Clinical Communication Plan

Team Communication Improvement Plan · 12-Month Timeline

Timeline Mapping

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Part 1 · Getting started

Clinical Communication Plan

Team Communication Improvement Plan · 12-Month Timeline

The Recovery Files · SUD Clinical Excellence

This plan guides SUD clinicians and teams through a structured, 12-month improvement journey across 9 clinical communication domains — from meeting culture and email discipline to conflict navigation, handoffs, and a personal coaching game plan.

Your Name / Initials

e.g., D. Carter, LCSW

Your Clinical Role

e.g., Counselor, Case Manager, Clinical Director

Treatment Setting

e.g., Residential, IOP, Dual Diagnosis

Plan Start Date

e.g., February 2025

Supervisor / Coach (optional)

e.g., S. Moran

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Part 2 · Phase I · Meeting Culture & Effectiveness

Domain 1 of 9

Meeting Culture & Effectiveness

"A meeting without a clear purpose is just a group of people sitting in a room waiting for it to end."

Clinical meetings in substance use disorder settings are among the most important — and most misused — communication tools available. Treatment team meetings, case consultations, staff meetings, supervision, and crisis briefings all serve distinct purposes that are frequently blurred, mismanaged, or replaced by reflexive scheduling.

Overview

Why This Matters in SUD Clinical Communication

The average SUD clinician attends 8–12 hours of meetings per week. If even half of those meetings are poorly designed, that is 4–6 hours per week — 200+ hours per year — of clinical time consumed without proportional clinical value. Meeting culture reflects organizational values.

Domain Goals

1. Audit every recurring meeting you attend or facilitate for purpose, frequency, and return on time

2. Develop the skill of facilitating meetings with a clear agenda, owner, and defined output

3. Learn to distinguish between meeting types: decision meetings, information meetings, consultation meetings, and check-ins

4. Reduce meeting bloat — learn to say no to unnecessary meetings and offer alternatives

5. Establish a standard meeting cadence appropriate to the clinical needs of your team

6. Build skills for running meetings that end on time, produce decisions, and leave people energized

What I Want to Improve

What gap in Meeting Culture & Effectiveness is costing you or your team the most right now?

Reflection

Reflection Prompts — Meeting Culture & Effectiveness

Click any prompt to expand it and record your response. 0% addressed.

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1. Meeting Audit

List every recurring meeting you attend in a typical week. For each one: who calls it, what is its stated purpose, does it achieve that purpose, and what would be lost if it were cancelled?

A meeting that survives cancellation review has earned its spot on your calendar.

Your reflection, response, or coaching notes...

2. Facilitation Quality

When you facilitate or lead a meeting, what is your typical process? Do you circulate an agenda in advance? Do meetings end on time? Do they produce documented decisions?

The facilitator sets the tone. Underprepared facilitators create unfocused meetings.

Your reflection, response, or coaching notes...

3. Meeting Types

Are the meetings in your clinical setting clearly categorized by purpose — decision, information, consultation, relationship? Or do all meetings try to do everything?

When a meeting tries to do everything, it usually accomplishes nothing.

Your reflection, response, or coaching notes...

4. Time & Respect

How do meetings in your clinical setting begin and end? Do they start late, run over, or lack closure? What message does that send to the clinical team about respect for professional time?

How a team runs meetings reveals how the team values each other.

Your reflection, response, or coaching notes...

5. Improvement Goal

If you could change one thing about how meetings are conducted in your clinical setting — something within your sphere of influence — what would it be?

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You do not need a leadership title to model better meeting behavior.

Your reflection, response, or coaching notes...

Open Reflection

Anything else this domain is surfacing for you — recent experiences, feedback you've received, patterns you're noticing...

Scoring

Behavioral Scoring — Meeting Culture & Effectiveness

Rate each statement based on your actual current behavior — not your intention or ideal. 0 = Never, 10 = Consistently true. Current domain average: ____ / 10

Meetings I facilitate have clear agendas and defined outputs

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I start and end meetings on time consistently

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I can distinguish between different meeting types and design accordingly

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I challenge unnecessary meetings and offer better alternatives

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

My team leaves my meetings knowing what was decided and what comes next

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Timeline

12-Month Milestone Timeline — Meeting Culture & Effectiveness

Click the milestone node to mark it reached. 0% complete.

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1. 30 days

Complete a full meeting audit; identify at least 2 meetings that could be eliminated or redesigned

What actually happened at 30 days? What did you practice or implement?

2. 60 days

Implement a standard agenda template for all meetings you facilitate; start and end on time for 8 consecutive meetings

What actually happened at 60 days? What did you practice or implement?

3. 90 days

Share meeting audit findings with supervisor; propose one structural change to team meeting cadence

What actually happened at 90 days? What did you practice or implement?

4. 6 months

Team reports improved meeting clarity; documented decisions produced from every meeting you facilitate

What actually happened at 6 months? What did you practice or implement?

5. 12 months

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Recognized as a meeting facilitator who runs purposeful, respectful, outcome-driven clinical meetings

What actually happened at 12 months? What did you practice or implement?

Milestone Completion0 / 5

Action Plan

Recommended Actions — Meeting Culture & Effectiveness

Check each as you implement it. 0% implemented.

Introduce a standing meeting agenda template: Purpose → Updates → Decisions Needed → Action Items → Owner → Due Date

Implement a '48-hour rule': agendas distributed 48 hours before any meeting you facilitate

Audit recurring meetings quarterly: cancel the ones that fail the purpose test without apology

End every meeting with a two-minute 'what was decided and who owns what' summary

Propose a 'no meeting without a purpose statement' norm for your team

Start meetings on time, every time — it is the single most powerful norm-setting behavior available

My 30 / 60 / 90-Day Action Steps

Next 30 Days

What will I do this month — specific action, deadline, and how I'll measure it?

Days 31–60

Building on month one — what do I practice, observe, and seek feedback on?

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Days 61–90

Deepening the work — what has changed, what am I adjusting, what does success look like?

Accountability & Coaching Plan

Who holds you accountable to this? How will supervision, peer consultation, or team feedback support your growth?

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Part 3 · Phase II · Email & Written Communication

Domain 2 of 9

Email & Written Communication

"Every email you send is a representation of your clinical thinking — clarity on the page reflects clarity of mind."

Written communication in SUD clinical settings — emails, memos, messages, clinical correspondence, referral letters, discharge summaries — is frequently an afterthought. Poor written communication creates confusion, delays treatment decisions, damages professional relationships, and creates liability.

Overview

Why This Matters in SUD Clinical Communication

In SUD treatment environments operating under tight margins, regulatory scrutiny, and high staff turnover, written communication is often the only record of critical clinical decisions and team agreements. An email that is unclear, misdirected, or never responded to is not just a professional inconvenience — it can represent a gap in the chain of client care.

Domain Goals

1. Develop a clear, purposeful personal email style: one email, one purpose, one action request

2. Reduce email volume by choosing the right communication channel for the right message

3. Build habits around email management that prevent inbox overwhelm and communication debt

4. Learn to write clinical correspondence with precision and professionalism

5. Distinguish between reply-all culture and targeted communication — and actively reduce the former

6. Develop a personal standard for response time that balances accessibility with boundaries

What I Want to Improve

What gap in Email & Written Communication is costing you or your team the most right now?

Reflection

Reflection Prompts — Email & Written Communication

Click any prompt to expand it and record your response. 0% addressed.

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1. Volume & Quality

How many emails do you send and receive on a typical clinical day? What percentage of them are actually necessary? What generates the most email noise in your setting?

Email volume is often a symptom of unclear meetings, absent processes, and low-trust communication cultures.

Your reflection, response, or coaching notes...

2. Clarity

Read your last 10 sent emails. Are they clear about purpose, action needed, and deadline? Or do they leave the reader guessing?

Write every email as if the reader has no context — because sometimes they don't.

Your reflection, response, or coaching notes...

3. Channel Choice

Do you ever send an email when a phone call, a brief in-person conversation, or a direct message would be faster, clearer, and more appropriate?

The wrong channel multiplies communication friction.

Your reflection, response, or coaching notes...

4. Response Culture

What is the email response culture in your clinical setting? Are expectations explicit or assumed? What happens when emails go unanswered?

Unclear response expectations create chronic low-grade communication anxiety across the whole team.

Your reflection, response, or coaching notes...

5. Clinical Writing

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How confident are you in your ability to write professional clinical correspondence — referral letters, consultation requests, insurance appeals, discharge summaries?

Clinical writing is a professional credential — it communicates your competency to everyone who reads it.

Your reflection, response, or coaching notes...

Open Reflection

Anything else this domain is surfacing for you — recent experiences, feedback you've received, patterns you're noticing...

Scoring

Behavioral Scoring — Email & Written Communication

Rate each statement based on your actual current behavior — not your intention or ideal. 0 = Never, 10 = Consistently true. Current domain average: ____ / 10

My emails have a clear purpose and single action request

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I choose the right communication channel for each message

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I manage my inbox without letting it manage me

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

My clinical correspondence reflects professional clarity and precision

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I avoid unnecessary reply-all and email thread proliferation

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

© The Recovery Files

Timeline

12-Month Milestone Timeline — Email & Written Communication

Click the milestone node to mark it reached. 0% complete.

1. 30 days

Audit your last 50 sent emails for clarity, purpose, and channel appropriateness

What actually happened at 30 days? What did you practice or implement?

2. 60 days

Implement subject line formatting and twice-daily processing; track inbox volume change

What actually happened at 60 days? What did you practice or implement?

3. 90 days

Draft 3 personal email templates for most common communications; share with supervisor

What actually happened at 90 days? What did you practice or implement?

4. 6 months

Colleagues report improved clarity and responsiveness in written communication

What actually happened at 6 months? What did you practice or implement?

5. 12 months

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Written communication is recognized as a professional strength — clear, purposeful, and appropriately channeled

What actually happened at 12 months? What did you practice or implement?

Milestone Completion0 / 5

Action Plan

Recommended Actions — Email & Written Communication

Check each as you implement it. 0% implemented.

Adopt the one-email-one-purpose rule: each email should have a single clear purpose and a single requested action

Use a subject line formula: [ACTION NEEDED] or [FYI] or [DECISION BY DATE]

Implement a twice-daily email processing routine — morning and end of day

Before sending a reply-all, ask: does every person on this chain need this information?
Develop 3 template emails for your most common written communications: referral, update, consultation request

When an email thread exceeds 5 replies, pick up the phone

My 30 / 60 / 90-Day Action Steps

Next 30 Days

What will I do this month — specific action, deadline, and how I'll measure it?

Days 31–60

Building on month one — what do I practice, observe, and seek feedback on?

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Days 61–90

Deepening the work — what has changed, what am I adjusting, what does success look like?

Accountability & Coaching Plan

Who holds you accountable to this? How will supervision, peer consultation, or team feedback support your growth?

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Part 4 · Phase III · Who Is Included — Inclusion Criteria

Domain 3 of 9

Who Is Included — Inclusion Criteria

"Including the wrong people wastes everyone's time. Excluding the right ones breaks the chain of care."

One of the most persistent and costly communication problems in SUD clinical settings is the question of inclusion: who needs to be in this meeting, on this email, involved in this decision? Poor inclusion decisions create information overload for people who don't need to act, and critical information gaps for people who do.

Overview

Why This Matters in SUD Clinical Communication

In SUD treatment settings, communication inclusion directly impacts client safety. A counselor who wasn't included in a team meeting doesn't know about the client's change in medication. Inclusion is not a courtesy decision — it is a clinical one.

Domain Goals

1. Develop a clear personal framework for inclusion decisions across all communication channels

2. Learn to distinguish between 'needs to know,' 'needs to act,' and 'nice to know' recipients

3. Build the habit of asking 'who else needs this?' before finalizing any communication

4. Develop skills for pushing back on unnecessary inclusion without damaging team relationships

5. Understand how inclusion decisions reflect and reinforce power dynamics in clinical settings

6. Build communication maps for your team — who needs what, when, and through which channel

What I Want to Improve

What gap in Who Is Included — Inclusion Criteria is costing you or your team the most right now?

Reflection

Reflection Prompts — Who Is Included — Inclusion Criteria

Click any prompt to expand it and record your response. 0% addressed.

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1. Inclusion Criteria

How do you currently decide who to include in a meeting, email, or clinical communication? Is that framework explicit and consistent, or is it intuitive and variable?

Implicit inclusion rules create inconsistent outcomes and frequent hurt feelings.

Your reflection, response, or coaching notes...

2. Over-Inclusion

Are there people in your clinical setting who are routinely included in communications or meetings where they don't have a decision role or a clear information need?

Over-inclusion trains people to stop paying attention — the reverse of its intention.

Your reflection, response, or coaching notes...

3. Under-Inclusion

Have there been clinical situations in your setting where someone who needed information didn't receive it — with real consequences for client care or team function?

Under-inclusion is invisible until it causes a problem — which is why it is so dangerous.

Your reflection, response, or coaching notes...

4. Power & Hierarchy

How do power dynamics in your clinical setting shape communication inclusion? Are certain roles or people systematically over-included or under-included?

Communication inclusion is a cultural artifact of organizational power — examine it honestly.

Your reflection, response, or coaching notes...

5. Communication Maps

If you had to draw a communication map of your clinical team — who talks to whom, about what, through which channel — what would it reveal?

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Communication maps make invisible patterns visible — and visible patterns can be changed.

Your reflection, response, or coaching notes...

Open Reflection

Anything else this domain is surfacing for you — recent experiences, feedback you've received, patterns you're noticing...

Scoring

Behavioral Scoring — Who Is Included — Inclusion Criteria

Rate each statement based on your actual current behavior — not your intention or ideal. 0 = Never, 10 = Consistently true. Current domain average: ____ / 10

I have a clear, consistent framework for inclusion decisions

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I actively reduce over-inclusion in my communications

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I catch and correct under-inclusion before it affects client care

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I can name who needs to know what, when, and through which channel

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

My inclusion decisions reflect clinical need, not habit or hierarchy

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Timeline

12-Month Milestone Timeline — Who Is Included — Inclusion Criteria

Click the milestone node to mark it reached. 0% complete.

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1. 30 days

Map current communication inclusion patterns; identify 3 over-inclusion and 3 under-inclusion examples

What actually happened at 30 days? What did you practice or implement?

2. 60 days

Introduce a personal inclusion decision framework; apply it to every meeting and email for 30 days

What actually happened at 60 days? What did you practice or implement?

3. 90 days

Propose RACI or equivalent model to supervisor; pilot it with one recurring communication

What actually happened at 90 days? What did you practice or implement?

4. 6 months

Team reports fewer 'why was I included in this?' and 'why didn't I know about this?' moments

What actually happened at 6 months? What did you practice or implement?

5. 12 months

Communication inclusion is intentional, documented, and defensible — clinical consequences of poor inclusion are rare

What actually happened at 12 months? What did you practice or implement?

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Milestone Completion0 / 5

Action Plan

Recommended Actions — Who Is Included — Inclusion Criteria

Check each as you implement it. 0% implemented.

Develop a personal inclusion decision tree: Action required? → Direct. Decision needed? → Decision-makers only. Information only? → One communication to named individuals

Introduce the 'RACI' model to your team: Responsible, Accountable, Consulted, Informed

Before any meeting invitation goes out, write one sentence per invitee explaining their role

Create a clinical communication directory: who is the right person for each type of clinical question

When you receive an unnecessary communication, respond directly and kindly

Quarterly, review your team's communication map and ask: are there inclusion patterns that reflect habit rather than clinical need?

My 30 / 60 / 90-Day Action Steps

Next 30 Days

What will I do this month — specific action, deadline, and how I'll measure it?

Days 31–60

Building on month one — what do I practice, observe, and seek feedback on?

Days 61–90

Deepening the work — what has changed, what am I adjusting, what does success look like?

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Accountability & Coaching Plan

Who holds you accountable to this? How will supervision, peer consultation, or team feedback support your growth?

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Part 5 · Phase IV · Too Much Communication

Domain 4 of 9

Too Much Communication

"When everything is urgent and everyone is copied, nothing is heard and no one is responsible."

Communication overload manifests as inbox flooding, back-to-back meetings with no white space, group texts that vibrate all night, and the chronic feeling that you are drowning in information while still missing what matters. In SUD treatment settings, communication overload is a direct contributor to burnout, errors, and staff turnover.

Overview

Why This Matters in SUD Clinical Communication

Research on cognitive load shows that after a certain threshold of incoming communication, decision quality, empathy, and clinical attention all degrade. Communication overload is a clinical quality issue masquerading as an organizational one.

Domain Goals

1. Identify and reduce the primary sources of communication overload in your clinical setting

2. Develop personal boundaries and protocols around after-hours and non-urgent communication

3. Build skills for filtering, prioritizing, and triaging incoming communication efficiently

4. Learn to push back on communication volume without damaging professional relationships

5. Distinguish between the feeling of being overwhelmed and an actual communication emergency

6. Develop team norms that protect clinical time and cognitive bandwidth

What I Want to Improve

What gap in Too Much Communication is costing you or your team the most right now?

Reflection

Reflection Prompts — Too Much Communication

Click any prompt to expand it and record your response. 0% addressed.

1. Overload Sources

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What are the three primary sources of communication overload in your clinical setting? Is it email, meetings, texts, group chats, or something else?

Name the specific source before trying to solve the general problem.

Your reflection, response, or coaching notes...

2. After-Hours Communication

What are the expectations in your clinical setting around after-hours communication? Are they explicit or assumed?

After-hours communication expectations are a retention and burnout issue — not just a preference.

Your reflection, response, or coaching notes...

3. Urgency Inflation

How is 'urgent' defined in your clinical communication environment? Is everything urgent, or is urgency reserved for genuine clinical emergencies?

When everything is urgent, nothing is.

Your reflection, response, or coaching notes...

4. Personal Boundaries

How do you currently protect your cognitive bandwidth? What boundaries do you hold around communication? Where do you cave, and what does that cost you?

Communication boundaries are not antisocial — they are clinical ethics.

Your reflection, response, or coaching notes...

5. Systemic vs. Personal

How much of the communication overload you experience is driven by your own communication habits — and how much is systemic? What can you control right now?

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Separating the systemic from the personal focuses your energy where it can actually produce change.

Your reflection, response, or coaching notes...

Open Reflection

Anything else this domain is surfacing for you — recent experiences, feedback you've received, patterns you're noticing...

Scoring

Behavioral Scoring — Too Much Communication

Rate each statement based on your actual current behavior — not your intention or ideal. 0 = Never, 10 = Consistently true. Current domain average: ____ / 10

I can identify my primary sources of communication overload

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I have clear, respected boundaries around after-hours communication

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I distinguish genuine urgency from urgency inflation

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

My cognitive bandwidth for clinical work is actively protected

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I model communication restraint and have reduced my noise contribution

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Timeline

12-Month Milestone Timeline — Too Much Communication

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Click the milestone node to mark it reached. 0% complete.

1. 30 days

Identify your top 3 overload sources; establish one boundary (e.g., no after-hours non-emergency texts)

What actually happened at 30 days? What did you practice or implement?

2. 60 days

Implement communication windows; track reduction in reactive communication behavior

What actually happened at 60 days? What did you practice or implement?

3. 90 days

Propose team urgency definitions and after-hours norms; document the proposal and response

What actually happened at 90 days? What did you practice or implement?

4. 6 months

Personal communication overload is measurably reduced; clinical presence is protected

What actually happened at 6 months? What did you practice or implement?

5. 12 months

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Communication boundaries are part of your professional identity — modeled consistently and respected by the team

What actually happened at 12 months? What did you practice or implement?

Milestone Completion0 / 5

Action Plan

Recommended Actions — Too Much Communication

Check each as you implement it. 0% implemented.

Implement a personal 'communication window' — defined times when you process non-urgent communication

Define 'urgent' explicitly with your team: urgent = immediate clinical safety risk

Audit your group chats, email lists, and meeting invitations: unsubscribe from every channel where you are not a decision-maker

Propose a team agreement on after-hours communication: on-call protocols and 'dark hours'

Practice the '24-hour rule' for non-urgent communications: if it can wait 24 hours without clinical harm, it is not urgent

Model communication restraint publicly: narrate the choice when you choose a brief conversation over an email chain

My 30 / 60 / 90-Day Action Steps

Next 30 Days

What will I do this month — specific action, deadline, and how I'll measure it?

Days 31–60

Building on month one — what do I practice, observe, and seek feedback on?

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Days 61–90

Deepening the work — what has changed, what am I adjusting, what does success look like?

Accountability & Coaching Plan

Who holds you accountable to this? How will supervision, peer consultation, or team feedback support your growth?

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Part 6 · Phase V · Too Little Communication

Domain 5 of 9

Too Little Communication

"Silence in clinical communication is never neutral — it is always communicating something, usually fear."

Under-communication manifests as staff who don't know what is happening with a shared client, supervisors who assume their team has information they were never given, silos between clinical and administrative functions, and the devastating breakdown of information at shift changes, program transitions, and clinical handoffs. Under-communication is frequently driven by avoidance.

Overview

Why This Matters in SUD Clinical Communication

In substance use disorder treatment, communication gaps are relapse risks. A client in early recovery whose counselor didn't communicate with the prescriber about their mood change, whose case manager didn't know about the family crisis — that client is navigating recovery in a system that doesn't actually know them.

Domain Goals

1. Identify patterns of under-communication in your clinical setting and trace them to their root cause

2. Develop the communication habits that prevent clinical information gaps from forming

3. Build the courage to communicate difficult information proactively rather than waiting to be asked

4. Learn to distinguish between appropriate communication restraint and avoidance-driven silence

5. Develop clinical handoff and shift-change communication standards that leave nothing in the gap

6. Create feedback-seeking habits that surface information that would otherwise remain unshared

What I Want to Improve

What gap in Too Little Communication is costing you or your team the most right now?

Reflection

Reflection Prompts — Too Little Communication

Click any prompt to expand it and record your response. 0% addressed.

1. Communication Gaps

Think of a recent clinical situation where someone — you, a colleague, or a client — was affected by a communication gap. What information didn't travel? What was the consequence?

Communication gaps are most visible in their aftermath — work backward from the gap to its cause.

Your reflection, response, or coaching notes...

2. Avoidance Patterns

Are there types of communication you tend to avoid or delay — delivering difficult feedback, reporting a mistake, escalating a concern, having a direct conversation with a colleague?

Avoidance is the primary engine of under-communication. Name yours.

Your reflection, response, or coaching notes...

3. Silos

Are there communication silos in your clinical setting — departments or roles that don't share information effectively? What maintains those silos?

Silos are organizational structures that protect someone from accountability. Identify who benefits from the silo.

Your reflection, response, or coaching notes...

4. Handoffs & Transitions

Describe your current clinical handoff or shift-change communication process. Is it standardized, documented, and complete?

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The handoff moment is the most dangerous moment in clinical communication — it is where care continuity lives or dies.

Your reflection, response, or coaching notes...

5. Proactive vs. Reactive

Do you tend to communicate proactively — sharing information before someone has to ask — or reactively? What drives that pattern?
Proactive communication builds trust. Reactive communication builds dependency on escalation.

Your reflection, response, or coaching notes...

Open Reflection

Anything else this domain is surfacing for you — recent experiences, feedback you've received, patterns you're noticing...

Scoring

Behavioral Scoring — Too Little Communication

Rate each statement based on your actual current behavior — not your intention or ideal. 0 = Never, 10 = Consistently true. Current domain average: ____ / 10

I communicate proactively — before being asked

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I have a standardized handoff process that closes information gaps

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I address communication avoidance patterns in myself honestly

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I bridge silos rather than accepting them

© The Recovery Files

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

My team has a shared daily brief or equivalent touchpoint

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Timeline

12-Month Milestone Timeline — Too Little Communication

Click the milestone node to mark it reached. 0% complete.

1. 30 days

Identify 3 recurring communication gaps in your setting; trace each to its root cause

What actually happened at 30 days? What did you practice or implement?

2. 60 days

Implement a standardized handoff template; use it for 20 consecutive handoffs

What actually happened at 60 days? What did you practice or implement?

3. 90 days

Pilot a daily clinical brief with your team; document member response and information quality

What actually happened at 90 days? What did you practice or implement?

4. 6 months

Clinical information gaps in your caseload have measurably decreased

What actually happened at 6 months? What did you practice or implement?

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5. 12 months

Proactive communication is your default — colleagues report that you are reliably informative and clear

What actually happened at 12 months? What did you practice or implement?

Milestone Completion0 / 5

Action Plan

Recommended Actions — Too Little Communication

Check each as you implement it. 0% implemented.

Implement a daily clinical brief for your team: 90 seconds, 3 things — what changed overnight, what needs attention today, who needs to know

Develop a standardized handoff template using SBAR: Situation, Background, Assessment, Recommendation

Identify one communication gap in your current caseload and close it today

Practice the proactive communication habit: when something changes clinically, communicate it before you are asked

Establish a monthly 'blind spots' check with your team: 'What are we not talking about that we should be?'

When you notice yourself delaying a difficult communication, apply the 24-hour rule: communicate within 24 hours

My 30 / 60 / 90-Day Action Steps

Next 30 Days

What will I do this month — specific action, deadline, and how I'll measure it?

Days 31–60

Building on month one — what do I practice, observe, and seek feedback on?

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Days 61–90

Deepening the work — what has changed, what am I adjusting, what does success look like?

Accountability & Coaching Plan

Who holds you accountable to this? How will supervision, peer consultation, or team feedback support your growth?

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Part 7 · Phase VI · Streamlining Communication Systems

Domain 6 of 9

Streamlining Communication Systems

"The goal is not more communication or less communication — it is the right communication, through the right channel, to the right people, at the right time."

Streamlining clinical communication is the work of designing systems, not just improving habits. Streamlining asks the organizational question: how do we as a team build communication infrastructure that is efficient, reliable, and clinically supportive? In SUD treatment settings, this includes decisions about channels, platforms, cadences, templates, escalation pathways, and documentation norms.

Overview

Why This Matters in SUD Clinical Communication

Communication systems determine communication culture. Teams with clear, consistent communication infrastructure — defined channels for defined purposes, explicit norms, and shared templates — spend less time managing communication and more time doing clinical work.

Domain Goals

1. Develop a team communication map that defines channels, purposes, audiences, and response expectations

2. Identify and eliminate redundant communication — meetings, emails, and platforms that duplicate each other

3. Build shared templates and protocols for the most common clinical communications

4. Create clear escalation pathways so urgent information moves at the right speed to the right people

5. Develop a rhythm for communication — daily, weekly, and monthly cadences that match clinical need

6. Evaluate and rationalize the technology platforms used for clinical team communication

What I Want to Improve

What gap in Streamlining Communication Systems is costing you or your team the most right now?

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Reflection

Reflection Prompts — Streamlining Communication Systems

Click any prompt to expand it and record your response. 0% addressed.

1. Current System Audit

How many different communication channels does your clinical team currently use — email, text, Slack, Teams, phone, EHR messaging, in-person? Is there a clear purpose distinction between them?

Channel proliferation is among the top causes of communication fragmentation in clinical settings.

Your reflection, response, or coaching notes...

2. Redundancy

Where in your current communication system is the same information being communicated multiple times, through multiple channels, to partially overlapping audiences?

Redundancy feels safe but actually creates confusion — different versions of the same information circulate and contradict each other.

Your reflection, response, or coaching notes...

3. Templates & Protocols

Which of the most common clinical communications in your setting — handoffs, referrals, updates, consultation requests — have standardized templates? Which don't?

Templates are not bureaucracy — they are compressed institutional knowledge that prevents every clinician from reinventing the wheel.

Your reflection, response, or coaching notes...

4. Escalation Pathways

When something genuinely urgent happens clinically, is there a clear, shared, practiced escalation pathway? Does every member of your team know exactly what to do and who to contact?

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An escalation pathway that no one knows is not a pathway — it's a document.

Your reflection, response, or coaching notes...

5. Communication Rhythm

Does your clinical team have an intentional communication rhythm — predictable touchpoints at daily, weekly, and monthly intervals that match the clinical tempo of your setting?
Communication rhythm is predictability — and predictability is a form of psychological safety for clinical teams.

Your reflection, response, or coaching notes...

Open Reflection

Anything else this domain is surfacing for you — recent experiences, feedback you've received, patterns you're noticing...

Scoring

Behavioral Scoring — Streamlining Communication Systems

Rate each statement based on your actual current behavior — not your intention or ideal. 0 = Never, 10 = Consistently true. Current domain average: ____ / 10

I can describe every communication channel our team uses and its purpose

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I have identified and helped eliminate communication redundancy

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I use and promote shared communication templates

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Our team's escalation pathway is clear, practiced, and accessible to all

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— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Our team has a predictable communication rhythm that I actively maintain

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Timeline

12-Month Milestone Timeline — Streamlining Communication Systems

Click the milestone node to mark it reached. 0% complete.

1. 30 days

Audit all current communication channels; produce a channel map with purpose and audience for each

What actually happened at 30 days? What did you practice or implement?

2. 60 days

Draft a Team Communication Charter; present it to supervisor or team lead for feedback

What actually happened at 60 days? What did you practice or implement?

3. 90 days

Implement 3 shared communication templates; develop or review escalation pathway

What actually happened at 90 days? What did you practice or implement?

4. 6 months

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Communication rhythm is established; team can describe the system and follows it consistently

What actually happened at 6 months? What did you practice or implement?

5. 12 months

Clinical communication system is documented, functional, and reviewed quarterly — a source of team stability

What actually happened at 12 months? What did you practice or implement?

Milestone Completion0 / 5

Action Plan

Recommended Actions — Streamlining Communication Systems

Check each as you implement it. 0% implemented.

Build a one-page Team Communication Charter: channel purpose, audience, response time, and escalation path for each

Conduct a quarterly platform audit: identify any communication tool that duplicates another and eliminate it

Develop shared templates for the 5 most common clinical communications in your setting

Map your escalation pathway visually — a simple flowchart that every team member can access and knows by memory

Establish a communication rhythm: 10-minute daily clinical brief, 45-minute weekly team meeting, monthly communication health check

Pilot one communication system change, measure its impact, adjust it, and then formalize it

My 30 / 60 / 90-Day Action Steps

Next 30 Days

What will I do this month — specific action, deadline, and how I'll measure it?

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Days 31–60

Building on month one — what do I practice, observe, and seek feedback on?

Days 61–90

Deepening the work — what has changed, what am I adjusting, what does success look like?

Accountability & Coaching Plan

Who holds you accountable to this? How will supervision, peer consultation, or team feedback support your growth?

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Part 8 · Phase VII · Handoffs, Continuity & Transitions of Care

Domain 7 of 9

Handoffs, Continuity & Transitions of Care

"The handoff is where the story of a client either continues or gets lost. Every gap in handoff communication is a gap in care."

Clinical handoffs — shift changes, level-of-care transitions, referrals to outside providers, discharges, and coverage arrangements — are among the highest-risk communication moments in substance use disorder treatment. In SUD treatment, where relapse risk is highest during transitions, a poorly executed handoff is not just a communication failure — it is a clinical emergency waiting to happen.

Overview

Why This Matters in SUD Clinical Communication

Clients in SUD treatment are disproportionately lost to care at transition points. Communication failures at these transitions are a primary driver of that loss. The clinician who masters handoff communication is not just a better communicator — they are a direct protector of their clients' recovery continuity.

Domain Goals

1. Develop and consistently use a standardized handoff communication structure (SBAR or equivalent)

2. Ensure that every client transition — level of care, coverage, referral, discharge — includes a documented communication

3. Build skills for warm handoffs — personal introductions that maintain therapeutic alliance across transitions

4. Develop protocols for covering a colleague's caseload that provide genuine clinical continuity

5. Learn to communicate with external providers — community supports, prescribers, courts, families — with clarity and clinical precision

6. Create a personal standard for discharge communication that closes the clinical loop

What I Want to Improve

What gap in Handoffs, Continuity & Transitions of Care is costing you or your team the most right now?

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Reflection

Reflection Prompts — Handoffs, Continuity & Transitions of Care

Click any prompt to expand it and record your response. 0% addressed.

1. Current Handoff Practice

Describe exactly what happens when you hand off a client to a colleague for coverage — what information is shared, how, and how do you know it was received and understood?

The difference between a handoff and a communication is confirmation of receipt and understanding.

Your reflection, response, or coaching notes...

2. Transition Risks

At what transition points in your clinical setting are clients most likely to be lost to care or to experience a communication gap? What are you currently doing to protect those moments?

Transition risk is predictable — which means it is preventable.

Your reflection, response, or coaching notes...

3. Warm vs. Cold Handoffs

When you refer a client to another provider or level of care, do you introduce them personally and directly — a warm handoff — or do you send a referral packet and hope for the best?

A warm handoff is the difference between a referral that happens and a referral that works.

Your reflection, response, or coaching notes...

4. External Communication

How effective are you at communicating with providers outside your organization — prescribers, court systems, community supports, family members?

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External communication quality determines whether your clients experience integrated care or fragmented services.

Your reflection, response, or coaching notes...

5. Discharge Communication

What does your current discharge communication process look like? Does it close the clinical loop — with the client, with the family, with the receiving provider, and with your own team? Discharge is not the end of clinical communication — it is the final handoff, and it should be the best one.

Your reflection, response, or coaching notes...

Open Reflection

Anything else this domain is surfacing for you — recent experiences, feedback you've received, patterns you're noticing...

Scoring

Behavioral Scoring — Handoffs, Continuity & Transitions of Care

Rate each statement based on your actual current behavior — not your intention or ideal. 0 = Never, 10 = Consistently true. Current domain average: ____ / 10

I use SBAR or an equivalent standardized handoff structure consistently

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

My coverage handoffs provide genuine clinical continuity

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Warm handoffs are my default for all referrals and transitions

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

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My external communications are clear, professional, and complete

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

My discharge communications close the clinical loop completely

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Timeline

12-Month Milestone Timeline — Handoffs, Continuity & Transitions of Care

Click the milestone node to mark it reached. 0% complete.

1. 30 days

Implement SBAR for all internal handoffs; practice with every coverage situation for 30 days

What actually happened at 30 days? What did you practice or implement?

2. 60 days

Create a personal Handoff Checklist; review your last 10 discharge communications for gaps

What actually happened at 60 days? What did you practice or implement?

3. 90 days

Warm handoff is your default for all referrals; documented and reported to supervisor

What actually happened at 90 days? What did you practice or implement?

4. 6 months

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Zero clients lost at transition due to communication failure in your caseload

What actually happened at 6 months? What did you practice or implement?

5. 12 months

Recognized as a clinical communication model for handoff and transition quality across the team

What actually happened at 12 months? What did you practice or implement?

Milestone Completion0 / 5

Action Plan

Recommended Actions — Handoffs, Continuity & Transitions of Care

Check each as you implement it. 0% implemented.

Implement SBAR for every clinical handoff: Situation, Background, Assessment, Recommendation — practiced until it is automatic

Create a personal 'Handoff Checklist' for coverage situations: diagnoses, current clinical goals, risk factors, recent changes, and pending actions

Make warm handoffs your standard for every referral and level-of-care transition — a personal introduction, not just a packet

Develop a standard external communication template for prescriber and court system correspondence

Implement a 24-hour follow-up practice: when you hand off a client at discharge, make one follow-up contact within 24 hours to confirm connection

Review your last 10 discharges: where did communication break down? What would have prevented it?

My 30 / 60 / 90-Day Action Steps

Next 30 Days

What will I do this month — specific action, deadline, and how I'll measure it?

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Days 31–60

Building on month one — what do I practice, observe, and seek feedback on?

Days 61–90

Deepening the work — what has changed, what am I adjusting, what does success look like?

Accountability & Coaching Plan

Who holds you accountable to this? How will supervision, peer consultation, or team feedback support your growth?

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Part 9 · Phase VIII · Conflict, Feedback & Difficult Conversations

Domain 8 of 9

Conflict, Feedback & Difficult Conversations

"The conversations you avoid the most are usually the ones your team needs the most."

Interpersonal conflict, critical feedback, and difficult professional conversations are the most avoided and most necessary communications in any clinical setting. In SUD treatment environments, which are characterized by high emotional intensity, blurred professional boundaries, countertransference, and vicarious trauma — conflict is not an anomaly. It is a routine occupational feature.

Overview

Why This Matters in SUD Clinical Communication

Unaddressed conflict in clinical settings doesn't disappear — it goes underground and becomes gossip, passive aggression, triangulation, and deteriorating team trust. These dynamics directly affect clinical quality. Conflict communication skill is not a soft skill — it is a clinical infrastructure necessity.

Domain Goals

1. Develop the courage and skill to address conflict directly and early — before it becomes entrenched

2. Learn the principles of non-defensive feedback delivery and reception in clinical team contexts

3. Build skills for difficult conversations using frameworks like Crucial Conversations or Nonviolent Communication

4. Develop the ability to distinguish between interpersonal conflict and clinical disagreement — and respond to each appropriately

5. Learn to de-escalate rather than inflame communication tension in team environments

6. Build a personal standard for how you want to show up in conflict — and practice it before you need it

What I Want to Improve

What gap in Conflict, Feedback & Difficult Conversations is costing you or your team the most right now?

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Reflection

Reflection Prompts — Conflict, Feedback & Difficult Conversations

Click any prompt to expand it and record your response. 0% addressed.

1. Avoidance Patterns

What kind of difficult conversation do you most consistently avoid in your clinical setting? What is the story you tell yourself about why you avoid it? What is the actual cost of that avoidance?

The conversations we avoid are the ones we rehearse the most — in our heads, where they are guaranteed to go badly.

Your reflection, response, or coaching notes...

2. Feedback Delivery

How do you currently give critical feedback to a colleague, a supervisee, or a team member? Do you deliver it directly and with care, or do you soften it to the point of meaninglessness?

Feedback that isn't clear is not kind — it just feels kinder while being less useful.

Your reflection, response, or coaching notes...

3. Receiving Feedback

How do you respond when you receive critical feedback — formally in supervision or informally from a colleague? What happens in your body, your thinking, and your behavior when you are challenged?

Your defensiveness in the moment of feedback is clinical data about your relationship with professional growth.

Your reflection, response, or coaching notes...

4. Conflict Sources

What are the most common sources of interpersonal conflict in your clinical setting? Are they driven by workload, values differences, communication failures, or power dynamics?

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Naming the source of recurring conflict is the first act of resolving it.

Your reflection, response, or coaching notes...

5. Your Standard

If you had a clearly articulated personal standard for how you want to show up in conflict and difficult conversations — what would it say?

A personal standard for conflict behavior is not aspirational — it is a practice guide.

Your reflection, response, or coaching notes...

Open Reflection

Anything else this domain is surfacing for you — recent experiences, feedback you've received, patterns you're noticing...

Scoring

Behavioral Scoring — Conflict, Feedback & Difficult Conversations

Rate each statement based on your actual current behavior — not your intention or ideal. 0 = Never, 10 = Consistently true. Current domain average: ____ / 10

I address conflict directly and early — not after it calcifies

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I deliver critical feedback clearly and with care

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I receive feedback without shutting down or performing acceptance

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I have a practiced framework for difficult conversations

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— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I model the conflict communication standard I want from my team

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Timeline

12-Month Milestone Timeline — Conflict, Feedback & Difficult Conversations

Click the milestone node to mark it reached. 0% complete.

1. 30 days

Identify your #1 avoided difficult conversation; have it — or develop a specific plan to have it within 30 days

What actually happened at 30 days? What did you practice or implement?

2. 60 days

Practice SBI feedback model in supervision; use it with one real team situation

What actually happened at 60 days? What did you practice or implement?

3. 90 days

Address one interpersonal conflict within 72 hours of its emergence; document and debrief

What actually happened at 90 days? What did you practice or implement?

4. 6 months

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Team reports improved directness and reduced passive communication tension

What actually happened at 6 months? What did you practice or implement?

5. 12 months

Known as someone who addresses conflict early and skillfully — a communication model for the team

What actually happened at 12 months? What did you practice or implement?

Milestone Completion0 / 5

Action Plan

Recommended Actions — Conflict, Feedback & Difficult Conversations

Check each as you implement it. 0% implemented.

Read Patterson et al.'s 'Crucial Conversations' and practice one specific technique per month with real team situations

Develop a personal 'conflict script' for your most common difficult conversations — not to read, but to have practiced

Implement the 72-hour rule: address any interpersonal conflict or communication breakdown within 72 hours before it calcifies

Practice the SBI feedback model: Situation, Behavior, Impact — three sentences, specific, delivered directly

When you receive feedback that stings, practice the '24-hour journal rule' — write your reaction before you speak it

Make conflict communication a supervision topic — bring real situations, not hypotheticals

My 30 / 60 / 90-Day Action Steps

Next 30 Days

What will I do this month — specific action, deadline, and how I'll measure it?

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Days 31–60

Building on month one — what do I practice, observe, and seek feedback on?

Days 61–90

Deepening the work — what has changed, what am I adjusting, what does success look like?

Accountability & Coaching Plan

Who holds you accountable to this? How will supervision, peer consultation, or team feedback support your growth?

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Part 10 · Phase IX · Coaching Game Plan & Communication Vision

Domain 9 of 9

Coaching Game Plan & Communication Vision

"You cannot improve communication by wishing you were better at it. You need a game plan."

The final domain of this improvement plan is synthesis — bringing together the insights from all eight preceding domains into a coherent personal communication development strategy. A coaching game plan is not a list of good intentions. It is a specific, time-bound, accountability-supported action plan with defined targets, measurable outcomes, and a vision of what clinical communication excellence looks like for you.

Overview

Why This Matters in SUD Clinical Communication

Communication skill is the professional multiplier that makes every other clinical skill more effective. The clinician who is technically excellent but communicates poorly will be less effective than the clinician who is moderately skilled but communicates with clarity, courage, and consistency. Communication IS clinical work.

Domain Goals

1. Synthesize your learning across all 8 communication domains into a coherent annual game plan

2. Identify your top 3 communication strengths to build on and your top 3 growth edges to develop

3. Create a specific, time-bound communication development strategy with accountability structures

4. Develop a personal Communication Mission Statement

5. Define what communication excellence looks like in your specific clinical role and setting

6. Build a 12-month review rhythm that keeps you honest, growing, and visible as a communicator

What I Want to Improve

What gap in Coaching Game Plan & Communication Vision is costing you or your team the most right now?

---

6 Coaching Strategies for Communication Excellence

Communication Audit

Before changing anything, map exactly what is happening now. Count meetings, emails, hando…

Before changing anything, map exactly what is happening now. Count meetings, emails, handoffs, and informal communications for two weeks. Data beats assumption every time.

Action Steps

1. Log every communication touchpoint for 14 days — channel, purpose, attendees, outcome

2. Identify which communications produced decisions, actions, or clarity — and which produced noise

3. Present your audit findings to your supervisor or team as a shared starting point

Communication Contracts

The most effective teams operate from explicit agreements about how they communicate — not…

The most effective teams operate from explicit agreements about how they communicate — not assumptions. A team communication contract prevents 80% of communication conflicts before they start.

Action Steps

1. Draft a team communication agreement covering: channels by purpose, response time expectations, and inclusion criteria

2. Review and revise the agreement with your team — co-creation drives adoption

3. Revisit the contract quarterly and after any team change or conflict

Meeting Redesign

Most clinical meetings in SUD settings are either too long, too frequent, involve the wron…

Most clinical meetings in SUD settings are either too long, too frequent, involve the wrong people, or lack a clear decision-making purpose. Redesigning your meeting architecture can reclaim 5+ hours per week for direct client care.

Action Steps

1. Audit every recurring meeting: does it have a clear purpose, owner, and output? Cancel the ones that don't

2. Implement a standing agenda template for all clinical meetings: updates → decisions → action items

3. Introduce a 'no meeting without a written outcome' norm to every team meeting you facilitate

Tiered Communication Model

Not all communication is equal. Clinical emergencies, routine updates, and social conversa…

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Not all communication is equal. Clinical emergencies, routine updates, and social conversation should not travel on the same channel or receive the same urgency. A tiered model reduces noise without sacrificing speed.

Action Steps

1. Define three communication tiers for your team: urgent/clinical, routine/operational, optional/social

2. Assign a specific channel to each tier and train the team to use it consistently

3. Establish response time expectations per tier and model them yourself before expecting them of others

Feedback Loop Architecture

Communication without feedback is broadcasting. In SUD clinical settings, one-way informat...

Communication without feedback is broadcasting. In SUD clinical settings, one-way information flow leads to staff feeling underinformed, unheard, and disengaged. Building feedback loops at every level transforms communication from top-down to genuinely bidirectional.

Action Steps

1. Implement a monthly 'communication health check' — ask your team what is working and what isn't

2. Create a structured channel for upward communication — a safe way to surface concerns to leadership

3. Close every feedback loop explicitly: when someone raises a concern, confirm that it was received and addressed

Your Personal Communication Brand

How your colleagues and clients experience you as a communicator is part of your professio...

How your colleagues and clients experience you as a communicator is part of your professional identity. Are you known as clear and direct? Or vague and avoidant? Building a deliberate communication style is a professional development goal, not a personality fix.

Action Steps

1. Ask three trusted colleagues to describe your communication style in three words each — compare their answers to how you see yourself

2. Identify one communication habit you want to change — and make it specific, observable, and measurable

3. Write a 'communication mission statement': how do I want to show up in professional communication?

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Reflection

Reflection Prompts — Coaching Game Plan & Communication Vision

Click any prompt to expand it and record your response. 0% addressed.

1. Strengths Inventory

Across all 8 communication domains, where are you genuinely strongest? What communication skills do colleagues rely on you for? What would you want to be recognized for as a communicator?
Building on strength is as important as closing gaps — often more so.

Your reflection, response, or coaching notes...

2. Growth Edges

Across all 8 domains, which 3 represent your most significant growth opportunities? Be honest — not the ones that are most comfortable to admit, but the ones that have the most clinical impact.

The growth edge is the place where discomfort and potential overlap.

Your reflection, response, or coaching notes...

3. Annual Game Plan

If you had to choose ONE communication goal to focus on this year — the one that would have the highest clinical return — what would it be? Why that one?
One real goal pursued with commitment beats ten aspirational goals pursued with ambivalence.

Your reflection, response, or coaching notes...

4. Communication Mission

Write 2–3 sentences that capture how you want to show up as a communicator in your clinical setting — the standard you want to hold yourself to, the impact you want to have.

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A Communication Mission Statement is a compass — return to it when your behavior drifts from your values.

Your reflection, response, or coaching notes...

5. Accountability

Who in your professional life will help you stay accountable to your communication development goals? How will you structure that accountability? How will you measure progress?
Accountability is not surveillance — it is the relational structure that makes commitment durable.

Your reflection, response, or coaching notes...

My Communication Mission Statement

In my clinical communication I stand for... My colleagues can count on me to... The communication culture I want to build is...

Open Reflection

Anything else this domain is surfacing for you — recent experiences, feedback you've received, patterns you're noticing...

Scoring

Behavioral Scoring — Coaching Game Plan & Communication Vision

Rate each statement based on your actual current behavior — not your intention or ideal. 0 = Never, 10 = Consistently true. Current domain average: ____ / 10

I have a clear, written communication development game plan

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

My communication growth is a regular topic in supervision

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— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I can articulate my top communication strengths and growth edges

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I have a Communication Mission Statement I actively use

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

I review and update my PIP progress at least quarterly

— ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Never · Rarely · Often · Usually · Always

Timeline

12-Month Milestone Timeline — Coaching Game Plan & Communication Vision

Click the milestone node to mark it reached. 0% complete.

1. 30 days

Complete all 8 domain assessments; identify top 3 strengths and top 3 growth edges

What actually happened at 30 days? What did you practice or implement?

2. 60 days

Draft Communication Mission Statement; present game plan to supervisor

What actually happened at 60 days? What did you practice or implement?

3. 90 days

Game plan is active — 30/60/90 action steps underway in priority domains

What actually happened at 90 days? What did you practice or implement?

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4. 6 months

360 communication review complete; evidence of measurable growth in 2+ domains

What actually happened at 6 months? What did you practice or implement?

5. 12 months

Written communication growth narrative complete; plan for Year 2 of communication development

What actually happened at 12 months? What did you practice or implement?

Milestone Completion0 / 5

Action Plan

Recommended Actions — Coaching Game Plan & Communication Vision

Check each as you implement it. 0% implemented.

Review this entire PIP quarterly — update scores, milestone notes, and action steps based on what has actually changed

Bring your Communication Game Plan explicitly to supervision — make it a standing agenda item

Identify one communication skill to practice deliberately for 30 days — practice with intent, not just repetition

Share your Communication Mission Statement with one trusted colleague and ask them to hold you to it

At 6 months, conduct a 360 communication review: ask your supervisor, a peer, and a supervisee to rate your communication in 3 areas

At 12 months, write a one-page narrative of your communication growth — what changed, what you learned, and what you want next

My 30 / 60 / 90-Day Action Steps

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Next 30 Days

What will I do this month — specific action, deadline, and how I'll measure it?

Days 31–60

Building on month one — what do I practice, observe, and seek feedback on?

Days 61–90

Deepening the work — what has changed, what am I adjusting, what does success look like?

Accountability & Coaching Plan

Who holds you accountable to this? How will supervision, peer consultation, or team feedback support your growth?

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