

Building the High-Functioning Team

A 12-Month Team Dynamics, Cohesion & Productivity Journey for SUD Clinical Supervisors

Timeline Mapping

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Part 1 · Getting started

Building the High-Functioning Team

A 12-Month Team Dynamics, Cohesion & Productivity Journey for SUD Clinical Supervisors

The Recovery Files · Embrace, Empower & Evolve

This timeline is a private, structured space to invest seriously in the team you lead — not in performance management, but in the human dynamics that determine whether a group of skilled professionals becomes something genuinely greater than the sum of its parts.

Your Role & Credentials

e.g., Clinical Supervisor, LCPC, CADC

Your Clinical Setting

e.g., Residential SUD, IOP, First Responder Program

Start Date for This Plan

e.g., January 2025

Who Holds You Accountable? (optional)

e.g., Clinical director, mentor, peer supervisor

Part 2 · Phase I · Team Awareness

Phase I · Months 1-3

Team Awareness: Seeing Your Team Clearly Before You Lead Them Anywhere

"You cannot build a great team without first understanding the one you already have."

Every team tells a story — about what it has been through, what it values, who has power, who feels invisible, where the trust is real and where it is performed. Most supervisors in substance use disorder settings are so absorbed in the day-to-day clinical and operational demands of the work that they have never stopped long enough to actually study the team dynamics they are living inside. Phase I is not about fixing anything yet. It is about seeing clearly — developing an accurate, honest, and comprehensive picture of your team's current health: its strengths, its fault lines, its unspoken rules, its patterns of collaboration and conflict, and its collective relationship with the work of addiction treatment. You cannot build what you cannot see. This phase is about learning to see.

Overview

Phase Goals

1. Develop a comprehensive, honest assessment of current team dynamics — strengths, strains, and silent patterns
2. Understand the history your team is carrying — past conflicts, transitions, losses, and unresolved tensions
3. Map the informal power dynamics, alliances, and communication patterns that shape how the team actually operates
4. Identify individual team members' strengths, values, and professional identities as distinct from their job descriptions
5. Assess the current level of psychological safety, candor, and authentic collaboration on the team
6. Establish a team dynamics baseline that will anchor your improvement planning for the full year

Phase Focus

Phase I requires slowing down before speeding up. The temptation when you see team problems is to immediately intervene — to restructure, to address, to fix. Resist that impulse for this phase. Instead, observe. Have individual conversations with each team member that are not about work output — ask them what they love about this team and what they wish were different. Keep a running log of what you notice: communication patterns, who sits next to whom, who speaks first in meetings, who goes quiet when certain topics come up. This data is gold. You cannot build the team you want without fully seeing the team you have.

My Leadership Commitment This Phase

What is the one thing you most want to build, change, or strengthen in your team during Months 1-3?

Reflection Prompts

These prompts are designed to surface honest insight about your team — what it is, what it needs, and what your leadership is building toward. Answer from real observation, not from aspiration.

1. Team Assessment

If you had to describe the current personality of your team — its collective mood, its default way of relating to each other and to the work — what would you say? Is it energized, burned out, guarded, collaborative, competitive, or something more nuanced?

Teams have personalities just as individuals do. The collective mood of a clinical team flows directly into the therapeutic environment. What is yours right now — and how long has it been that way?

Record your honest reflection, clinical observations, or leadership commitments here...

2. Team Assessment

What is the story your team is carrying — the history of significant events, leadership changes, losses, conflicts, and transitions that shaped who they are today? How much of that history is still active in how team members relate to each other and to you?

Teams carry their history the way individuals carry trauma. Unprocessed events — a beloved colleague who left, a leadership failure, a crisis that was never debriefed — live on as invisible forces in team dynamics. What history is yours carrying?

Record your honest reflection, clinical observations, or leadership commitments here...

3. Power Dynamics & Communication

Who has the informal power on your team — the person whose approval others seek, whose mood sets the tone, whose opinion carries more weight than their role would suggest? Is that informal influence aligned with or working against the team's clinical mission?

Informal power is always present on teams. Supervisors who understand it can work with it strategically. Those who ignore it are constantly surprised by why their changes are not landing.

Record your honest reflection, clinical observations, or leadership commitments here...

4. Power Dynamics & Communication

How does information actually travel on your team — formally through you, or informally through alliances and side conversations before you are even aware an issue exists? What does that communication pattern cost the team in terms of trust and coordination?

The informal communication network of a team is always more active than the formal one. Understanding it is not about control — it is about knowing what your team is actually experiencing and processing.

Record your honest reflection, clinical observations, or leadership commitments here...

5. Individual Strengths & Identity

For each member of your team, can you name a specific strength that is not in their job description — a way they contribute to the team's culture, climate, or clinical quality that goes beyond their stated role? When did you last tell them you noticed it?

Supervisors who know their team members as people — not just as role-holders — build the kind of loyalty and engagement that transforms a group of professionals into a genuine team.

Record your honest reflection, clinical observations, or leadership commitments here...

6. Individual Strengths & Identity

Which team member are you least connected to right now, and why? What assumptions are you making about that person — and how might those assumptions be shaping the quality of your supervisory relationship with them?

The team member you know least is often the one the team needs most. Supervisors who invest equally in every relationship — especially the uncomfortable ones — build fundamentally stronger teams.

Record your honest reflection, clinical observations, or leadership commitments here...

7. Psychological Safety Baseline

On a scale of 1–10, how safe does your team feel to disagree with you, raise unpopular concerns, make mistakes without fear, or bring personal struggles to supervision? What evidence supports your number — and would your team score it the same way?

There is almost always a gap between how safe supervisors think their team feels and how safe the team actually feels. The size of that gap is the most important data point in Phase I.

Record your honest reflection, clinical observations, or leadership commitments here...

8. Dynamics Baseline

If you asked your team to anonymously complete this sentence — 'The one thing that would most improve our team is ___' — what do you think you would hear? What does your instinct about their answers tell you about where to focus your improvement efforts?

Leaders who know what their team would say without being told have developed something rare: genuine attunement to the people they lead. What does your attunement say — and how will you verify it?

Record your honest reflection, clinical observations, or leadership commitments here...

Team Scoring

Team Scoring — Team Awareness

Rate the current state of your team on each domain from 1 (not yet present or just beginning) to 10 (genuinely embedded, consistent, and producing results). Score the team you have — not the one you are building toward.

Honest, comprehensive picture of current team dynamics and health

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

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Awareness of the history and unresolved tensions the team is carrying

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

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Understanding of informal power structures and communication patterns

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

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Knowledge of each team member's individual strengths beyond their job description

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

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Accurate baseline assessment of psychological safety and authentic collaboration

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

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Phase Score

Early-stage territory — and the most important stage. Honest low scores here are the beginning of something real. The gap between where you are and where you want to be is your entire leadership opportunity.

Action & Notes

Month-by-Month Action Plan for Months 1-3

What specific leadership actions will you take each month to build your team? Name the change, name the practice, name how you will know it is working.

Month A — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Month B — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Month C — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Phase Completion Checklist

Completed honest team dynamics assessment for this phase

Engaged with all 8 reflection prompts (minimum 4 with written responses)

Team scoring assessment completed and reviewed against actual team behavior

Personal leadership commitment written and actively in use

Month-by-month action plan drafted with specific actions named

At least one direct team member conversation to gather honest feedback about team dynamics

At least one team-building practice or structure introduced or changed this phase

Transition reflection: what have I built this phase and what does the next phase need to start with?

My Private Leadership Notes

What are you noticing about your team that you haven't said out loud yet? What is this phase of team-building teaching you about yourself as a leader?

Part 3 · Phase II · Trust & Safety

Phase II · Months 4–6

Trust & Safety: The Foundation Every High-Functioning Team Stands On

"Trust is not given because someone earns a title. It is built in the small moments — and broken there too."

Patrick Lencioni identified trust as the foundational layer of every high-functioning team — and its absence as the source of nearly every team dysfunction. In substance use disorder clinical settings, the stakes of team trust are especially high because the work requires constant vulnerability: clinicians facing the limits of their knowledge, supervisors making difficult clinical and administrative decisions, teams navigating patient crises and organizational pressures together. A team that does not trust each other will paper 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 genuinely excellent clinical care requires. Phase II is about building the specific conditions under which trust grows: consistency, transparency, accountability without blame, safety to fail, and genuine care for the human beings doing the hardest work in the helping professions.

Overview

Phase Goals

1. Build a clear, shared understanding of what trust looks and feels like on a clinical SUD team
2. Identify the specific trust-building behaviors you as a supervisor model — and those you inadvertently undermine
3. Create conditions for psychological safety: where team members can be honest, make mistakes, and disagree without fear
4. Address any existing trust ruptures — unspoken conflicts, past leadership failures, lingering resentments — with honesty and care
5. Build transparency as a supervisory practice: how you make decisions, how you communicate organizational information, how you handle your own mistakes
6. Develop team norms around conflict, feedback, and accountability that strengthen rather than threaten trust

Phase Focus

Phase II requires personal courage from you as the supervisor. The most impactful thing you can do to build trust this phase is to model the very vulnerability you want your team to practice. Share something in a team meeting that is true and uncomfortable — an area of uncertainty, a leadership challenge you are working through, an honest acknowledgment of a way you have fallen short. Watch what happens to the team's openness in the two weeks that follow. Trust is

contagious — but only when the person with the most power in the room goes first.

My Leadership Commitment This Phase

What is the one thing you most want to build, change, or strengthen in your team during Months 4-6?

Reflection Prompts

These prompts are designed to surface honest insight about your team — what it is, what it needs, and what your leadership is building toward. Answer from real observation, not from aspiration.

1. Building Trust as a Supervisor

What specific things do you do — consistently, reliably, and visibly — that build trust with your team? What do you do, even occasionally, that erodes it? Be as honest as you can: the trust-building behaviors are easier to name than the trust-eroding ones.

Trust is built in increments and broken in moments. The supervisory behaviors that build trust most reliably are consistency, follow-through, transparency, and genuine care. Which of these are your strengths — and which need work?

Record your honest reflection, clinical observations, or leadership commitments here...

2. Building Trust as a Supervisor

How do you handle it when you make a mistake as a supervisor — a wrong call, an unfair response, a commitment you did not keep? Do you acknowledge it directly to your team, explain your reasoning, and repair the trust damage? Or do you move on and hope it is forgotten? Supervisors who own their mistakes build more trust than supervisors who never make them. The modeling effect of a leader who says 'I got that wrong, and here is what I am going to do differently' is one of the most powerful trust-building acts available.

Record your honest reflection, clinical observations, or leadership commitments here...

3. Psychological Safety

What would a team member on your team need to believe about you in order to tell you something they were afraid would make you see them negatively — a clinical error, a personal

struggle, a concern about your leadership? Are those beliefs currently accurate for most of your team?

Psychological safety is not about being nice. It is about whether the team believes that honesty is safe — that admitting imperfection, raising concern, or disagreeing will not cost them something. What does your team currently believe?

Record your honest reflection, clinical observations, or leadership commitments here...

4. Psychological Safety

Think of the last time a team member made a significant clinical or professional mistake. How did you respond — in the moment, in supervision, and in how the situation was discussed with the broader team? What did that response teach your team about the safety of being imperfect here?

How a supervisor handles the first public mistake is more formative for team safety than any policy or stated value. The team is watching and deciding: is it safe to be human here?

Record your honest reflection, clinical observations, or leadership commitments here...

5. Addressing Trust Ruptures

Is there an unaddressed trust rupture on your team right now — a conflict that was never fully resolved, a decision that felt unjust, an absence or failure of leadership that left damage behind? What would it take to name it and begin repairing it?

Unaddressed trust ruptures do not heal on their own — they harden into resentment, cynicism, and emotional withdrawal. The courage to name them is the first movement toward repair.

Record your honest reflection, clinical observations, or leadership commitments here...

6. Transparency

How transparent are you with your team about organizational decisions that affect them — changes, constraints, pressures from above, your own areas of disagreement with leadership? What is the right level of transparency, and do you currently err on the side of too much or too little?

Teams that are told 'just trust us' without information experience that as a request to trust without grounds. Transparency — even about what you cannot fully share — is itself a trust-building act.

Record your honest reflection, clinical observations, or leadership commitments here...

7. Conflict & Feedback Culture

How does your team handle interpersonal conflict — openly and directly, through you as a mediator, by avoidance, or by building alliances? What does the current conflict pattern cost the team in terms of energy, cohesion, and clinical focus?

A team that cannot have direct, respectful conflict is a team that is carrying a constant weight of unspoken things. The ability to fight well — to surface disagreement, work through it, and remain relational — is one of the highest-level team capabilities.

Record your honest reflection, clinical observations, or leadership commitments here...

8. Accountability Without Blame

What is the difference between accountability and blame on your team right now? When performance falls short, is the conversation curious and collaborative — what happened, what can we learn, what do you need — or is it evaluative and distancing? What does that difference cost?

Accountability in a trust-rich culture is a growth mechanism. Accountability in a trust-poor culture is a punishment mechanism. Which one are you running — and what would it take to shift it?

Record your honest reflection, clinical observations, or leadership commitments here...

Team Scoring

Team Scoring — Trust & Safety

Rate the current state of your team on each domain from 1 (not yet present or just beginning) to 10 (genuinely embedded, consistent, and producing results). Score the team you have — not the one you are building toward.

Consistent supervisory behaviors that build rather than erode team trust

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

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Genuine psychological safety — team members feel safe to fail, disagree, and be honest

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

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Active, transparent repair of past and present trust ruptures

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

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Transparency as a consistent supervisory practice, not a selective one

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

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Team norms around conflict and accountability that build rather than threaten trust

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

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Phase Score

Early-stage territory — and the most important stage. Honest low scores here are the beginning of something real. The gap between where you are and where you want to be is your entire leadership opportunity.

Action & Notes

Month-by-Month Action Plan for Months 4-6

What specific leadership actions will you take each month to build your team? Name the change, name the practice, name how you will know it is working.

Month A — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Month B — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Month C — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Phase Completion Checklist

Completed honest team dynamics assessment for this phase

Engaged with all 8 reflection prompts (minimum 4 with written responses)

Team scoring assessment completed and reviewed against actual team behavior

Personal leadership commitment written and actively in use

Month-by-month action plan drafted with specific actions named

At least one direct team member conversation to gather honest feedback about team dynamics

At least one team-building practice or structure introduced or changed this phase

Transition reflection: what have I built this phase and what does the next phase need to start with?

My Private Leadership Notes

What are you noticing about your team that you haven't said out loud yet? What is this phase of team-building teaching you about yourself as a leader?

Part 4 · Phase III · Strength & Cohesion

Phase III · Months 7–9

Strength & Cohesion: Building a Team That Is Greater Than the Sum of Its Parts

"Cohesion is what happens when a group of talented individuals finally starts acting like a team."

Trust creates the safety. Cohesion creates the power. A cohesive team in a substance use disorder clinical setting is one where individual strengths are known, named, and strategically deployed — where collaboration is genuine rather than coordinated, where team members invest in each other's success as actively as their own, and where the collective intelligence of the team consistently exceeds what any individual could produce alone. Building cohesion in a high-stress clinical environment is not about team-building retreats or forced camaraderie. It is about creating the structural, relational, and cultural conditions under which genuine interdependence becomes natural. Phase III focuses on identifying and building on the team's existing strengths, designing collaborative work structures that require and reward cohesion, developing a shared clinical identity, and building the habits of mutual investment that distinguish a truly cohesive team from one that simply works in the same building.

Overview

Phase Goals

1. Conduct a comprehensive strengths inventory of the team — individual and collective assets that are underutilized
2. Build deliberate structures and practices that require and reward genuine collaboration
3. Develop a shared clinical identity and set of values that the team owns rather than management assigns
4. Create peer investment habits — ways team members actively support, challenge, and develop each other
5. Address the specific team dynamics that most undermine cohesion: silos, competition, cliques, and disengagement
6. Build a collective sense of meaning and purpose around the work of substance use disorder treatment

Phase Focus

Phase III is about deliberate activation of what is already present. Start with the strengths inventory: ask each team member to name what they consider their most important contribution to the team — the thing the team would miss most if they were gone. Then ask each person what they most appreciate about a specific colleague. Watch what happens when people's contributions are named and appreciated publicly. Design one team meeting this month where the agenda is built entirely around a clinical question that requires everyone's perspective to

answer — not a case presentation, but a genuine 'how should we think about this together?' question. The experience of collective intelligence is one of the most powerful cohesion-builders available.

My Leadership Commitment This Phase

What is the one thing you most want to build, change, or strengthen in your team during Months 7-9?

Reflection Prompts

These prompts are designed to surface honest insight about your team — what it is, what it needs, and what your leadership is building toward. Answer from real observation, not from aspiration.

1. Strengths Inventory

What are the collective strengths of your team — the clinical competencies, relational qualities, lived experience, and cultural assets that together make this team distinctively capable? Which of those strengths are currently underutilized — not deployed to their potential?

Most teams have significantly more collective capability than is currently being activated. The supervisor who knows what is there and intentionally deploys it builds a team that surprises itself with what it can do.

Record your honest reflection, clinical observations, or leadership commitments here...

2. Strengths Inventory

Which team member has a strength that the rest of the team does not fully recognize or appreciate? What would it mean — for that person and for the team — to deliberately create a context where that strength becomes visible and valued?

Unrecognized strengths are a form of team waste. The clinician whose deep empathy is treated as soft, whose creativity is seen as disruptive, whose quiet consistency is overlooked — each one represents an untapped team resource.

Record your honest reflection, clinical observations, or leadership commitments here...

3. Collaboration Structures

What does genuine collaboration look like on your team right now versus coordinated parallel work? Are team members truly thinking together, building on each other's ideas, and producing outcomes they could not have reached individually — or are they dividing labor and reporting back?

Coordination is efficient. Collaboration is generative. The difference matters enormously in clinical settings where the problems patients bring require more than any single clinician's perspective can hold.

Record your honest reflection, clinical observations, or leadership commitments here...

4. Collaboration Structures

What structural changes to how your team meets, plans, consults, and shares clinical work would most improve genuine collaboration? What currently gets in the way of real thinking-together — time, hierarchy, habit, or something else?

Collaboration does not emerge spontaneously in busy clinical environments — it requires protected time and intentional structure. What structure is currently missing from your team's workflow?

Record your honest reflection, clinical observations, or leadership commitments here...

5. Shared Identity & Values

Does your team have a shared, articulated clinical identity — a set of values and commitments they own and would describe consistently? Or do different team members hold fundamentally different ideas about what good clinical work looks like and what the team is actually for?

A shared clinical identity is not a mission statement on a wall. It is a living agreement about what the team stands for that shows up in how they make decisions, handle disagreements, and talk about their work with patients.

Record your honest reflection, clinical observations, or leadership commitments here...

6. Shared Identity & Values

What does your team believe about the people they serve — about addiction, recovery, human dignity, and the purpose of treatment? Is that belief explicit and shared, or is it fragmented across individuals with very different clinical philosophies?

Clinical teams that share a deep, coherent philosophy about their patients and their work produce fundamentally better treatment environments than teams where individual clinicians operate from incompatible assumptions.

Record your honest reflection, clinical observations, or leadership commitments here...

7. Peer Investment & Mutual Development

Do team members actively invest in each other's professional development — sharing resources, offering feedback, mentoring less experienced colleagues, celebrating each other's growth? Or is professional development a private, individual pursuit that happens outside the team?

Teams where clinicians genuinely invest in each other's learning produce higher clinical quality and significantly better retention. Mutual development is not a program — it is a culture. How do you build it?

Record your honest reflection, clinical observations, or leadership commitments here...

8. Meaning & Collective Purpose

What unites your team beyond their shared job description? What is the deeper sense of collective purpose — the reason this particular group of people, in this particular setting, doing this particular work actually matters? Is that meaning visible, named, and alive in the team's daily life?

Teams that have a palpable sense of shared meaning and purpose are more resilient, more cohesive, and significantly more effective than teams that are simply doing their jobs. Meaning is not manufactured — but it can be cultivated.

Record your honest reflection, clinical observations, or leadership commitments here...

Team Scoring

Team Scoring — Strength & Cohesion

Rate the current state of your team on each domain from 1 (not yet present or just beginning) to 10 (genuinely embedded, consistent, and producing results). Score the team you have — not the one you are building toward.

Comprehensive strengths inventory completed and actively used in team deployment

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

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Genuine collaboration structures in place — thinking together, not just coordinating

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

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Shared clinical identity and values that are owned and lived by the team

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

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Active peer investment habits — team members developing each other

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

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Palpable shared sense of meaning and purpose in the team's daily clinical work

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

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Phase Score

Early-stage territory — and the most important stage. Honest low scores here are the beginning of something real. The gap between where you are and where you want to be is your entire leadership opportunity.

Action & Notes

Month-by-Month Action Plan for Months 7-9

What specific leadership actions will you take each month to build your team? Name the change, name the practice, name how you will know it is working.

Month A — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Month B — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Month C — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Phase Completion Checklist

Completed honest team dynamics assessment for this phase

Engaged with all 8 reflection prompts (minimum 4 with written responses)

Team scoring assessment completed and reviewed against actual team behavior

Personal leadership commitment written and actively in use

Month-by-month action plan drafted with specific actions named

At least one direct team member conversation to gather honest feedback about team dynamics

At least one team-building practice or structure introduced or changed this phase

Transition reflection: what have I built this phase and what does the next phase need to start with?

My Private Leadership Notes

What are you noticing about your team that you haven't said out loud yet? What is this phase of team-building teaching you about yourself as a leader?

Part 5 · Phase IV · Productivity & Sustainability

Phase IV · Months 10–12

Productivity & Sustainability: Building a Team That Performs Well and Lasts

"The highest-functioning teams are not just effective — they are sustainable. They take care of themselves so they can keep taking care of others."

The final phase of this timeline is about performance and permanence. You have spent nine months building awareness, trust, and cohesion — now the work is to channel those foundations into a team that consistently performs at a high level, that manages its collective energy sustainably, that handles organizational pressure without fracturing, and that builds the systems and culture to sustain excellence beyond any individual — including you. High team productivity in SUD clinical settings is not the same as high team output — it is the sustained ability to deliver excellent clinical care while maintaining the human wellbeing of the people doing it. This phase also focuses on what it means to be a supervisor who builds teams that outlast their leaders: teams whose culture, identity, and performance standards are embedded deeply enough that they are not dependent on any one person's presence to maintain them. That is the measure of truly excellent team leadership.

Overview

Phase Goals

1. Establish clear, shared performance standards that the team owns and holds each other to
2. Build team resilience practices that enable the group to absorb stress without fracturing
3. Develop sustainable workload and energy management strategies for the clinical team
4. Create feedback loops that continuously improve team dynamics, performance, and wellbeing
5. Build leadership capacity within the team — developing next-level leaders and reducing dependency on the supervisor
6. Write a Team Charter: a living document of who this team is, what it stands for, and how it will operate

Phase Focus

Phase IV is about legacy architecture. The concrete work of this phase is writing the Team Charter — a document co-created with the team that captures who you are, what you stand for, how you will treat each other, what standards you hold, and how you will handle the hard moments. This is not a supervisor's document presented to the team. It is a team's document built together. Schedule a dedicated session — or two — for this work. Bring the reflections from across the year. Let team members name what they are most proud of about this team and what they most want to protect about it going forward. The Charter becomes the living memory of what you built together.

My Leadership Commitment This Phase

What is the one thing you most want to build, change, or strengthen in your team during Months 10–12?

Reflection Prompts

These prompts are designed to surface honest insight about your team — what it is, what it needs, and what your leadership is building toward. Answer from real observation, not from aspiration.

1. Performance Standards

What are the explicit performance standards your team holds itself to — not the HR performance criteria, but the clinical and relational standards the team owns? Are they specific enough to be meaningful? Are they discussed regularly enough to be living?

Teams that hold each other to shared standards of excellence perform better than teams where standards are set by individual supervisors and evaluated in annual reviews. The goal is a team that talks about quality continuously — not as evaluation, but as conversation.

Record your honest reflection, clinical observations, or leadership commitments here...

2. Performance Standards

How does your team currently handle underperformance — when a colleague is not meeting clinical or relational standards? Is there a peer accountability culture, or is addressing underperformance entirely your responsibility as supervisor? What would change if the team shared that responsibility?

Teams where peer accountability is normalized are more equitable, more effective, and significantly less dependent on supervisors for quality control. The path to shared accountability is through shared standards and shared ownership of the team's performance.

Record your honest reflection, clinical observations, or leadership commitments here...

3. Team Resilience

How does your team respond to crisis — a patient loss, a significant organizational change, a staff departure, a clinical failure? Does the team lean into each other and emerge stronger, or do they scatter into individual coping and emerge more fragmented?

Team resilience is not the absence of fracture under pressure — it is the capacity to fracture and reintegrate. Teams that have been through hard things together and debriefed them honestly are more resilient than teams that have been protected from difficulty.

Record your honest reflection, clinical observations, or leadership commitments here...

4. Team Resilience

What practices does your team have for collective recovery after hard periods — after a difficult patient situation, after an organizational crisis, after a particularly exhausting stretch of work? Is restoration built into your team's operating rhythm, or does it happen accidentally if at all?

High-performing teams in high-stress environments do not sustain performance through willpower and endurance — they sustain it through intentional recovery. What does collective recovery look like for your team?

Record your honest reflection, clinical observations, or leadership commitments here...

5. Sustainable Workload & Energy

Is the current workload distribution on your team sustainable — or are certain team members chronically carrying disproportionate weight while others are underutilized? What would an equitable, sustainable workload model look like, and what stands in the way of building it?

Unsustainable workload distribution is one of the most common and most invisible drivers of team dysfunction. It produces resentment in those who carry too much, disconnection in those who carry too little, and eventual burnout that takes people out of the field.

Record your honest reflection, clinical observations, or leadership commitments here...

6. Building Team Leadership Capacity

Who on your team is developing into a potential next-level leader — someone with the clinical skill, the relational maturity, and the commitment to the team's mission to eventually carry more formal responsibility? What are you actively doing to develop them?

Supervisors who develop other leaders multiply their impact. Supervisors who hoard leadership create dependency. The most important long-term contribution a supervisor makes is often not the work they do — it is the leaders they build.

Record your honest reflection, clinical observations, or leadership commitments here...

7. Feedback Loops & Continuous Improvement

What standing mechanisms does your team have for reflecting on how it is functioning — not on clinical outcomes, but on team dynamics, communication, and collaboration? Is there a regular, structured space for the team to talk honestly about how it is doing as a team?

Teams that regularly examine how they are working together continuously improve. Teams that never stop to examine their own dynamics tend to ossify around the patterns — good and bad — that are already present.

Record your honest reflection, clinical observations, or leadership commitments here...

8. Team Charter & Legacy

If you were to leave this team tomorrow — what would you want to leave behind? What norms, values, practices, and culture have you built that would sustain the team's excellence independent of your presence? How much of what you have built this year lives in the team, and how much still lives in you?

The ultimate measure of team leadership is not how well the team performs while you are there — it is how well the team continues to perform and grow after you are gone. What are you building to last?

Record your honest reflection, clinical observations, or leadership commitments here...

Team Scoring

Team Scoring — Productivity & Sustainability

Rate the current state of your team on each domain from 1 (not yet present or just beginning) to 10 (genuinely embedded, consistent, and producing results). Score the team you have — not the one you are building toward.

Shared, team-owned performance standards that are discussed and alive

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

—

Team resilience practices that enable absorption of stress without fracturing

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

—

Sustainable workload and energy management built into team structure

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

—

Active development of next-level leadership capacity within the team

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

—

Team Charter completed and embedded as a living guide to team culture and standards

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

—

Phase Score

Early-stage territory — and the most important stage. Honest low scores here are the beginning of something real. The gap between where you are and where you want to be is your entire leadership opportunity.

Action & Notes

Month-by-Month Action Plan for Months 10-12

What specific leadership actions will you take each month to build your team? Name the change, name the practice, name how you will know it is working.

Month A — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Month B — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Month C — Leadership Focus, Actions & Measures

What specific team-building action will you take this month?

Phase Completion Checklist

Completed honest team dynamics assessment for this phase

Engaged with all 8 reflection prompts (minimum 4 with written responses)

Team scoring assessment completed and reviewed against actual team behavior

Personal leadership commitment written and actively in use

Month-by-month action plan drafted with specific actions named

At least one direct team member conversation to gather honest feedback about team dynamics

At least one team-building practice or structure introduced or changed this phase

Transition reflection: what have I built this phase and what does the next phase need to start with?

My Private Leadership Notes

What are you noticing about your team that you haven't said out loud yet? What is this phase of team-building teaching you about yourself as a leader?
