Leadership Development in Substance Use Treatment and Recovery

Lessons Learned and Future Directions

May 2004

Prepared by:
TASC, Inc.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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TABLE OF CONTENTS

Acknowledgements ..... **ii**

I. Introduction **1**
Approaching the Issue of Leadership Development 1
Unifying the Field Around Leadership Development 2

II. Assessment of Environmental Trends **4**
Funding and Regulatory Issues 4
Research-Based Accountability 5
Connection to Mental Health and Primary Care 5
Public Attitudes and Stigma 6
Other Themes and Trends 6

III. Identifying and Fostering Leadership Competencies **7**
Essential Leadership Skills and Competencies 7
How Leaders Acquired Their Skills 8

IV. Planning for Transitions of Power and Future Growth **10**
Current Challenges to the Development of Leadership 10
Limited Training Opportunities 10
No Management Training Tracks 10
Low Compensation 11
Stigma 11
Opportunities in Leadership Development 12
Developing Leadership in Key Areas 13

V. Summary **17**
Identify, Attract, Train, Mentor, and Retain 17
Develop Cultures of Leadership within Organizations 17
Coordinate and Centralize Leadership Development Efforts 18
Articulate and Embrace the Common Ground of a Diverse Field 18

APPENDIX A: Individuals Interviewed and Additional Sources **19**

APPENDIX B: Leadership Development Interview Questions **22**

APPENDIX C: Notes on National Treatment Plan (since evolved to Partners for Recovery) Steering Committee Discussions on Leadership Development **23**

APPENDIX D: Leadership Development Resources **28**

APPENDIX E: Annotated Bibliography **38**

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This report is based on interviews of each of the individuals listed in Appendix A conducted by Abigail Baim-Lance of TASC, Inc. The document was co-written by Daphne Baille and Abigail Baim-Lance of TASC. It was reviewed and modified by TASC's executive team of Melody M. Heaps, Pamela F. Rodriguez, and Peter Palanca, as well as John Daigle of the Florida Alcohol and Drug Abuse Association and Stacia Murphy of the National Council on Alcoholism and Drug Dependency.

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I. Introduction

The field of alcohol and drug intervention and treatment is relatively young, with most organizations and associations originating within the past 30 years. Many of the early leaders in the field, who to a great extent represent the first generation of career program administrators, are nearing retirement. There is no coordinated effort at this time to plan for the transition of leadership from the founding leaders to those who will assume responsibility for policy directions and strategic planning on local, state, and national levels. Furthermore, there is no current strategy to integrate leadership development as an intrinsic norm at all levels of the field.

In this context, in the spring of 2003, the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA/CSAT) spearheaded an ambitious project to assist those involved in substance use disorder intervention, treatment, and recovery in taking stock of its leadership to promote a dynamic future. Leadership development became a key focus area of SAMHSA/CSAT's *Partners for Recovery* initiative, which is a broad-based, collaborative effort to advance the field of addiction treatment.

SAMHSA/CSAT enlisted TASC, Inc. of Illinois[1] to engage leaders in the field in assessing challenges and strategies in leadership development. To that end, TASC co-facilitated discussions on leadership with members of the Partners for Recovery Steering Committee, and conducted individual interviews with 36 recognized leaders in the field from across the country during the spring and summer of 2003. Based on the knowledge and input of this diverse array of leaders, this paper outlines current trends, challenges, and opportunities for developing the leadership of the future.

The process of conducting interviews and developing this paper already has generated momentum in the area of leadership development. Because of the clearly articulated need to identify and train a "new generation of leaders," SAMHSA/CSAT, through its *Partners for Recovery* initiative and in collaboration with its national network of Addiction Technology Transfer Centers (ATTCs), is supporting a series of leadership development institutes across the country. These institutes are directly incorporating some of the lessons identified in this paper.

Approaching the Issue of Leadership Development

The growth of the addiction treatment field over the past three decades is due to a number of factors, including an expanded U.S. market for illicit drugs which began in the 1960s and the concomitant need for intervention and treatment services. In the context of broad societal changes, key leaders have guided the development of the field over the past 30 years. They have demonstrated the ability to understand the needs of and the possibilities for the field, to assess the environmental landscape, to anticipate coming trends, to take appropriate risks, to act collectively for the advancement of the field, and to use power and influence effectively toward a common vision. Looking forward, the

[1] TASC, Inc., an Illinois-based provider of addiction recovery management and consultation services, has been active in the development and implementation of the *Partners for Recovery* initiative.

development of new leaders will involve the identification and growth of the next "tier" of individuals who will lead the field of alcohol/drug prevention and treatment in the coming years.

Beyond understanding leadership as individual skills and competencies, there is a need to develop *cultures of leadership* at all organizational levels across the field. Leadership entails working in concert with others for the overall advancement of the field. It involves exploring, envisioning, defining, and implementing strategies that bring diverse entities together under common goals and purposes. SAMHSA has provided the framework for leadership development in the field by convening such broad-based efforts as the *Partners for Recovery* (PFR) initiative. ***The goal of the current effort in leadership development is to ensure the continuing evolution of leadership and viability of the field in terms of both service quality and sound public policy.***

Unifying the Field Around Leadership Development

For more than a century, the field of substance abuse prevention and addiction treatment has been marked by a fragmentation of philosophies. Now, as then, there are differing views on a number of issues, including the use of medication-assisted treatments, the standardization of methods of treatment and outcome measures, and the role of the recovery movement. Instead of representing a unified voice, the field more aptly can be described as one of "multiple movements," in which many institutions and leaders are pursuing different agendas (White, 2000). Nonetheless, in recent years the field has begun to come together around some common philosophies, such as in its understanding of the science of addiction and recovery.

While there is no binding infrastructure to facilitate dialogue and progress on an ongoing basis, strides toward a more coordinated conversation have been made through SAMHSA/CSAT's convening of bodies such as the *National Treatment Plan* and its evolutionary *Partners for Recovery* initiative. Efforts such as these help bring together the more than 35 national organizations that address issues of addiction treatment and recovery on a program and/or policy level. With continued efforts such as these, the field will have opportunities to become more organized and sophisticated in its own development.[2]

For the current paper, 36 leaders were interviewed who represent a cross-section of the addiction treatment field, including treatment providers, training associations, the medical field, professional associations, research, policy organizations, the recovery community, and State and Federal government. They were asked about their perspectives on leadership, their sense of where the field is going, and the type of leadership necessary to meet this future. Given their diverse backgrounds and particular areas of focus, their viewpoints naturally reflected their respective niches of expertise.[3] However, taken together, the voices of these leaders by and large

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[2] For more in-depth background on both the historical context of the field and as well as initiatives for improving the public policy dialogue, see "Leadership in Substance Abuse Treatment and Recovery," written by John Daigle for CSAT in December 2002.

[3] The 36 individuals interviewed included leaders in treatment (7), State and Federal government (5), policy (5), recovery (5), research (5), training (5), the medical field (2), and professional organizations (2). On average, they had served 23.9 years in the field, and on average anticipated 10.7 years to their retirement. Education levels ranged from some college or a bachelor's degree (N=6, or 16.5%), a master's or J.D (N=16, or 44.5%) to an M.D. or Ph.D. (N=14, or 39%).

were harmonious in their observations of where the field needs to take itself in terms of leadership development. This paper presents their views on strengths and weaknesses of the field, projections for the future, necessary leadership competencies, and recommended next steps in growing the leadership capacity of the field.

II. Assessment of Environmental Trends

Leadership at any level involves understanding the broad societal context in which the field is situated. Planning for the future of the addiction treatment field must begin with an assessment of the current environment and an anticipation of forces and trends that may shape the years ahead. Many societal forces are external to the field's control. Yet the future for the field – and the future for those who will seek treatment and recovery – can be shaped largely by those within the field who understand the challenges and opportunities that will emerge.

Interviewees were asked to assess the environmental landscape that they foresee for the addiction treatment field over the next several years. Questions were asked in an open-ended manner (see Appendix B for list of questions), and thus interviewees' responses were diverse and wide-ranging. Nonetheless, common themes emerged when interviewees were asked to anticipate the future environment in which the field will find itself. The two most oft-cited trends, each cited by nearly half of respondents, were that: (1) funding and regulatory environments will become tighter; and (2) research increasingly will become the basis for policy and funding decisions. These two closely-related trends were also linked to the third-most cited anticipated trend, which is that the discipline of addiction treatment increasingly will be connected to and/or blended with mental health and primary care. In addition, nearly half of the respondents offered comments on the impact of stigma, although they were divided as to whether stigma will be reduced or remain in the coming years. These and other expected trends are described below.

Funding and Regulatory Issues

Interviewees painted a generally unenthusiastic view of the future of funding for the addiction treatment field. Some brought up the issue of managed care and the constraints it has placed on treatment practices and quality of care in many States. For example, intensive or lengthy treatment experiences and supportive services that are clinically suggested do not fit well under managed care's cost containment strategies. Future funding trends also indicate that advances in technology will create systems whereby efficient, high-tech services will be paid for, but personal face-to-face methods of care will become more rare. Interviewees anticipate that there will be tighter regulations, increased certification requirements, more documentation, and greater expectations for measurable outcomes. Providers who cannot demonstrate accountability and outcomes will have trouble surviving. These trends point to more benefits-based care as opposed to less prescriptive recovery models.

Other interviewees noted that there will be greater competition for the funds that do exist. More sectors (e.g. primary care, mental health, etc.) increasingly will become involved in identifying and treating substance-related disorders. Competition for limited resources will create the need for separate sectors to collaborate and pool resources.

Suggestions to meet these trends include the need for diversification of funding streams and the integration of addiction treatment services into other sources of public and private funding. In addition, the field will require a workforce and leadership who are trained and equipped to deal with changes in funding and regulatory issues. There also is a critical need for research to define

optimal treatment levels and to inform funding and policy decisions. Therefore, the discussion of funding issues is closely tied to the need for research to demonstrate accountability.

Research-Based Accountability

The field must be able to effectively measure its outcomes and judge its performance based on research. Nearly half of respondents volunteered that research outcome studies increasingly will shape policy and funding decisions. Policy and funding entities are demanding greater accountability in terms of specific, quantifiable outcomes. As noted, managed care has become more and more the avenue through which treatment is financed, and thus shorter stays have become the economic response. As a result of these factors, the role of research is critical.

The field itself needs research in order to continually improve the quality of service delivery. There is increasingly greater knowledge of the brain mechanisms of substance use disorders everyday. There is vastly improved technology for treatment, and thus more standardized and effective treatment protocols to introduce. The field is becoming more science and less art, which entails more standardized ways to diagnose, treat, and adjust to the needs of the client.

To meet these challenges, the field will need additional studies on the cost effectiveness and the cost benefits of treatment, and it will need to pair naturalistic case studies with clinical experiments. These trends will require people who understand research and think broadly in terms of systems, who have strong quantitative skills, who understand how to apply analytic techniques to practice, and who know how to effectively communicate research findings and implications to those who make policy and funding decisions. Equally important, the field needs to improve its capacity to integrate evidence-based research more quickly and more broadly into practice.

Connection to Mental Health and Primary Care

Over the past 30 years, the treatment field has survived and grown largely on its own, seldom connected in a systemic manner to disciplines such as internal medicine and the mental health field. Today there is a greater understanding of alcohol/drug disease as a health issue, the issue is pervasive throughout public service systems, and there is tighter competition for limited funding. Given these factors, better integration of the addiction treatment field with mental health and primary care is both logical and necessary. Interviewees suggested, for example, that addiction screening should be fully incorporated into primary care services, and that a full physical should be incorporated into standard operating procedures for treatment. Treatment and recovery services should be knit into the fabric of healthcare.

In speaking of the trend toward greater blending with primary care and mental health, some interviewees noted that this development could both help and hurt the field. The trend towards greater collaboration with other service systems, especially those with a high rate of co-occurrence (such as mental health), is seen to be a great benefit for the field and for individuals served because knowledge and services will be pooled more effectively and efficiently. A concern is that the addiction treatment field could potentially lose its identity, and that it will be important to continually define professional standards specifically related to treatment competencies.

Public Attitudes and Stigma

Interviewees were split when discussing public perceptions of the field and treatment issues. Some interviewees believe that there is greater support/understanding from the public than in the past, while others feel that public sentiment will continue to be harsh and negative towards those with drug-related problems, and thus, the field at large. In this environment, the field will need to continually explain the nature of alcohol/drug disease as a health issue, and it must be able to demonstrate dependable measures of treatment outcomes. It is important for the field to be visible and help lead the public dialogue around addiction issues.

Other Themes and Trends

The trends discussed above were those most commonly cited by interviewees. Other anticipated trends include: the growing role of the recovery movement; changes in the workforce due to the increasing professionalization of the field; and the need for technology in workforce development to better share information between and among people in the field. One interviewee offered that both public and private resources do exist, that the field has more opportunities than ever before, and that the field is in an excellent position to shape its own future.

The leadership to address these trends will need to come from a place of vision and strength to ensure that the field helps influence and shape the environmental forces that affect it. To meet this future, it is critical to identify, train, mentor, and retain those who will become the next generation of leaders in the addiction treatment field. The following section offers interviewees' perspectives on skills and competencies that are essential for individuals and organizations who seek to be leaders.

III. Identifying and Fostering Leadership Competencies

What does it take to be a leader in the addiction treatment field? The skills required of leaders in the field have become more complex over time. For example, in addition to having a solid understanding of the clinical and service aspects of the field, leaders now must learn business skills such as financing, contracting, property acquisition, and the management of nonprofit and profit corporations if they intend for their organizations to remain viable in an increasingly competitive environment.

There is a distinction between leadership and management, and skills in both are critical to broadly positioning the field for the future. Leadership involves seeing the "big picture" for the field, and having the capability to move others forward toward a strategic vision. In this regard, leadership skills include strategic planning; effective positioning in policy, financial development, and government; communication, including public speaking and professional presentation; and mentoring. Management involves knowing how to put the infrastructure and processes in place to make an organization or association work most effectively. Vital business and management skills include, for example, executive and management team-building, product/service development, marketing, and human resource development.

The 36 interviewees were asked to identify core leadership qualities by describing the three attributes or skills that had been most critical to their success as leaders, as well as the qualities that will be needed to meet the demands of the future. It was intended that asking these questions would not only generate meaningful responses, but would also heighten awareness among interviewees and generate excitement about the ways this field is changing and growing. As one interviewee noted, the very process of asking the question helps stimulate change.

Essential Leadership Skills and Competencies

Leadership development involves the identification of the qualities and competencies that are necessary to promote organizational evolution and cultures of leadership. It will entail instilling both leadership competencies and business/management competencies in a new generation of leaders and throughout organizations.

Summarizing the responses from all interviewees, the top 10 most commonly cited leadership attributes are:

1. Having passion, being committed, having a strong belief in the cause, and approaching it with tenacity
2. Possessing good interpersonal and collaboration skills, having the ability to move groups to consensus, creating win-win situations, understanding different ideologies, and being culturally aware

3. Having a vision for the field and for one's role within that by seeing the big picture, and focusing on key goals and ideas
4. Having solid experience and expertise such as: learning through longevity in the field, having the ability to evolve over time, having a solid knowledge-base (either general or specific), and having interdisciplinary training
5. Being politically savvy, knowing how to garner the support of key decision-makers, being at the right tables for the right reasons and knowing what to do, and understanding when to negotiate for what
6. Having integrity, being honest and trustworthy, and maintaining credibility over time
7. Having curiosity and drive, and being motivational for others
8. Remaining flexible and having patience
9. Being able to communicate ideas and positions clearly and effectively, having the ability to translate complex notions and scientific findings in commonly understood language, and listening
10. Taking risks, learning from experience, and translating one's learning into action

The competencies identified by interviewees may be regarded as essential for individual leaders, and yet they are also necessary characteristics for organizations and associations if they are going to contribute effectively to the advancement of substance uuse disorder prevention, treatment, and recovery.

How Leaders Acquired Their Skills

After listing the skills they felt were most important to their growth as leaders, interviewees explained the ways these skills were acquired. While a few referred to an innate gift to possess leadership abilities, most felt that learning how to apply these skills was acquired throughout their professional careers. In fact, literature on leadership says that those who are not "born leaders" may indeed become leaders. Their skills, like all skills, need development and forums for practice. This development occurs both on a personal level, fortifying one's inner commitment, passion, and strength, and from a team perspective that cultivates cooperation, cohesiveness, and vision (Dye 2002).

Self-taught learning. Those who acquired skills fell into two main categories: those who learned on their own, and those who learned from others. Of the leaders who described themselves as having "self-taught" leadership skills, some came into their skills with the sense that they were developing parts of themselves for general personal growth, while others read books on leadership with a particular aim to become a better leader. A number of respondents indicated that they developed their skills by working in the field over time and learning what works.

Mentored learning. By far, the vast majority of leaders described relationships with supervisors as the primary way in which their leadership skills were acquired. Some learned by sheer observance of those who were in charge and emulated the qualities that their superiors possessed.

Many others described their relationships with supervisors as ones of mentorship, where specific time was put aside to help develop the interviewees' capacities. Along with mentorship came an environment that bred an openness to risk-taking and problem solving, where current leaders felt supported to take on responsibility and even make the necessary mistakes that come with any learning process. Mentorship seems to be one of the best ways to foster an ***organizational culture of leadership*** by facilitating the transfer of leadership skills from one leader, or tier of leaders, to another.

A specific type of mentoring described was an internship, where interviewees had the opportunity to work on specific projects for organizations and were exposed to a variety of informative scenarios. One interviewee recalled an experience where she was able to form relationships with politicians while interviewing them for a particular research project in conjunction with work she was doing for an organization. The relationships she formed during her research provided an important "in" to networks she otherwise would not have had the opportunity to create. Interviewees stressed the value of networking, and how they can truly serve the interests of the field to bolster the capabilities of its leaders in the long term.

Leadership growth then, involves understanding the societal context in which the field is situated, and developing personal and organizational attributes and competencies in order to move the field forward. The advancement of the field will depend on the successful transition of power from retiring leaders to the new tier of leaders, as well as the development of cultures of leadership throughout organizations and associations across the country.

IV. Planning for Transitions of Power and Future Growth

This section will discuss current challenges in leadership development, as well as opportunities for developing leadership within organizations, developing leadership in key areas that will be critical to the field's growth and viability, and developing organizational and cross-field leadership.

Current Challenges to the Development of Leadership

As many stated in their interviews, the importance of mentorships, internships, and general support by current leaders for the next generation of leaders is key to creating a field with dynamic, competent people who are able and willing to meet the challenge of leading the field forward. However, the overwhelming majority of interviewees felt that leadership skills have not been adequately developed because of workforce development problems. The results of these problems are high turnover rates in staffing, difficulty in attracting young people into the field, and difficulty in attracting and retaining those who may make substantial contributions to the field. Following are the most commonly mentioned workforce development issues that limit the field's ability to move solidly forward in the growth of leadership.

Limited Training Opportunities

Generally, interviewees critiqued the field's commitment to providing the tools to develop leaders. They acknowledged that talent within the field exists but is not tapped in a way to meet the field's demands. There are limited mechanisms in place to identify, encourage, and train people on leadership skills that would allow them to learn how to meaningfully affect change, be recognized for their contributions, and assisted to move into positions of increased power and responsibility.

No Management Training Tracks

Interviewees observed that because the field does not provide organizations with guidance on how to best develop their staff, they suffer from poor or nonexistent management training tracks and ill-defined career ladders, which leads to high turnover. One interviewee described the current system as a "shotgun" approach; leaders develop because of their own abilities to seek out meaningful experiences, and they are "grabbed up" once they come to the attention of those in more powerful roles. One example repeatedly cited by interviewees as a detrimental ramification of fragmented career ladders is that organization line-staff are often promoted because they are good counselors or have been at an agency for a long time. Unfortunately, they usually have not been trained on management skills. In this sink or swim situation, one interviewee lamented that they are destined to fail. There are no clear opportunities for clinically-motivated individuals to continue to advance in positions that utilize their clinical skills without entering a management track. One interviewee noted that the workforce gives itself "therapy" without facilitating the development of management skills to make significant change.

By extension, interviewees spoke about how the larger field has not created a blueprint for advancement, or any type of path to promote those in the field from narrow to larger audiences. They indicated that leaders sitting at national decision-making tables have reached those roles by their own means, without an institutional mechanism of advancement defining their path. This becomes especially evidenced when examining the disconnect between local, state, and national leaders. Though not impossible, interviewees said that leaders operating at the local level have few opportunities to demonstrate their abilities to be considered for promotion to the national level. As one interviewee described, there are certain unwritten, age-old mechanisms by which power is transferred. However, they often run contrary to notions of diversity, and do not promote the inclusion of many types of voices in the discussion. The diversity of professionals that comprise this field coupled with the cross-cutting populations affected by substance use suggests that a formal system of leadership development and advancement across the field would better serve the field and its constituents.

Low Compensation

Another significant barrier to developing a cadre of committed leaders is low compensation which creates high turnover and difficulty in developing skills and experience. The compensation arose with nearly every interviewee. Some interviewees laid out strategies to increase pay while others simply lamented the situation, but all connected low pay to difficulty in recruiting and retaining "top-notch" people in the field. Interviewees independently made statements such as, "a good heart only goes so far because you still have to eat and pay the rent." Many interviewees also compared the "paltry" amount someone is paid in this field compared to the much higher payment in the mental health field. Low compensation was repeatedly related to the stigma that pervades this field. (See "stigma" below.)

Interviewees' strategies related to compensation relate to the development and execution of educational programs to help staff feel supported. These efforts would include the development of post-doctorate options for those coming into the field, internships, curricula, and support of staff to participate in internal and external training. Such a strategy also entails working closely with and influencing educational institutions to develop state-of-the-art addictions field programs and setting education objectives. Further strategies include increasing funding revenues to the field and achieving parity in insurance coverage for substance use and mental health disorders.

Stigma

Stigma emerges again and again as a significant barrier to the field's development, both in the way the public sees the field's utility, and how the field views itself. Interviewees commented that a field will never be adequately compensated if few believe its contributions to be valuable; inherent in these statements was a potential self-critique of interviewees' own sense of worth. As one interviewee asserted, "who would want to work for an agency where they feel like they're not treated with respect?" The issue is stigma affects all those involved in the field, from line staff to management to those in the highest ranks of leadership.

Opportunities in Leadership Development

While the challenges facing the field are significant and often deeply embedded in the field's view of itself, there are substantial opportunities for leadership development as well. As has been evidenced already, there is a difference between developing leadership within organizations, and developing a broader workforce vision throughout the field. These two ways of thinking about leadership speak to each other and can borrow strategies from one another, but certain forums require a different degree of specificity and nuance.

Developing Leadership Within Organizations
The first category of leadership development is that of growing leaders within organizations. Interviewees suggested several strategies for achieving that growth.

Training. First, as noted earlier, interviewees said that it is imperative to develop workforce talent through leadership training. This training could be conducted within an agency, or an agency could support staff members to join leadership trainings at other locations. Whatever the type, training improves the way formal structures of advancement are implemented and standardized, with better ensuing results.

Diversity. There is also a great need for targeted recruitment with a special emphasis on ensuring the diversity of the field. As many newer leaders noted, there are groups – from recovery, to community groups, to people from particular racial/ethnic groups – whose voices are extremely important for shaping the field, and who must be invited to the table beyond in a tokenizing manner. This means that those who lead the field should in fact represent the expansive scope of families, communities, organizations, and other entities affected directly or indirectly by addiction and recovery.

Early career opportunities. It is important to recruit young employees into organizations by raising their awareness of the field and career opportunities. This can happen through improved relationships with academic institutions, job fairs, internet resources, appropriate compensation, opportunities for growth, and so forth.

Combination of competencies. The passion exhibited by many leaders should be met by technical expertise. Similarly, the technical expertise of many of the people in the field needs to be met with passion for the topics that affect the field, and with an eye to make meaningful change based on research findings.

Communication. Improving communication between all parts of organizations – from front line staff to executive staff – is crucial. In this way, organizations function as teams, and everyone becomes an important and integral part of the way that the organization works. It is also important for front-line staff to be at some decision-making tables because they see the issues at the direct service level. This approach would go far in creating a sense that each member of this field belongs to an "honorable career" and "winning field." Finally, improved communication between various levels of an organization opens opportunities for mentoring and facilitates the teaching of skills across organizations.

Developing Leadership in Key Areas

The interview findings revealed three key areas where leadership development requires specific focus and attention. Respondents emphasized that there is a particular need to develop leaders in research, in primary care settings, and among people in recovery. Below is an assessment of why these areas stood out as priority areas for development. Incentives must be created to attract and support the growth of leadership in these critical areas of the field, and each of these roles must be integrated into an overall strategy for leadership development.

Researchers. Researchers who were interviewed stated that leadership capabilities need to be strengthened, and leaders need to become more active in promoting their expertise as researchers. First, researchers realized that they needed to be more proactive in promoting a public policy agenda based on their research findings. This would strengthen the applicability of bringing research into practice. Second, researchers spoke of the poor relationship between the academic community and the communities and organizations being researched by academics. For example, a researcher often does not spend time with a provider who is being studied and the provider may feel that the research has little to do with their work. The researcher's often distanced approach perpetuates this divide because he/she seldom creates a relationship with that provider. Such dynamics create a polarization between groups that could benefit from one another's buy-in and expertise. Researchers interviewed spoke of a great need for researchers to become more willing to meaningfully engage with provider agencies when undertaking research. Such partnerships are essential to the true integration of research findings into practice, as well as the informing and shaping of research agendas by practice.

These initial barriers to creating leadership among researchers were framed as being an absence of values promoted within academic circles. Interviewees said that qualities of relationship building, for example, are not currently valued in the academic arena, so a set of values needs to be promoted to counteract this business-as-usual attitude.

Another concern was attracting top researchers. Interviewees were candid in acknowledging that a large number of researchers who conduct research for the field lack optimal levels of skills and experience. As with the addiction treatment field overall, in the research community there is stigma associated with substance use disorder-related research. Interviewees felt that incentives involving prestige and/or financial support (such as scholarships and awards programs) should be utilized to bring excellent researchers into the field. There must be strategies to reward top researchers and to elevate the status of addictions research in the broader scientific field.

One suggestion to improve researcher development was to encourage young researchers to take on small roles in larger projects to learn and develop their skills in leading multiple research study sites. This concept is not unlike the mentorships described by other interviewees in other contexts. This approach also speaks to a team mentality, and interviewees agreed that an interdisciplinary team approach provides a wealth of strengths that one person alone would be unable to possess.

Primary care clinicians. Alcohol and other drug problems, framed as behavioral health disorders, have not been appealing as an area of focus for most physicians. However, with an increasing scientific understanding of substance use disorders as chemical, biological, and chronic diseases

which are significantly linked to other medical problems, doctors now more than ever play an important role in integrating addiction treatment into their provision of care. Moreover, many health issues are related to substance use, even when the connection is not direct.

Specific efforts will help the medical profession become better involved in assessment and treatment of those with substance use disorders. One effort is to create incentives for doctors and nurses to become trained in substance use issues, a strategy that currently is being implemented in limited contexts. In addition, clinicians need to have a way to be brought into the field to play leadership roles, recognizing that they may serve as medical allies with primary points of identification in other communities. Primary care professionals need better training to address the field's issues in terms of identification, assessment, treatment, case management, and so forth, and be alerted to the commonalities between other medical problems and substance use disorders. Finally, those with linkages to academic communities can introduce these concepts into medical and nursing schools. This integration furthers the relationship with an academic community of which so many interviewees spoke.

People in recovery. Interviewees project that people in recovery will have a greater though different role than they have had previously. There is a redefining relationship going on between those who provide treatment, and those receiving treatment and recovery support. There has been, and will continue to be an equalizing of the power that each holds; people receiving treatment will see that their treatment is theirs, as is the system that provides it.

There was a clear tone among interviewees that the experience of being in recovery in itself is not sufficient qualification for leadership. Some even strongly stated that recovery alone does not qualify someone as a competent case manager or treatment provider. One researcher stated that science increasingly makes the case that a standardized treatment method is more vital for outcome success than the personality of the provider. However, there is also a strong sentiment by interviewees that with increasing certification requirements for front-line staff, those in recovery who do not obtain requisite certifications may no longer be able to work in the front lines of professional treatment. This potential marginalization of some people in recovery is of great concern to many leaders. Not only are people in recovery the reason the field exists, but many also provide a passion for the issues from an experiential perspective. Interviewees felt that recovering persons' commitment, passion, and desire to give back what they had received should not be lost. The voices of recovery must be prominent in the dialogue.

Two suggested avenues to undertake a better incorporation of people in recovery have been suggested. One approach would be to provide training opportunities to work towards certifying people in recovery and ensuring their development as service providers. A second avenue is to create an entirely new way for people in recovery to become involved in which they would actively use their voices and their experiences to become spokespeople for the field's successes. Their personal successes would become more visible to the public, and be seen as combating a significant public health problem. Interviewees spoke of the need for training to accompany this grassroots movement, so that people in recovery can learn how to lead from their own voice. Those in recovery could shape the front lines of the field and produce a cadre of visible and vocal constituents. Recovery would not only be framed as possible and beneficial for the community, but would help people in recovery claim their citizenship, and realize that they can

share in the vision of a movement. Creating and supporting this sort of recovery community was described as an attack on the very stigma that perpetuates second-class status for all those associated with the field.

Developing Leadership in the Larger Field Context

Beyond organizational strategies, a broader view of leadership involves visioning, risk-taking, a keen understanding of power and politics, and broad-based advocacy on behalf of the larger field. There are numerous opportunities to develop leadership in ways that transcend organizational boundaries and unify people from different organizations and disciplines under a common vision.

Collaboration with external partners. An issue raised numerous times was the importance of making external partnerships between the field and the field's allies and potential allies. Allies are those people who are situated in other fields, but could easily advocate on the field's behalf. Traditionally, this field has relied more on internal players than on external partnerships, evidenced in an often limited view of what constitutes "the field." Interviewees sought to reverse a trend of "tunnel vision" by bringing external partners into decision-making realms. Potential collaborators include those who will support the field's interests politically, economically, and socially, from journalists to researchers to doctors, families, policy makers, and more.

Expanding the number and type of external advocates also draws new people to the field. These could include business leaders, information technology specialists, financial development experts, marketing professionals, attorneys, and numerous other specialists who will enhance the disciplinary diversity of the field.

Collaboration within the field. A strength and mainstay of this field is the relationships current leaders have across geographical regions. Many of these leaders had to come together in challenging times where unification was necessary in order to be heard. Today, new leaders are searching for forums to develop these close relationships with their peers. New leaders suggested the development of a formal process of bringing them together to build team relationships and shared goals. Interviewees spoke about their informal reliance on conferences as a networking resource, but they sought more formalized processes for true leadership growth. One suggestion was to create leadership exchanges between organizations so that leaders could learn from each other.

Recruitment. Interviewees pointed out that there has been difficulty attracting a core of passionate, motivated people who will lead the next generation of the field forward. The reasons that people enter the field today may be different than earlier eras, thus leading to a perception gap between more established leaders, who may see themselves as trailblazers and originators of a cultural movement, and newer leaders, who may identify with different values that form the basis of their commitment to the non-profit world and/or the addiction treatment field. It is important to address these gaps in comprehending each other's motivations, and to seek to understand the ideals and motivations of tomorrow's leaders.

Transition of leadership. There is a need for a field-wide effort to facilitate the transition from those leaders who will be retiring to those who will be assuming leadership over the next several years. Formal plans will need to be created to strategically facilitate these transitions. New leaders need the opportunity to assume small leadership roles, and must be allowed to take risks

and even make mistakes. Experienced leaders who are planning for retirement also need to be encouraged to facilitate transitions in leadership. There is enough space for new and old to showcase and share their talents, and this process should be an intentional part of the development of new leadership.

Overall, there are myriad ways to develop leadership for the addiction treatment field. Interviewees' comments suggested that efforts would be most fruitful if there is a concerted effort not only to develop leadership within organizations, but also to grow the field's leadership across organizational systems. Furthermore, given the environmental context presented earlier, it will be wise to place a particular emphasis on developing leaders in the areas of research and primary care, and among those in recovery.

V. Summary

The transition of power from the existing leadership to a new tier of leaders will involve not only the buy-in and planning of those who currently hold leadership roles, but also the identification of the next generation of leaders, and their assumption of power and responsibility. In addition, it will involve planning for the ongoing incorporation of leadership development strategies and values throughout the field.

In order to ensure the long-term integration of leadership development values and practices within the field, there must be consensus on priorities and strategies for action. Themes that have emerged through interviews with a cross-section of local and national leaders point to opportunities for transition planning and broad-based leadership development.

Identify, Attract, Train, Mentor, and Retain

At the most basic level, leadership development involves preparing those who will help move the field into the future. This involves identifying, attracting, training, mentoring, and/or retaining individuals who have a demonstrated passion and commitment to the field, and who have developed or are likely to develop the skills and competencies necessary to becoming leaders. In this effort, it is vital to attract and retain a broad diversity of leaders who can help advance the many facets of the field – from community organizers to business professionals, from people in recovery to primary care clinicians, and from researchers to practitioners.

There is a need to attract people with new perspectives and interests to the field– people who understand the impact of alcohol/drug disease on themselves, their families, their companies, and their communities. Leadership will emerge from talented people who are claiming their citizenship and establishing roles for determining the direction of the field. Some of this new leadership will be learned or passed down, and much of it may be assumed by those who feel the responsibility and the right to lead. Leadership transition involves the creation and seizing of opportunities by all those who are invested in the growth and development of prevention, treatment, and recovery.

Develop Cultures of Leadership within Organizations

More than viewing leadership development as an individually-targeted effort, it is vital to promote and support the development of leadership at all levels of an organization. Leadership is not necessarily marked by titles and positions; it is a quality attainable to people at all levels via careful self-assessment and purposeful attention to competency building. Organizations can grow cultures of leadership by offering training and mentoring opportunities that build technical, management, and leadership competencies; by establishing targeted recruitment campaigns to ensure organizational strength and diversity; and by improving communication at all levels so that the organization is viewed as a team. By developing *cultures* of leadership, organizations can position themselves to make contributions to the field and create opportunities for growth beyond what traditional hierarchical views of leadership may allow.

Coordinate and Centralize Leadership Development Efforts

There are approximately three dozen national organizations that provide public policy leadership for the addiction treatment field. Taken together, these entities provide a nationwide pool of established and emerging leaders who could work in concert with one another for the advancement of the field. Efforts such as the *Partners for Recovery* initiative offer a unique opportunity to bring together a diverse array of current and upcoming leaders under a common vision.

To ensure that leadership development becomes a norm for the entire field, it would be optimal to define clear pathways from local to state to national leadership. At each level, leadership and responsibility should assume collaboration with partner entities (e.g. mental health, criminal justice, housing, etc.) so that leadership development is clearly tied to the overall advancement of the field. As coordinated structures are created, it is necessary to identify and draw new leaders who perhaps have not been invited to the national forums in the past. It is only through efforts to continually include new leaders that the field will ensure its continued growth and improvement.

Articulate and Embrace the Common Ground of a Diverse Field

The addiction treatment field is made up of diverse entities with varying positions on certain policies and practices. Nonetheless, it is a field that can and should carry a consistent and organized message in promoting prevention, treatment, and recovery. The interviews revealed that there are key ideas that could unify the field under a common vision. For example, the recognition of alcohol/drug problems as a public health issue, the understanding of the science of addiction and recovery, and the elimination of stigma are far-reaching concepts under which a diverse field may find common ground. For the field to truly advance, it will be necessary to identify and articulate common issues and to develop a central mission that can be understood through specific, targeted actions.

In sum, now is the time for transition planning to occur and broad-level leadership development efforts to begin. Without sufficient planning, there may soon be a void in leadership and the potential slowing of clinical and scientific progress in the area of substance use disorder prevention, treatment, and recovery. The current social and political environment provides the field with numerous opportunities to share expertise, to come together with unified messages, and to help shape important policies and service-related decisions at state and national levels. To be positioned for the future, the field must develop and implement coordinated strategies not only for identifying and preparing the leaders of the future, but for creating a field that nurtures and exemplifies leadership throughout its ranks.

APPENDIX A: Individuals Interviewed and Additional Sources

Individuals Interviewed

Ray Andrews
Director of Houston Crackdown
Anti-Drug Division of the Mayor's Office
Houston, TX

Doug Anglin, Ph.D.
UCLA
Los Angeles, CA

Sonya Baker
Santa Barbara Recovery Group
Community Recovery Network
Santa Barbara, CA

Camille Barry, Ph.D., R.N.
Managing Member
Beeren & Barry Investments, LLC
Fairfax, VA

Jim Callahan, Ph.D.
Past Director of ASAM
Topsfield, MA

John Coppola
Executive Director
Alcoholism and Substance Abuse Providers of New York State
Albany, NY

Don Coyhis
President and Co-Founder
White Bison, Inc.
Colorado Springs, CO

Michael Darcy
President
Gateway Foundation, Inc.
Chicago, IL

Arthur Dean
Major General, U.S. Army
Chairman and CEO
Community Anti-Drug Coalitions of America
Alexandria, VA

Robert L. DuPont, M.D.
Research Investigator
Institute for Behavior and Health, Inc.
Rockville, MD

Susan Ettner, M.D.
Associate Professor
UCLA Med-GIM & HSR
Los Angeles, CA

Michael Flaherty, Ph.D.
Executive Director
Northeast ATTC
Institute for Research, Education and Training in Addictions (I.R.E.T.A.)
Pittsburgh, PA

Janice Ford Griffin
Deputy Director
Join Together
Boston, MA

Lewis Gallant, Ph.D.
Executive Director
NASADAD
Washington, D.C.

Steve Gallon, Ph.D.
Director
Northwest Frontier ATTC
Salem, OR

Beverly Haberle
Executive Director
Bucks County Council on Alcoholism and Drug Dependence
Doylestown, PA

Michael Harle
President/Executive Director
Gaudenzia, Inc.
Norristown, PA
Tom Hill
Senior Policy Associate
Health Systems Research
Washington, D.C.

Linda Kaplan
Project Director
DANYA International, Inc.
Silver Spring, MD

William (Bill) Layfield
Drug Education Council
Mobile, AL

David Lewis, M.D.
Bio Med Alcohol and Addiction
Brown University
Providence, RI

Doug Longshore, Ph.D.
Principal Investigator
UCLA Psychiatry and Bio-Behavioral Science-ISAP
Los Angeles, CA

Chilo L. Madrid
Executive Director
Aliviane NO-AD, Inc.
El Paso, TX

A. Thomas McLellan, Ph.D.
Director
Treatment Research Institute
Philadelphia, PA

Robert B. Millman, M.D.
New York Presbyterian Hospital
Department of Public Health
New York, NY

Stacia Murphy
President
National Council on Alcoholism and Drug Dependence (NCADD)
New York, NY

Constance Pechura, Ph.D.
Senior Program Officer
Robert Wood Johnson Foundation
Princeton, NJ

Paul Samuels, J.D.
Director/President
Legal Action Center
New York, NY

Bob Savage
Project Director
Connecticut Communities for Addiction Recovery
Wethersfield, CT

Leslie Scallet
Consultant
Washington, DC

Starleen Scott Robbins
North Carolina Division of Mental Health/ Developmental Disabilities/Substance Abuse Services
Raleigh, NC

Dwayne Simpson, Ph.D.
Director, Institute of Behavioral Research
Texas Christian University
Fort Worth, TX

Amy Singer
Senior Vice President of Program Planning and Operations
Phoenix House Foundation
New York, NY

Flo Stein
Chief, Substance Abuse Services
Division of Mental Health, Development Disabilities and Substance Abuse Services
North Carolina Department of Health and Human Services
Raleigh, NC

Pam Waters
Director
Southern Coast ATTC
Tallahassee, FL

Sarah Wattenberg
Public Health Advisor
Division of Services Improvement
SAMHSA, Center for Substance Abuse Treatment
Rockville, MD

George A. H. Williams
Director of Community Partnerships
TASC, Inc.
Chicago, IL

Additional Sources

Daigle, John. 2002. *Leadership in substance abuse treatment and recovery*. Paper written for the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Dye, Carson F. 2002. *Winning the talent war: Ensuring effective leadership in healthcare*. Chicago: Health Administration Press.

White, William. 1998. *Slaying the dragon: The history of addiction treatment and recovery in America*. Bloomington, Ill.: Chestnut Health Systems.

White, William. 2000. Toward a new recovery movement: Historical reflections on recovery, treatment and advocacy. Posted at http://www.bhrm.org/advocacy/ recovadvocacy.htm

APPENDIX B: Leadership Development Interview Questions

Leaders were asked the following semi-structured questions mostly via telephone:

1. What three attributes/skills have been most critical to your success as a leader?
2. What will be the future environment in which our field finds itself?
3. What talent will we need to meet the demands of the future?
4. a. What talent *already exists* within the field to meet those demands?
   b. What *potential talent* exists that can be developed over time to meet the demands of the future?
5. Can you speak to each of the following issues and the impact that these issues have on *recruitment* and *leadership development* for our field?
   a. leadership diversity
   b. stigma
   c. compensation
   d. leaders in recovery
6. What action plans will help us reach the level of talent capacity we need to drive the field in the future?
7. How are you currently identifying and developing talent in your organization/ association that will help move the field forward? What are you doing in your organization/association to plan for the transition of leadership?

Appendix C: Notes on National Treatment Plan (since evolved to Partners for Recovery) Steering Committee Discussions on Leadership Development

Washington, DC
March 18, 2003

Introduction of the Topic

Melody Heaps and John Daigle introduced the discussion on leadership development. Members offered opening comments on the topic, after which the following goal statement was proposed to guide the steering group's discussion and work in this area:

To increase the leadership capacity in the substance abuse treatment and recovery field in order to implement the goals of the National Treatment Plan, as well as to move the field forward in the development and implementation of sound public policy and in the area of service quality improvement.

Feedback on goal statement included:

- Interpret the goal statement to include the expansion beyond the more narrowly-defined "field," and also include those outside the field who care about the issue. Later discussion proposed the term "movement" rather than "field."
- Need do-able activities and measurable outcomes.
- To increase leadership capacity, we need to tap into private and partnering sectors, and put ourselves in strategic positions (e.g. not only invite them to our table, but be at theirs).
- We need to follow-through on the development and grooming of leaders.

Continuum of Leadership Development

Consultant Neal Shifman facilitated the remainder of the group's discussion. It was proposed that the issue of leadership development be regarded as a continuum involving these key elements: identification; recruitment; training; retention; and succession planning. The group brainstormed for about 20-30 minutes respectively around each of these five areas.

Identification

- Go beyond "the field"; work with those outside the field, and also look at all the areas within the field, e.g. justice, research, etc.
- Identification entails both identifying needed competencies, as well as identifying those with the potential for those competencies
- Understand that our work is a business now; look for business administrators
- Keep the focus on the implementation of the NTP in states and communities; create leaders to implement the NTP and further the field; use the NTP to give people opportunities to be leaders
- What leadership have we seen within each of the guidelines? – use the NTP as a framework
- We need those who can see the big picture and establish partnerships
- Consider case studies of leaders in development
- We need to identify and work with other systems on leadership development, particularly given our goal to impact systems. Target certain systems that are critical to what we do.
- Current leaders need training on how to identify new leaders, also on letting go
- The term "identification" is too top-down; allow leaders to self-assess and self-identify
- Integrate RWJ leaders in this process

Recruitment

- *Resources*: Consider the following sources in recruitment efforts: college career days, the military, professional schools, recovery community, diverse populations, government leaders, community and faith-based organizations, all those afflicted and directly connected.
- *Strategies*: Identify leaders to help with recruitment; market our own agencies to attract emerging leaders; market and give visibility to our own emerging leaders; educate people that they can make a difference; look at the investment of the individual, address that investment and passion; take the time to mentor those with interest and passion and talent; invite institutions of higher learning to the summit; use fellowships, government support for leadership growth "pipeline" to feed the field
- *Other remarks*: Recruitment is also a self-assessment process; look for problem-solvers and self-starters; give visibility, exposure to examples of what is working; recognize that different roles fit people with different skills; get beyond victim syndrome

Training

- *Key issues*: There is a difference between management and leadership. Need training instruction that has uniformity in what we train; quality assurance. Leadership development needs to be comprehensive and systemized.

- *Culture of training*: Ignite the passion; make people feel they are part of something bigger and that they are being professionally developed. Set expectation for current leaders that it's their responsibility to groom and train leaders. Professionals themselves also have responsibility let others learn by doing; create culture around that for their own training. When attending training, people serve as ambassadors for their agencies.
- *Strategies and actions*: Do environmental scan of leadership training; integrate learning from training back into working environment; create and sustain support mechanisms for leadership growth; support learning opportunities outside our field; facilitate continuing networking and relationships; use the ATTC network; create training opportunities e.g. via distance learning; integrate efforts to conserve resources; use website; tap into retiring leadership
- *Topics*:
  - board development, how to be on a board – how to participate
  - leadership and management training: strategic planning, risk-taking, HR development, etc.
  - need to identify needed skills and provide training on them, e.g. running meetings, public speaking, marketing, etc.
  - share existing leadership development structures with addiction treatment structures – share expertise
  - experiential learning outside of one's own environment
- *Other remarks*:
  - How do we train leaders on how to carry the National Treatment Plan? NTP is the vehicle for providing leadership training
  - initiatives from the past may be useful again now - we may need to put some things back in place

<u>Retention</u>

- *Opportunities*: Use the support/attention of current political environment; re-attract people back from other areas; recognize ourselves as a <u>movement</u> as opposed to the "field"; we need a lot of varieties of leadership; don't limit view to paid professionals
- *Strategies and actions*: Create cultures of leadership, dynamism, excitement, creativity – let people shine. Allow/invite/empower staff input. See RWJ core competencies (AMA). Allow recovery community to grow and assume its role; set the history and context
- *Self-perceptions to overcome*: Field traditionally has been the ultimate democratic field – consensus is important; get away from attitude that leadership is bad; stigma – we lack pride in what we do; We're the "five & dimes" of human services;
- *Questions & issues to consider*:

- Surveys show main reason people leave is salary
- We talk out of two sides of mouth – need to have better consensus regarding the need for credentialed professionals versus paraprofessionals with opinions
- As leaders move around and to different fields, how do we retain interest in substance use disorders and move to where they can have a bigger impact? Need to keep people in direct services too
- Leaders are courageous, creative, clairvoyant. How do we reward/encourage those qualities?
- The issue of hierarchy -- we can't look at this hierarchically; the field was born out of recovery community, non-hierarchical, service leadership
- We need to make decisions about what we want to do and who we want to be

- *Other remarks*

  - Note the difference between leaders and leadership – "followship": don't want to devalue them and their potential to the team; develop cultures of leadership; read "The Tipping Point"; trust and respect are key issues in retention

<u>Succession Planning</u>

- *Key concepts*: Are we building a bench that will take over? Previous models are old; new leaders don't need to follow old models. People coming up move around a lot, change careers, senior leadership needs to be there to ensure continuity. Succession planning is a multi-year process – need long-term support and emergency assistance. To date, many leaders have played entrepreneurial roles – need to look at literature on next phase. Seek opportunities to attract leaders from other disciplines; what do they get in return?
- *Strategies for current leaders*: Give others the chance to shine – don't hog the spotlight; leaders' stories are important to staff – allow our stories to come forward; allow staff to make mistakes, take their knocks, and learn. How are we developing our succession plans? Can we share those? If you develop a culture that promotes leadership, you'll have a pool of people to draw from.
- *Continuity of the National Treatment Plan*: NTP goes beyond political boundaries – came from the field. How to institutionalize the NTP so it's not dependent on CSAT to keep going; it's general enough to resonate widely. If this is to work, it must be owned by the field/movement.

Next Steps and Reflections

- invite higher learning centers
- what's necessary of the movement to advance the NTP – requires paradigm shift for the field

- need to put forth our objectives, move forward, share leadership
- synthesize for conference, paper, recommendations

APPENDIX D: Leadership Development Resources

Primary sources: Firstgov.gov website, http://www.dscc.dla.mil/library/associations/lda/, and http://www.wkkf.org/programming/renderRES.aspx?CID=148&ID=3725.

Specific Leadership Programs

Harvard Business School's Executive Education Programs

http://www.exed.hbs.edu/programs/lcor/index.html

This program, run by the Harvard Business School and the Stanford Graduate School of Business, is entitled Leading Change and Organizational Renewal. The next program is offered during the first week of November, 2003.

Robert Wood Johnson Foundation Leadership Projects:

http://www.reclaimingfutures.org

The mission is to provide leadership to build community solutions to substance abuse and delinquency through the promotion of new standards of care within the juvenile justice system, development of judicial and community leadership, offering training and technical assistance for creating coordinated systems of comprehensive care, and disseminating research findings. The goal is to reinvent the way courts, police, detention facilities and communities address the needs of substance-abusing juvenile offenders. To accomplish this, Reclaiming Futures has awarded grants to 11 communities in order to develop and implement new models for comprehensive care networks that figure out how treatment, judicial and social services can work together to meet this urgent need. The program builds on what we've learned, brings new resources to the challenge of affecting systemic change, and works toward the vision of a juvenile system that reclaims youth, increases accountability, engages families, and adopts comprehensive community-care approaches.

Project Mainstream:

http://www.projectmainstream.net/

Project Mainstream is part of the HRSA-AMERSA-SAMHSA/CSAT Interdisciplinary Project to Improve Health Professional Education on Substance Abuse. The three objectives of the HRSA-AMERSA-SAMHSA/CSAT project are: Produce a strategic plan to advise the federal government and others how to improve health professional education on substance abuse, conduct an interdisciplinary faculty development program for faculty fellows of multiple professions, and build regional training networks and a national electronic communications resource to support an expansion in faculty development.

W.K. Kellogg Foundation

http://www.wkkf.org/Programming/Overview.aspx?CID=148

Kellogg Leadership for Community Change (KLCC)

KLCC program emphasizes the cultivation of collaborative leadership. By design, collaborative leadership requires the engagement of a critical mass of people from a diverse cross-section of the populations living and working in one community. The first 18 month session of the KLCC program is focused on mobilizing community leadership around teaching and learning issues in six communities around the country.

Community Health Scholars

A one- or two-year fellowship program targeting young scholars who could be appointed to teach in health profession schools with an emphasis on schools of public health. The goal is to increase the number of junior faculty who: Possess the capacity to carry out participatory, community-based research and teaching, understand the social, cultural and economic determinants of community health, and know how to build the capacity of communities, health-related agencies, and academic centers to function as partners in community-based research, service, and education. The program is offered at Johns Hopkins School of Hygiene and Public Health, University of North Carolina at Chapel Hill School of Public Health, and University of Michigan's School of Public Health. The program is managed by the University of Michigan. The participants are known as Kellogg Fellows.

Institute for Diversity in Health Management

This leadership program seeks to reduce disparity and ensure diversity at the highest levels of management of health care services. A residency fellowship program is provided for recent master degreed graduates which places fellows with successful top-level executives. The mentoring established during the residency facilitates access into strategic networks and promotes hiring opportunities for the fellows. In addition, the Institute has offered placement services for entry and mid-level job seekers in health management. A summer internship program in health management is offered to upper classmen and new graduates. The summer enrichment program has three components: An internship at a health system, hospital, primary care center, or health plan with a rotation of duties throughout the organization under a preceptor, seminars to explore leadership, health policy, and delivery systems, and preparation for standardized admission tests to graduate school as appropriate.

American Leadership Forum (ALF)

http://www.alfnational.org/

ALF's primary vehicle for leadership development is the delivery of its renowned fellowship programs through its many local chapters. Each year, twenty to twenty-five men and women - proven leaders from all sectors - are selected in each chapter community. The program year begins with an orientation, followed by a weeklong wilderness experience to transform perceptions of personal abilities while strengthening and adding new dimensions to the vision of themselves and others and what, together, they can do. After wilderness week, class members take part in a series of monthly seminars such as conflict management and resolution, ethics, vision and change and

emerging themes in leadership. The program also includes a "leadership in action" project in which the class defines an urgent community problem and an effective way to solve it. Each year 200 Senior Fellows, graduates of the one-year program, are added to a network of over 1700 Senior Fellows nationwide. These men and women are ready to support one another's causes, whether in their original chapters or in new communities to which their professional and personal lives have led them.

National Community Anti-Drug Coalition Institute (CADCA)

Leader/Mentor Program

http://www.cadca.org/coalitioninstitute/leadermentor/leadermentor.htm

The CADCA Community Anti Drug Coalition Institute seeks experienced leaders of local community anti-drug coalitions to be enrolled in the Institute's Leader/Mentor Program. The Coalition Leader/Mentor Project is part of an innovative effort to help grow and develop new coalitions with the assistance of mentors. The Institute will organize and support those who have spearheaded successful coalitions to become even better leaders while they are mentoring newer coalitions. Leader mentors do not necessarily need to be coalition directors, however, they should have a solid coalition track record. Some leader/mentors will be selected to mentor Greenhouse Coalitions. During this year-long Greenhouse project, 30 coalitions without significant funding that are less than one year old and located in economically disadvantaged areas, including rural areas, will be selected for three intensive four-day training sessions. Greenhouse coalitions will also receive hands-on mentoring over a one-year period to help them grow stronger, prepare them to compete for funding, and achieve results.

Leadership Organizations:

Association of Leadership Educators

http://www.aces.uiuc.edu/~ALE (not much information through this website)

They produce the Journal of Leadership Education and this website is http://www.fhsu.edu/cids/jole/staff.html. Their mission is to serve as a resource organization for leadership educators.

Center for Community Change (CCC)

http://www.communitychange.org/

For almost 30 years, CCC has helped people build organizations and create better communities and policies. The Center's 84 person staff includes many of the nation's leading experts on community development, community organizing, leadership training, coalition-building, housing, welfare reform, jobs, economic development, banking and reinvestment, and Native American issues. CCC works with groups to build their power. Strong community-based organizations in poor areas takes time, commitment and resources. CCC provides on-site assistance to grassroots groups in everything from organizing and outreach to fundraising and financial management, connects people to resources, and increases the capacity of community-based organizations by involving community-based groups, local leaders and advocates.

Center for Creative Leadership

http://www.ccl.org/

This organization aims to increase the understanding, development and practice of leadership throughout the world. They offer programs to development a diverse cadre of leaders, produce researcher, and sell leadership-oriented products.

Center for Ethical Leadership

http://www.ethicalleadership.org

The Center intends to motivate people to practice ethical leadership, inspire institutions to create cultures of integrity, and gathers the community to animate cultural change. Building on the accountability of inspired individuals, they address organizational and community cultures to foster positive change. The Center has a youth program including seminars and public events, different kinds of training and development for business, government, and non-profits, work with communities to foster cultural change through such programs as the Kellogg Leadership for Community Change initiative, convenes community change events called Confluences to foster dialogue among diverse interest groups and launch change initiatives to address community issues.

Center for Innovative Leadership

http://www.cfil.com

The Center for Innovative Leadership is a consortium of consultants, educators, and managers dedicated to developing information that can help leaders improve the effectiveness of their implementation efforts.

Center for Visionary Leadership

http://www.visionarylead.org

The Center was founded in 1996 as a non-denominational, non-partisan educational center to help people develop the inner resources to be effective leaders and respond creatively to change. The Center feature internationally known authors and social innovators, citizen dialogues, and consulting services for business, government and the non-profit community. The Center offers courses on transformational change and inner development, honoring the universal values found in all spiritual traditions and transcends old categories of left and right, creating a new political synthesis.

Centre for New Black Leadership (CNBL)

http://www.cnbl.org

CNBL is a Minnesota-based non-partisan, not-for-profit idea and "do" center, established in 1994. CNBL aims to promote a positive vision of the future grounded in the historic principles of the American idea. It brings together a diverse group of thinkers, community leaders and policy experts and shares their vision through seminars, book luncheons, conferences, publications, electronic media and support of selected community-based projects.

Community Leadership Association

http://www.communityleadership.org/

The Community Leadership Association enhances the capacity of community leadership programs to strengthen and serve their communities. Professional development occurs at the Annual Leadership Conference, workshops, and a full calendar of educational programming. Leadership development of our members is supported through programming, peer-to-peer networking, industry insight and resources, staff access and more. Supporter/Resources links to the web sites of foundations and organizations that are important to the mission of The Community Leadership Association.

Congressional Hispanic Caucus Institute (CHCI)

http://www.chci.org

The mission of CHCI is to develop the next generation of Latino leaders. Our vision is an educated and civically active Latino community who participates at the local, state, and federal policy decision-making levels. CHCI seeks to accomplish its mission by offering educational and leadership development programs, services, and activities that promote the growth of participants as effective professionals and strong leaders. In the spirit of building coalitions, CHCI seeks to establish partnerships with other Latino and non-Latino organizations. Today, CHCI has developed into an organization whose programs are designed to increase the participation of young Hispanics in both public and private sectors and to foster a network of young Hispanic leaders in government-related areas through the CHCI Alumni Association.

Coro

http://www.coro.org

Coro was founded in San Francisco in 1942 when an attorney and an investment counselor launched an exploration of the world of public affairs. Their premise was based on the realization that, unlike law, business or medicine, post graduate training in the area of leadership was non existent. Coro program participants learn about the real world by actively questioning, interacting with diverse constituents, finding resources and coming up with innovative solutions to the problems faced by their communities. Together, participants explore community dynamics, leadership and decision-making, while building the skills necessary for successful careers in business, politics, education, government and the non-profit sectors. As the need for leadership training grew to national proportions, Coro has centers in San Francisco, Los Angeles, St. Louis, Kansas City, New York, and Pittsburgh. Coro offers participants the hands-on training they need to make meaningful contributions to society. Coro's leadership programs are designed to: expose participants to the myriad of individuals and institutions that play essential roles in creating and shaping public policy; develop participants' analytic, communication and problem solving skills; and strengthen the quality and creativity of decision-making in the field of public affairs.

Federal Executive Institute and Management Development Centers

http://www.leadership.opm.gov

The Federal Executive Institute and the Management Development Centers are dedicated to serving government leaders and organizations to improve performance and enhance leadership. Their three centers are located in Charlottesville, Virginia, Sheperdstown, West Virginia, and Denver, Colorado and work to: (a) create, share, and apply knowledge and skills to address the challenges faced by public sector organizations; (b) develop the values and competencies that are the foundation of public service, transcending individual professions and missions; and (c) offer learning experiences in top-class learning environments.

Greenleaf Center for Servant Leadership

http://www.greenleaf.org/

The Greenleaf Center is an international, not-for-profit institution which helps people understand the principles and practices of servant-leadership, nurtures colleagues and institutions by providing a focal point and opportunities to share thoughts and ideas on servant-leadership, produces and publishes new resources by others on servant-leadership, and connects servant-leaders in a network. They host conferences, and bring other resources to light through their website.

Heartland Center for Leadership Development

http://www.4w.com/heartland

The Heartland Center for Leadership Development is an independent, nonprofit organization developing local leadership that responds to the challenges of the future particularly in rural Midwestern areas. A major focus of the Heartland Center's activities is practical resources and public policies for rural community survival. Heartland Center programs range from workshops for small town leadership groups through multi-year projects assessing the impact of national community development models. In addition, the Center publishes booklets and guides on such topics as workable strategies for community and economic development, renewing community leadership and secrets to coping with change in small towns.

Leader to Leader Institute (formerly the Drucker Foundation)

http://www.pfdf.org

The Leader to Leader Institute's mission is to strengthen the leadership of the social sector. It offers numerous resources to enhance organizations' leadership capabilities, including the various resources on its site, strategic planning and nonprofit-business alliances workshops, books and journals, a membership program, and staff consultation.

Senior Executives Association

http://www.seniorexecs.org/

The Senior Executives Association (SEA), a non-profit corporation, provides leadership and expertise services for government leaders to manage their departments and agencies. SEA provides support for these executives, by ensuring equitable treatment and compensation, continued professional education, and recognition for the more than 7,000 career federal executives who comprise the nation's highest civil service ranks. SEA concerns itself with those issues that affect the career executive service as a whole, neither representing individuals nor acting in any manner that would adversely affect the relationship between a senior executive and his/her agency.

Reflective Leadership Center

http://www.hhh.umn.edu/centers/rlc/lcg/lcg.htm

The Reflective Leadership Center (RLC) is guided by the framework of Leading for the Common Good (LCG). RLC teaches, researches and provides services to the community of Minnesota. The center's seminars, courses and workshops use the RCL framework to help participants develop leadership strategies for tackling public problems in a complex, shared-power world. LCG includes leadership in context, personal leadership, organizational leadership, visionary leadership, political leadership, ethical leadership, and putting it all together.

Academic Programs/Centers:

Center for Leadership Studies

http://cls.binghamton.edu/

The Center for Leadership Studies at Binghamton University focuses on generating, conducting, and disseminating basic and applied research for the advancement of leadership effectiveness of individuals, groups, teams, organizations, and communities. They offer programs, and solidify grant monies for programs and training.

Institute for Leadership Research

http://ilr.ba.ttu.edu/

The mission of the Institute for Leadership Research at Texas Tech University is to facilitate faculty and students in conducting the highest quality quantitative and qualitative research, both basic and applied, focused on leadership, management, and related issues.

The James MacGregor Burns Academy of Leadership

http://www.academy.umd.edu/

The Academy of Leadership at the University of Maryland's mission is to promote leadership knowledge and practices that empower all those who strive for a just, equitable, and thriving society, particularly those who have been historically underrepresented in leadership. There are a number of programs dealing with particular aspects of leadership.

International Leadership Association

http://www.academy.umd.edu/ILA/index.htm

Situated at the University of Maryland, the International Leadership Association assists in the development of leadership across a spectrum – from the academy to think tanks to public policy to business. They conduct research, produce papers, train leaders in varied areas, network with existing leaders, and run annual conferences.

African American Leadership Institute (AALI)

http://www.academy.umd.edu/AALI/index.htm

The AALI was established as a model program whose central purpose is to enhance and develop the transforming leaders needed to tackle the challenges of the 21st century. The AALI is the only university-based leadership program of its kind in the United States. The AALI works to develop and provide the humane, effective and timely leadership needed to improve the overall quality of life and civic engagement of African Americans. The AALI offers African American leaders access to valuable information resources and technology as well as modern leadership and management skills through research, public programming, and leadership development and training programming and services.

Jepson School of Leadership Studies, University of Richmond

http://oncampus.richmond.edu/academics/leadership/

The Jepson School of Leadership Studies at the University of Richmond is the nation's first undergraduate school of leadership studies with the mission to educate people for and about leadership. Mainly, training is academic for university students.

John Ben Shepperd Public Leadership Institute

http://www.utpb.edu/jbs/leadership.htm

The mission of the John Ben Shepperd Public Leadership Institute at The University of Texas is to provide young Texans an education for and about leadership, ethics, and public service.

Kravis Leadership Institute

http://research.mckenna.edu/kli

The Henry Kravis Leadership Institute sponsors an education program of leadership studies at Claremont McKenna College. Programs focus on research to expand knowledge and understanding of leadership and organizational effectiveness and to add to the growing body of knowledge in the field. The Institute hosts national conferences, local workshops, and speaker series with a focus on outreach programs that enhance the development of young leaders and the leadership capabilities of the larger community.

Ohio State University's Leadership Center

http://www.ag.ohio-state.edu/~leaders

Ohio State University’s Leadership Center conducts research and produces leaders through offering programs and promoting scholarship that examines the many area of leadership studies.

Tufts University Institute for Global Leadership

http://www.tuftsgloballeadership.org/

The Institute for Global Leadership at Tufts University trains people to engage nationally and internationally via effective and ethical leadership in the public sphere. They focus on governmental, and non-governmental leadership, profit and non-profit organizations across a range of topics including healthcare, media, education, and international humanitarianism, among others.

Wharton Center for Leadership and Change Management

http://leadership.wharton.upenn.edu/welcome/index.shtml

The Wharton Center for Leadership and Change Management at the University of Pennsylvania stimulates basic research and practical application of research findings, enhances understanding of how to build and develop leadership in and for organizations, and assists the leadership and change agendas of the school and its faculty and affiliates. They support individual and cross-disciplinary team-based research projects on organizational leadership, strategy, and change, sponsor periodic conferences on leadership and change management for both university scholars and company managers, and disseminate practical summaries of current research on leadership and change to the academic and management communities through the electronic Wharton Leadership Digest.

Carolina Leadership Development

http://leadership.unc.edu/aboutus/index.html

Dedicated to cultivating tomorrow's leaders today, the Carolina Leadership Development office promotes effective leadership and citizenship through experiential learning, training, and resources. Central to Carolina Leadership Development's philosophy is the idea that anyone can be a leader. Programs and academic courses are designed for students with a wide range of leadership experience. One need not have experience as the president of a student organization, indeed one need not even have been involved in a student organization, to participate in and benefit from the leadership education offered by Carolina Leadership Development. The programs and academic courses offered by Carolina Leadership Development are open and available to all students.

National Clearinghouse for Leadership Programs

http://www.nclp.umd.edu/

Established in 1992 at the University of Maryland College Park, the National Clearinghouse of Leadership Programs (NCLP) provides a central clearinghouse of leadership materials, resources, and assistance to leadership educators. Current membership consists of approximately 400 individuals.

National Leadership Institute

http://www.umuc.edu/prog/nli/nli.html

The National Leadership Institute (NLI) is a part of University of Maryland University College (UMUC). NLI is also a network associate of the Center for Creative Leadership. NLI delivers several CCL-licensed programs at the UMUC Inn and Conference Center in Adelphi, Maryland, making these programs accessible to managers throughout the region.

Government Leadership Programs:

Graduate School, USDA's Leadership Effectiveness Inventory

http://grad.usda.gov/programs_services/lda/lei.cfm

The mission of the Graduate School, USDA is to provide education, training and related services, to improve the performance of government and to provide opportunities for individual lifelong learning. Government employees can take courses around the country on a variety of topics, including leadership skills.

The Leadership Network

http://leadership.gc.ca/static/info/tln-lrl/tln_factsheet_e.shtml

The Leadership Network is a Canadian government service agency mandated to promote, develop and support networks of leaders throughout the Public Service of Canada and assist them in the continuing challenge of public service renewal and modernization.

Leadership Quarterly

http://www.elsevier.com/inca/publications/store/6/2/0/2/2/1/index.htt

The Leadership Quarterly brings together a focus on leadership for scholars, consultants, practicing managers, executives and administrators, as well as those numerous university faculty members across the world who teach leadership as a college course. It provides publication of leadership research and applications and has a global reach. It also focuses on yearly reviews of a broad range of leadership topics on a rotating basis and emphasizes cutting edge areas through special issues.

APPENDIX E: Annotated Bibliography

Selected Writings on Leadership as Identified by Steering Committee Members and the Authors of this Paper

Ackoff, Russell L. 1999. Transformational leadership. *Strategy & Leadership* Vol. 27, No. 1 (January/February 1999):20-5.

Despite all the literature related to leadership and transformation, Ackoff believes there is still a lack of leaders. The author attributes this is to "the ambiguity of the concepts of leadership and transformation." His article explores leadership as it relates to vision and strategy, and how transformational leaders then use vision and strategy to transform individuals, organizations, or societies. The author also discusses the four types of systems (ecological, animated, deterministic, and social) and their conceptual importance to the transformational leader.

Bennis, Warren G. and Robert J. Thomas. 2002. Crucibles of leadership. *Harvard Business Review*, September 2002:39-45.

Bennis and Thomas posit that much of a leader's success comes from handling adversity well. Their article looks at several successful leaders and their experiences with adversities such as worker rebellion, cultural prejudices, facing enemies, and training your successors.

Bolton, L.B, C. Aydin, G. Popolow, and J. Ramseyer. 1992. Ten steps for managing organizational change. *Journal of Nursing Administration* 22, 6 (June 1992):14-20.

Managing interdepartmental relations in healthcare organizations is a major challenge for nursing administrators. The authors describe the implementation process of an organization-wide change effort involving individuals from departments throughout the medical center. These strategies can serve as a model to guide effective planning in other institutions embarking on change projects, resulting in smoother and more effective implementation of interdepartmental change. (from abstract)

Bridges, William. 1991. *Managing transitions: making the most of change.* Cambridge: Perseus Books.

Directed at managers and employees in today's corporations, where change is necessary to revitalize and improve corporate performance, *Managing Transitions* addresses the fact that it is people who have to carry out the change. Bridges gives examples of practical ways to bring the people "on board." The author is the first to discuss what is going on inside the people who have to make the change work. He is also the first to provide any real sense of the emotional impact of change and what can be done to keep it from disrupting the entire organization. (from book jacket)

Byham, William C., Audrey B. Smith, and Matthew J. Paese. 2002. *Grow your own leaders.* Upper Saddle River, NJ: Financial Times Prentice Hall.

Combining their experience as leadership consultants to more than 1,600 organizations, Byham, Smith, and Paese show readers how to identify future leaders within their

company and help them develop. The authors discuss the following topics: the crisis of executive leadership, best practices for identifying "high potentials" in organizations, bringing new flexibility to executive succession, developing leaders fast, translating diagnosis into action, and four ways to encourage executive growth. (from book jacket)

Cheloha, Ph.D., Randall S. 1999. Hallmarks of effective succession planning. *Viewpoint,* No. 2. <www.mmc.com/views/99fall.cheloha.shtml>
The continuation of an organization and its values is dependent on executive succession. Yet, many companies do not know the keys to planning a successful succession. In this article, Cheloha asserts that succession is about maintaining the continuity of the organization's values. He states that sound organizations adhere to several principles: the board "owns" the succession process and the CEO "manages" it; the board must be able to make informed judgments; succession planning is buttressed by strong management development; the definition of leadership is agreed upon; potential successors are assessed as leaders; and successor candidates have development plans.

Dietel, J. Edwin. 1996. *Leaders' digest: a review of the best books on leadership*. Chicago: ABA Section of Law Practice Management.
This book offers summaries of nearly 200 books on the essential qualities and components of outstanding leadership.

Drucker, Peter F. and Peter M. Senge. 2001. Leading in a time of change: What it will take to lead tomorrow. New York: Jossey-Bass.
This workbook and video package discusses how leaders can prepare themselves and their organizations for the inevitable changes that lie ahead. Drucker and Senge discuss how organizations can: develop systematic methods to look for and anticipate change; focus on and invest in opportunities rather than problems; phase out established products and services; balance change and continuity; and motivate and retain top performers and create a mind-set among employees that embraces positive change. ***Note:*** See numerous other books and leadership writings by Peter Drucker at the Leader to Leader Institute (formerly the Drucker Foundation): http://www.pfdf.org

Dye, Carson F. 2000. Leadership in healthcare: Values at the top. *Healthcare Executive* 15, No. 5 (September/October 2000):6-12.
Leaders today are not only expected to lead an organization, but to face daunting challenges such as operational changes, strategic issues, and lack of time to examine such challenges. In this article, Dye discusses the values that are needed from effective leaders as they face the challenges of leading an organization: respect and stewardship, ethics and integrity, interpersonal connection, servant leadership, initiative to make change, commitment, emotional intelligence, cooperation and cohesiveness, trust, and dedication to managing conflict. The article ends with an evaluation form that is a good tool for assessing these values in oneself or others.

Dye, Carson F. 2002. *Winning the talent war: Ensuring effective leadership in healthcare.* Chicago: Health Administration Press.

The decisions that healthcare leaders make can have a wide and lasting impact on an organization. This book presents strategies for identifying, recruiting, and retaining superior healthcare executives. Author and speaker Carson Dye explains why the aggressive development of leaders is the job of every senior executive and provides guidelines for finding and empowering these leaders. Topics covered include: creating a compelling place for leaders to work; determining search and hiring strategies; locating executive candidates; improving the interview process; using psychological assessment tools; making the hiring decision; orienting new leaders into the organization; and identifying and developing leadership skills. End-of-chapter summaries can be used to evaluate one's current practices and develop action plans for new approaches. (from website: http://www.ache.org/PUBS/talent.cfm)

Gilmore, Thomas North. 2003. *Making a leadership change: How organizations and leaders can handle leadership transitions successfully.* Lincoln, NE: Author's Choice Press.
Turnover at the top can stimulate great changes throughout an organization. These changes can mean low morale, decreased productivity, rumors, and political infighting – or they can revitalize working relationships and opportunities to rethink outdated assumptions and forge new directions. In this book, Thomas North Gilmore, a consultant to leaders in business and government, shows how executives in new positions – as well as those overseeing leadership changes – can capitalize on these opportunities and minimize the risks of making changes at the top. (from amazon.com)

Heifetz, Ronald A. and Marty Linsky. 2002. *Leadership on the line: Staying alive through the dangers of leading*. Boston: Harvard Business School Press.
Many people who are given the opportunity to establish themselves as leaders hesitate to do so for fear of the challenges, conflicts, and risks. Authors Heifetz and Linsky use their combined teaching and consulting experience to write a book that addresses the fears of new leaders. Using examples of presidents, CEOs, managers, politicians and parents, Heifetz and Linsky illustrate proven methods of leadership, while also discussing the importance of self-evaluation: knowing one's vulnerabilities and sustaining one's spirit. (from book jacket)

Heifetz, Ronald A. and Marty Linsky. 2002. A survival guide for leaders. *Harvard Business Review*, June 2002:65-74.
Authors Heifetz and Linsky combine their teaching and consulting experience to write a survival guide for leaders of changing organizations. The article breaks the guide into two parts: looking outward – advice about your interaction with your organization and the people who work there, and looking inward – advice about learning your strengths and weaknesses and how they can affect your performance.

Hesselbein, Frances. 1997. The challenge of leadership transition. *Leader to Leader*, No. 6. <www.pfdf.org/leaderbooks/L2L/fall97/fh.html>
How organizations manage transitions in leadership reveals much about the organization. In this brief article, Hesselbein cites four critical phases of leadership transition: defining a vision, building a search infrastructure, delegating authority, and conducting the search.

She discusses these steps and the importance of board partnership; she also recommends the book *Making a Leadership Change* by Thomas North Gilmore (see separate listing).

Hirschhorn, Larry. 2002. Campaigning for change. *Harvard Business Review*, July 2002:98-104.
Organizational changes are not easy to make, nor are they always readily accepted. Hirschhorn argues that an organizational change does not have to be as daunting as many executives think. The author details three campaigns (political, marketing, and military) that are essential to any organization looking to undergo a change.

Kim, W. Chan and Renee Mauborgne. 2003. Tipping point leadership. *Harvard Business Review*, April 2003:60-9.
The theory of the tipping point is well-known, but how does this theory relate to leaders taking their organizations through a change? Authors Chan and Mauborgne look at William Bratton, former commissioner of the New York Police Department, and his ability to lead via the tipping point, and lay out the formula for this leadership style. The article introduces the four hurdles that an organization must face when going through a change: cognitive hurdles, resource hurdles, motivational hurdles and political hurdles, and uses Bratton's ability to overcome these hurdles as an example for any leader to follow.

Levine, Stuart R. Leading change. 2000. *Executive Excellence* 17, No. 7 (July 2000):9.
Levine outlines seven principles that he believes define the fundamentals of a successful transition: from career-driven to core value-driven, from chaos-driven to process-driven, from technology-driven to relationship driven, from information gathering to distilling and sharing information, from me to we, from product focus to people focus, and from leader to edu-leader. These seven principles can be incorporated into any transition action plan.

Maccoby, Michael, John C. Beck, Dan Clampa, Michael Watkins, Daniel P. Goleman, Thomas H. Davenport, Harvard Business Review. 1998. *Harvard business review on what makes a leader.* Boston: Harvard Business School Press.
The latest thinking in the field of leadership is collected in this volume. Here are the landmark ideas that have established the Harvard Business Review as required reading for ambitious business people in organizations around the globe. The volume pays special attention to leadership succession issues. Contents include: What Makes a Leader? by Daniel Goleman; Narcissistic Leaders: The Incredible Pros, the Inevitable Cons by Michael Maccoby; Leadership That Gets Results by Daniel Goleman; Getting the Attention You Need by Thomas H. Davenport and John C. Beck; The Successor's Dilemma by Dan Ciampa and Michael Watkins; The Rise and Fall of the J. Peterman Co. by John Peterman; and Why Should Anyone Be Led by You? by Robert Goffee and Gareth Jones.

McRee, M.A., Tina, Catherine Dower, J.D., Bram Briggance, M.A., Jenny Vance, Dennis Keane, M.P.H., and Edward H. O'Neil, Ph.D. 2003. The mental health workforce: Who's meeting California's needs? San Francisco: Center for the Health Professions, University of California.
To date, the mental and behavioral health care workforce has been woefully understudied. This report, which profiled the psychiatry, psychology, marriage and family therapy, licensed clinical social work, psychiatric nursing and significant clinical

support professions in California, could be used as a template to study any workforce. Included in the report were occupational profiles and estimates of the current workforce, a demand forecast of workforce need through 2010, a profile of the ecology of mental and behavioral health care work in California, and recommendations for needed data collection and further study.

Reinelt, Claire, Siobhan Sullivan, and Paul Foster. 2002. *Engaging new leadership voices for catalyzing and sustaining community change.*
< http://www.leadershiponlinewkkf.org/LearningCenter/pubs/newvoices/index.asp>
This research project from the Development Guild/DDI focuses on foundation initiatives and grantees that support the emergence of new leadership. The project identifies these organizations and illustrates how they encourage leadership, it reviews strategies for developing new leaders, and it discusses the challenges to encouraging new leadership.

Reinelt, Claire, Paul Foster, and Siobhan Sullivan. 2002. *Evaluating outcomes and impacts: a scan of 55 leadership development programs.*
< http://www.wkkf.org/Pubs/CCT/Leadership/Pub3780.pdf>
The W.K. Kellogg Foundation, teamed with the consulting firm of Development Guild/DDI, identified ways on how leadership programs evaluate success or failure via research conducted on various leadership development programs. The scan maps the outcome terrain for change-oriented leadership programs, provides an overview of evaluation approaches used to determine leadership outcomes and offers an overview of the most common learning methodologies.

RHR International Company. 1997. *The lost art of succession planning.* Vol. 14, No. 3. Posted at: < http://12.19.168.197/execinsights/14-3.htm>
A majority of today's companies have not prepared for the inevitable event of leadership transition. This article briefly lays out the basis for good succession planning. It lists the questions companies need to ask and the key factors that should be present when establishing a succession plan.

Staring, Susan and Catherine Taylor. 1997. A guide to managing workforce transitions. *Nursing Management* Vol. 28, No. 12 (December 1997):31-2.
Recognizing leadership styles and team-building interventions that work helps nurse managers change skills and strategies to meet the demands of a workforce reorganization. Authors Staring and Taylor identify three key strategies: emotional management, professional empowerment, and empowerment by values. All members involved in the reorganization were given room to grow, to make mistakes and to learn from them. (from abstract)

Thomas, David A. 2001. Race matters: the truth about mentoring minorities. *Harvard Business Review,* April 2001:99-107.
Even with diversity a top priority, many organizations fail to have racially balanced executive teams. Author David Thomas researched the career progression of minorities and found a much different pattern of progression than that of white professionals. Due to the results of his research, Thomas believes that mentors of minority leaders need to beef

up their measures to enable a more balanced executive pool. His article breaks the executive progression into three stages, discussing each stage from the perspective of a minority professional. Thomas also discusses challenges mentors may face and how mentors can work to create an environment of success.

White, William. 2000. Toward a new recovery movement: Historical reflections on recovery, treatment and advocacy. Posted at http://www.bhrm.org/advocacy/recovadvocacy.htm
White wrote this paper for a conference sponsored by the Recovery Community Support Program, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. He examines the recovery movement and interjects lessons from the past, as he believes history is the "ultimate elder." White's paper devotes a section to leadership (pp. 28-29) where he covers the source of the leadership movement; the problem of centralized, charismatic leadership; the personal price of leadership; the vulnerability of leaders; media and leadership; and leadership development and succession.

Williams, Lynora. *Changing charity: testing the limits of nonprofit leadership.*
< http://www.ncrp.org/cc_nonprofit_leaadership.htm>
Leaders of nonprofit organizations usually refrain from instituting organizational change as they are limited by funders, board members or legal restrictions. However, the results from a study by the Union Institute's Changing Charity Project show that nonprofit leaders want a chance to take a chance. William's brief article discusses the results of the study.

Zdenek, Robert. *Organizational Culture and Nonprofits.*
< http://www.pamij.com/zdenek.html>
An understanding of organizational culture helps to provide a sense of the hidden and complex aspects of organizational life. In this article, Zdenek considers the role and growth of nonprofit organizations. Drawing on examples of organizational culture from the New Community Corporation, the largest community-based development corporation in the U.S., he argues that shared assumptions about values, meaning, language, symbols, and group norms can create a framework from which the nonprofit organization can implement its mission and programs.

Zimmerman, Ann. CEO's careful planning eases power transfer. *The Wall Street Journal Online.*
< http://www.careerjournal.com/myc/management/20010503-zimmerman.html>
Reporter Zimmerman publishes excerpts from a Wall Street Journal reporter's interview with H. Lee Scott, CEO of Wal-Mart. The interview focuses on Wal-Mart's transition of leaders – from Sam Walton to David Glass to Scott – from Scott's viewpoint.