

Leaders Eat Last

Leadership Principles for Substance Use Disorder Treatment Centers

Based on Simon Sinek's groundbreaking work on leadership and organizational culture

Facilitator packet

CONTENTS

- Core Leadership Principles for Treatment Centers
- Leadership Self-Assessment
- Interactive Leadership Development Worksheet
- Congratulations on Completing the Leaders Eat Last Workshop!

Why "Leaders Eat Last" Matters in Addiction Treatment

In substance use disorder treatment, the stakes couldn't be higher. Lives literally hang in the balance. The quality of leadership directly impacts not only staff wellbeing and retention but, ultimately, patient outcomes and recovery success.

The Unique Challenges We Face

- High emotional intensity and secondary trauma
- Chronic underfunding and resource limitations
- Staff burnout and turnover rates above 50%
- Life-or-death decisions made daily
- Complex regulatory and ethical requirements
- Stigma that affects both patients and providers

Simon Sinek's principle that "leaders eat last" isn't just a nice idea—it's essential for creating the psychologically safe, high-trust environments necessary for effective addiction treatment. When staff feel protected and valued by leadership, they can fully focus on the challenging work of helping patients recover.

Circle of Safety

Creating psychological safety for your team

Trust & Cooperation

Building bonds that enhance patient care

Service & Sacrifice

Leading by putting others first

Core Leadership Principles for Treatment Centers

The Circle of Safety: Protecting Your Team

The Concept

In nature, herds and flocks form circles with the strong on the outside protecting the vulnerable on the inside from predators. In organizations, leaders must create this same "Circle of Safety" where team members feel protected from external threats so they can focus on their work without fear.

"The true price of leadership is the willingness to place the needs of others above your own. Great leaders truly care about those they are privileged to lead and understand that the true cost of the leadership privilege comes at the expense of self-interest." - Simon Sinek

In Treatment Settings

For SUD treatment centers, the Circle of Safety is especially critical because:

- External threats are numerous: Funding cuts, regulatory changes, community stigma, insurance denials, and more constantly threaten our work

- The work itself is emotionally dangerous: Secondary trauma, compassion fatigue, and burnout are occupational hazards
- Mistakes can be devastating: When dealing with life-or-death situations, fear of error can paralyze staff
- Trust enables honesty: Staff must feel safe to discuss their own triggers, countertransference, and limitations

Practical Applications

Protection from External Pressures

- Shield staff from unrealistic productivity demands
- Advocate for reasonable caseloads
- Buffer teams from organizational politics
- Fight for necessary resources and support

Creating Psychological Safety

- Normalize mistake discussions without blame
- Encourage vulnerability and help-seeking
- Model openness about your own challenges
- Celebrate learning from failures

Reflection for Leaders

Think about your treatment center: What are the main "predators" threatening your team's sense of safety? How effectively do you currently shield your staff from these threats?

Building Trust Through Chemistry, Not Structure

The Biology of Trust

Sinek explains that trust and cooperation are not instructions or policies—they're feelings generated by specific chemicals in our brains. When leaders create the right environment, our bodies naturally produce the chemicals that foster connection and collaboration.

The Chemical Foundation of Leadership

Endorphins: Mask physical pain and create pleasure. In treatment centers, shared challenges and accomplishments release endorphins that bond teams together.

Dopamine: The achievement chemical. Celebrating small victories in patient progress triggers dopamine, motivating continued effort.

Serotonin: The leadership chemical. Public recognition and genuine appreciation boost serotonin, reinforcing positive behaviors.

Oxytocin: The love/trust chemical. Physical contact, acts of generosity, and deep listening flood our systems with oxytocin.

Trust in Treatment Teams

In addiction treatment, trust isn't just nice to have—it's essential for:

- Clinical effectiveness: Teams must trust each other to maintain consistent treatment approaches
- Ethical decision-making: Complex situations require open dialogue without fear of judgment
- Self-care and boundaries: Staff must trust leaders to support their wellbeing, not just productivity
- Innovation and improvement: New ideas only emerge when people feel safe to experiment

Trust Killers to Avoid

- Inconsistent enforcement of policies
- Taking credit for team achievements
- Blaming individuals for systemic issues
- Making decisions without input
- Breaking confidentiality
- Showing favoritism

Trust Builders to Practice

- Follow through on all commitments
- Admit mistakes openly
- Share decision-making rationale
- Protect team members publicly
- Give credit generously
- Show genuine care for individuals

Case Example: Building Trust After Crisis

A treatment center experienced a patient suicide. The clinical director could have blamed the assigned therapist or hidden behind policies. Instead, she gathered the entire team, acknowledged the systems that failed, took responsibility as leader, and asked "What do we all need to heal and improve?" This response, though painful, dramatically increased team trust and cohesion.

The True Price of Leadership: Service and Sacrifice

Leadership as Service

The title "Leaders Eat Last" comes from the U.S. Marine Corps tradition where leaders literally eat after their troops have been fed. This symbolic act represents a deeper truth: leadership is not about perks and privileges, but about serving those in your care.

"The rank of office is not what makes someone a leader. Leadership is the choice to serve others with or without any formal rank... Leadership is always a choice. It is not a rank or position."

Sacrifice in Treatment Leadership

In SUD treatment settings, leadership sacrifice takes many forms:

Time and Energy

Staying late to support a clinician through a difficult case, coming in early to prepare resources, or using lunch breaks to mentor struggling staff members.

Comfort and Convenience

Taking the difficult conversations, delivering bad news personally, or giving up the best office space for a therapy room.

Credit and Recognition

Ensuring team members receive recognition for successes while taking responsibility for failures, even when they weren't directly involved.

Personal Vulnerability

Sharing your own struggles appropriately, admitting when you don't have answers, and asking for help when needed.

The Paradox of Servant Leadership

When leaders genuinely serve their teams, something remarkable happens: the team becomes fiercely loyal and motivated. They work harder not because they have to, but because they want to. They protect the leader just as the leader protects them.

In treatment centers, this translates to:

- Lower turnover rates despite challenging work
- Staff going above and beyond for patients
- Teams that self-regulate and support each other
- Innovation and continuous improvement
- Better patient outcomes through engaged care

Action Exercise

Identify three specific ways you can "eat last" in your leadership role this week:

Leading Through Crisis: When Stakes Are Life and Death

The Reality of Crisis in Treatment

Unlike many industries, substance use disorder treatment centers face genuine life-or-death crises regularly: overdoses, suicide attempts, medical emergencies, violent incidents, and more.

How leaders respond in these moments defines the culture and resilience of the entire organization.

Sinek's Crisis Leadership Principles Applied

1. Presence Over Answers

During crisis, your physical and emotional presence matters more than having all the answers. Be there. Be visible. Be calm. Your team needs to see that someone is at the helm, even in the storm.

2. Truth Over Comfort

Share what you know honestly, including what you don't know. "We don't have all the information yet, but here's what we're doing..." builds more trust than false reassurances.

3. Protection of the Vulnerable

In crisis, protect those most at risk first—whether that's patients, newer staff members, or those personally triggered by the event. The strong protect the vulnerable.

4. Meaning-Making After Action

Once immediate danger passes, help your team make meaning from the crisis. What did we learn? How did we grow? How can this painful experience make us better?

Crisis Leadership Checklist for Treatment Centers

- ☐ Immediate response team activated with clear roles
- ☐ All staff and patients accounted for and safe
- ☐ Clear, calm communication established
- ☐ Support resources mobilized for affected individuals
- ☐ External stakeholders notified appropriately
- ☐ Debrief scheduled within 24-48 hours
- ☐ Lessons learned documented and shared
- ☐ Follow-up support plan implemented

Integrating These Principles

The principles of "Leaders Eat Last" aren't just theories—they're practical approaches that can transform your treatment center's culture. Start small, be consistent, and watch how serving your team ultimately serves your mission of helping people recover.

Leadership Self-Assessment

Instructions: Rate each statement on a scale of 1-5 based on how true it is for your organization and your leadership.

1 = Never True 2 = Rarely True 3 = Sometimes True 4 = Often True 5 = Always True

Circle of Safety

Team members feel safe to admit mistakes without fear of punishment or humiliation.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Staff can express disagreement with leadership decisions without fear of retaliation.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Our workplace culture encourages vulnerability and asking for help when needed.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Team members support each other during personal or professional challenges.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

There is strong psychological safety in team meetings and clinical discussions.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Trust & Cooperation

Leaders share information transparently, even when it's difficult news.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Team members trust that leadership has their best interests at heart.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Cooperation between departments/teams happens naturally without forced collaboration.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Staff feel confident that promises made by leadership will be kept.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

There is mutual trust between clinical staff and administrative leadership.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Service & Sacrifice

Leaders consistently put team needs before their own comfort or convenience.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Leadership takes responsibility for failures while sharing credit for successes.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Leaders actively remove obstacles that prevent staff from doing their best work.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

When resources are limited, leaders ensure frontline staff get what they need first.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Leaders regularly sacrifice their time and energy to support team development.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Your Leadership Assessment Results

Circle of Safety

___ / 5.0

Trust & Cooperation

___ / 5.0

Service & Sacrifice

___ / 5.0

Interpretation & Next Steps

Scores 4.0-5.0 (Strong): You're effectively implementing this principle. Continue modeling these behaviors and mentor others.

Scores 3.0-3.9 (Developing): You understand the principle but need more consistent application. Choose 1-2 specific actions to strengthen this area.

Scores Below 3.0 (Needs Focus): This is a growth opportunity. Consider formal training, mentorship, or creating an improvement plan with accountability.

Personal Development Plan

Which principle will you focus on first?

☐ Circle of Safety ☐ Trust & Cooperation ☐ Service & Sacrifice

What specific actions will you take in the next 30 days?

Who will hold you accountable?

Interactive Leadership Development Worksheet

Section 1: Building Your Circle of Safety

What are the top 3 external threats your team faces? (e.g., funding cuts, burnout, stigma)

How do you currently protect your team from these threats?

What additional protections could you implement?

Psychological Safety Checklist

Check all that currently exist in your team:

- ☐ Staff can admit mistakes without fear
- ☐ Questions are encouraged, even "dumb" ones
- ☐ Team members ask for help when needed
- ☐ Difficult topics are discussed openly
- ☐ Disagreement with leadership is safe
- ☐ Personal struggles can be shared appropriately

Section 2: Your Trust Building Action Plan

Oxytocin-Boosting Activities (Trust Chemical)

Plan specific activities that will increase oxytocin and build trust:

Weekly team ritual:

Monthly celebration:

Trust Repair Protocol

When trust is broken, how will you address it?

Personal Trust Commitments

I commit to building trust by:

- ☐ Following through on every promise I make
- ☐ Admitting my mistakes quickly and openly
- ☐ Giving credit generously to team members
- ☐ Being transparent about decision-making
- ☐ Showing genuine interest in team members as people

Section 3: Practicing Servant Leadership

Your "Eat Last" Commitment

Identify specific ways you will put your team's needs first:

Resource allocation - What will you give up for your team?

Recognition - How will you ensure others get credit?

Time investment - When will you be available for your team?

Service Accountability Metrics

How will you measure your servant leadership? Set specific goals:

Your Leadership Transformation Commitment

Write your personal leadership mission statement incorporating "Leaders Eat Last" principles:

What will be different about your leadership 30 days from now?

How will you know if you're succeeding? (Measurable indicators)

Congratulations on Completing the Leaders Eat Last Workshop!

Next Steps:

- Share your commitment with your team - transparency builds trust
- Implement one "Circle of Safety" practice this week
- Schedule regular check-ins with your accountability partner
- Revisit this assessment monthly to track progress
- Consider reading the full "Leaders Eat Last" book with your leadership team

Remember: True leadership is not about being in charge. It's about taking care of those in your charge. In addiction treatment, this principle can literally save lives— both your team's and your patients'.

Based on "Leaders Eat Last" by Simon Sinek, adapted for substance use disorder treatment leadership