Today's Work

Shared Clinical Identity

In one or two sentences, what does my team stand for clinically?

A living agreement, not a wall poster — what good work looks like here...

Is that identity owned and shared, or fragmented across individuals? Where does it fracture?

Be honest about where philosophies diverge...

What We Believe About Those We Serve

What does my team believe about addiction, recovery, and human dignity — and is it shared?

The coherent philosophy patients can feel, or the inconsistency they sense...

Peer Investment & Collective Meaning

How team members currently invest in each other (select all true):

Share resources

Offer real feedback

Mentor newer colleagues

Celebrate each other's growth

Development is mostly private

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The deeper purpose that unites this team beyond the job description — is it named and alive?

Why this group, in this place, doing this work, actually matters...

Carry Forward

One leadership action or truth from today I am carrying into the next 24 hours:

A single intention, conversation, or change to make with the team today...

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Part 11 · Day 9 · Performance That Lasts

DAY 9 OF 10 · SUSTAINABILITY

Standards, accountability, resilience, and sustainable load

Today's Reading

High productivity in a SUD clinical setting is not the same as high output. It is the sustained capacity to deliver excellent care while protecting the wellbeing of the people delivering it. That distinction is the whole game in this phase. Teams that chase output through willpower and endurance burn through their people; teams that build sustainability deliver excellence over years rather than quarters.

It begins with standards the team actually owns — not the HR performance criteria, but the clinical and relational standards the team holds itself to and talks about continuously, not as evaluation but as ongoing conversation about quality. Closely tied to this is peer accountability. On many teams, addressing underperformance is entirely the supervisor's burden. On the strongest teams, the responsibility is shared, because the standards and the ownership are shared. That shift makes a team more equitable, more effective, and far less dependent on any one person for quality control.

Sustainability also depends on two things supervisors often overlook. The first is resilience: how the team responds to crisis — a patient loss, a sudden departure, an organizational shock. Resilient teams are not the ones that never fracture under pressure; they are the ones that fracture and reintegrate, because they have been through hard things together and debriefed them honestly. The second is workload distribution. When certain people chronically carry disproportionate weight while others are underutilized, you get resentment in some, disconnection in others, and eventual burnout that takes good clinicians out of the field entirely. Today you examine the standards your team owns, how it handles underperformance and crisis, whether its workload is genuinely sustainable, and who among your people could be developed into the next generation of leadership — because the supervisor who builds other leaders multiplies their impact.

Reflect

1. What clinical and relational standards does your team genuinely own and discuss — beyond formal performance criteria?

2. How does your team handle underperformance and crisis: is there shared peer accountability and resilience, or does it all fall to you?

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3. Is your workload distribution sustainable, and who on your team could you be developing into a future leader?

Today's Work

Standards the Team Owns

The clinical and relational standards my team genuinely owns (beyond HR criteria):

Specific enough to be meaningful, discussed often enough to be living...

How my team currently handles underperformance — me alone, or shared peer accountability?

What would change if the team shared that responsibility?

Resilience & Sustainable Load

How my team responds to crisis — leaning in and reintegrating, or scattering?

A patient loss, a departure, an organizational shock...

Is our workload distribution sustainable, or does weight fall unevenly? What stands in the way of fixing it?

Who carries too much, who is underutilized, what blocks an equitable model...

Developing the Next Leaders

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Who on my team could grow into a next-level leader — and what am I actively doing to develop them?

Clinical skill, relational maturity, commitment to the mission...

Carry Forward

One leadership action or truth from today I am carrying into the next 24 hours:

A single intention, conversation, or change to make with the team today...

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Part 12 · Day 10 · The Team Charter

DAY 10 OF 10 · SUSTAINABILITY

Building something that outlasts you

Today's Reading

The ultimate measure of team leadership is not how well the team performs while you are present. It is how well the team continues to perform and grow after you are gone. A supervisor who hoards leadership creates dependency; a supervisor who builds culture, identity, and standards deep enough to live in the team itself builds something that lasts. The honest question that ends this pathway is simple and demanding: how much of what you have built lives in the team, and how much still lives only in you?

Sustaining what you build also requires feedback loops — standing, structured space for the team to reflect not on clinical outcomes but on how it is functioning as a team. Teams that regularly examine their own dynamics keep improving. Teams that never stop to look tend to ossify around whatever patterns are already present, good and bad. Building that reflective rhythm into the team's operating life is how excellence becomes self-correcting rather than dependent on you to notice and fix.

The concrete work of this final day is the Team Charter — a living document, co-created with your team, that captures who you are, what you stand for, how you treat each other, what standards you hold, and how you will handle the hard moments. This is not a supervisor's document handed down. It is the team's document built together, drawing on everything surfaced across these ten days. It becomes the living memory of what you built — the thing that holds when you are not in the room. Today you draft that charter, name what you most want this team to protect going forward, and return to the baseline you took on Day 1 to see how far the work has moved you.

Reflect

1. If you left this team tomorrow, what norms, values, and practices would sustain its excellence without you — and how much still lives only in you?

2. What standing space does your team have to reflect honestly on how it is functioning as a team, not just on clinical outcomes?

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3. What about this team do you most want to protect and carry forward — and what is the one thing this year taught you about your own leadership?

Today's Work

Step 1: Who This Team Is

Who we are as a team — our identity in our own words:

Drawing on everything surfaced across these ten days...

What we stand for and the patients we serve:

Our shared clinical philosophy and purpose...

Step 2: How We Operate

How we treat each other — our relational commitments:

Trust, honesty, safety, mutual investment...

The standards we hold ourselves to:

Clinical and relational standards we own together...

How we handle conflict and the hard moments:

Direct, respectful, relational — accountability without blame...

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Step 3: Keeping It Alive

The standing space we will use to reflect on how we function as a team:

A regular structured rhythm — not clinical outcomes, but team dynamics...

Step 4: Built to Last

The Real Measure

The test of your leadership is not how the team performs while you are present — it is how it performs and grows after you are gone. Write this as something the team owns, not something you administer.

What I most want this team to protect and carry forward:

The norms, values, and culture worth preserving — the living memory of what we built together...

Bring this draft to the team. A charter handed down is a memo; a charter built together is an agreement.

Revisit Your Baseline

You completed your Team Health Baseline on Day 1. Return to it now and notice what has shifted. This is not a verdict — it is a map of how far the team has traveled. The best verification of all: ask your team to score it too.

Carry Forward

One leadership action or truth from today I am carrying into the next 24 hours:

A single intention, conversation, or change to make with the team today...

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