

Introduction: Leadership for Wicked Problems

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Abstract

Leadership is the topic of the papers in this issue of *The Innovation Journal*. The problems that we face are “wicked;” they are complex and defy simple formulations and easy solutions. We need dynamic leadership and both transactional and transformative leadership from our managers and leaders at all levels of organizations. Successful implementation is as critical as effective policy and program development. Five core leadership competency areas are described in *The Leadership and Management Skill Set*: personal skills and knowledge, interpersonal (people) skills, transactional (execution, management) skills, transformational skills, and policy and program knowledge. Public leadership and competent leaders will be keys to success in the millennium.

Key Words: Public Leadership and Management, Wicked Problems, Transactional and Transformative, Implementation, Competencies

Introduction: Leadership for Wicked Problems

This issue of the *Innovations Journal* is devoted to leadership, a topic that Burns (1978, 2) called “one of the most observed and least understood phenomena on earth.” It is an issue that is of interest in every country (the articles in this issue come from Canada, New Zealand, the Netherlands, the United Kingdom, and the United States) and in every public and private field (the articles include discussions of mental health, river and climate change management, and government reform) and at every level of public service from the line staff and managers in the Pitts-Brown and Peters and Onyett articles to the community at all levels in Lurie’s health systems and Scholten’s exercise to the Canadian government policy makers in LeMay’s examples.

Wicked Problems

It is appropriate that this issue of the *Innovations Journal* follows one devoted to complexity science, theory, and systems. As Goldstein (2008, 2) points out in his lead article to that issue, we are in a century of complexity, with unprecedented interconnectivity, scale, novelty, unforeseen new structures with unexpected new properties, and radical innovation and transformation. These problems and issues are “wicked.” There is no definite formulation of the problem. Each problem is essentially unique, often has not been faced before, and is entwined with other problems. The search for solutions never stops. Solutions are not good or bad or limited, but are judgment calls and are often difficult to measure.

Wicked problems often crop up when organizations have to face constant change or unprecedented challenges. They occur in a social context; the greater the disagreement among stakeholders, the more wicked the problem. In fact, it is the social complexity of wicked problems as much as their technical difficulties that make them tough to manage (Camillus, 2008, 100).

Heifetz (1994) calls these situations when there is no obvious definition of a problem or a solution Type III situations or adaptive problems. He contrasts these with Type I problems, technical problems, where the problem is definable and can be solved with technical knowledge and abilities and Type II problems when the problem is clear but the solution is not. More and more, leaders face Type II and III situations that require new leadership skills and competencies, a dynamic process that emphasizes the need for quality, flexibility, adaptability, speed, and experimentation. They “bring to mind the idea of an energetic dance that binds the leader and followers, in which each side is fully present, active, and able to shape the other. In that sense, the teaching of leadership can –in fact, must- be a life-giving activity (Warren Bennis in Parks, 2005, xi). Type II and III situations are complex, multi-framed, cross-boundary, and hard to solve.

The examples in this issue demonstrate that these challenging situations are especially common in the public sector, are at all levels from individual interactions to high level policy making, and are present in all countries.

Dynamic Leadership

To address these complex issues, the many articles and books on leadership emphasize that the leader must manage dynamic processes that require flexibility, adaptability, speed, and experimentation. We work in complex systems that operate as a series of networks with multiple stakeholder interests. Bringing out shared values, empowering stakeholders, and effectively communicating information sharing are critical needs (Kanji and Moura E Sa, 2001). They often require collaborative leadership, a set of theories that has emerged in the 2000s and that demands styles that are facilitative and empowering, catalytic and connective (Sullivan and Williams, 2007). Leaders in these situations need to inspire commitment and action, lead as a peer problem solver, build broad based involvement, and sustain hope and participation. They “convene, energize, facilitate, and sustain this process” (Chrislip and Larson, 1994, 146).

Rowitz (2001, 23-24) singles out ten leadership abilities and practices as especially important for leadership in the 21st century. Leaders

- Must be knowledge synthesizers
- Need to be creative
- Need to be able to create a vision and get others to share the vision and demonstrate a commitment to the vision and the mission it represents
- Need to foster and facilitate collaboration
- Need to possess entrepreneurial ability
- Are systems thinkers
- Must set priorities
- Need to form coalitions and build teams
- Must put innovative ideas into practice, must become masters of the latest management techniques, and
- Acts as a colleague, a friend, and a humanitarian to everyone in the organization.

Leaders need to be “conceptualizers, providers of reasoning and context, facilitators, and profound questioners” (Feyerherm, 1994, 268) who

- surface or illuminate assumptions or beliefs
- create new alternatives and frameworks and social consensus, coupled with supporting, bridging, and facilitating, and
- initiate collective action to form structures and develop and present proposals (Williams, 2008, 20).

Being a facilitator is a critical leadership role. The core beliefs of facilitative or engaging (as compared to traditional directive) leaders are:

- People are intelligent and capable, and they want to do the right thing.
- Everyone’s opinion has value, regardless of an individual’s rank or position.
- Groups can make better decisions than individuals acting alone.
- People are more committed to the ideas and plans that they create.

- People will take responsibility and assume accountability for their actions and can become partners in the enterprise.
- The role of the leader is to evoke the best possible performance from each member of the team (Bens, 2006, 8-9).

The guiding principles of each action are (1) empowerment, (2) collaboration, (3) creativity, (4) transparency, (5) systems thinking, (6) feedback, and (7) ongoing learning and development (Bens, 2006, 41-42).

The defining feature of facilitative leaders is that they offer process and structure rather than directions and answers. In every situation, they know how to design discussions that enable group members to find their own answers (Bens, 2006, 93).

This process is “adaptive work,” “the learning required to address conflicts in the values people hold, or to diminish the gap between the values people stand for and the reality they face....The exposure and orchestration of conflict – internal contradictions – within individuals and constituencies provide the leverage for mobilizing people to learn new ways” (Heifitz, 1995, 22). As an amateur concert pianist himself, for Heifitz the leader is the conductor of the very diverse orchestra. As its members each find their own answers in relationship to the others in the group, they come together as an effective team.

Critical to this is constant movement between action and reflection, theory and practice (Shon’s *The Reflective Practitioner*, 1984), moving between being an active participant on the complex dance floor and pulling back to looking down from the balcony where you can see and reflect on the larger pattern of interactions (Heifitz, 1995), being amongst the trees and looking down on the forest.

Kotter (1996; Kotter and Rathgeber, 2006) defines “the eight step process of successful change.”

1. Set the Stage: Create a Sense of Urgency.
2. Pull Together the Guiding Team.
3. Decide What to Do: Develop the Change Vision and Strategy.
4. Make It Happen: Communicate for Understanding and Buy In.
5. Empower Others to Act.
6. Produce Short-Term Wins.
7. Make It Stick: Create a New Culture.

Luke (1998, 37) calls this mix of leadership styles “catalytic leadership.” The tasks of the leader are:

1. Focus attention by elevating the issue to the public and policy agenda.
2. Engage people in the effort by convening the diverse set of people, agencies, and interests needed to address the issue.
3. Stimulate multiple strategies and options for action.

4. Sustain action and maintain the momentum by managing the interconnections through appropriate institutionalization and rapid information sharing and feedback.

It is non-hierarchical and inter-organizational, collaborative with concerted action, convenes stakeholders and facilitates agreements for collective action, is facilitative and asks the right questions, and, while having a stake in getting to agreed upon outcomes, encourages divergent ways to reach them ((Sullivan and Williams, 2007; “collaborative leadership” styles, based on Luke).

Gardner (1990, 1) defines leadership as “the process of persuasion or example by which an individual (or leadership team) induces a group to pursue objectives held by the leader or shared by the leader and his or her followers.” He describes the tasks of leaders as:

- Envisioning Goals: goal setting and motivating. “Leaders point us in the right direction and tell us to get moving.”
- Affirming Values
- Regeneration of Values
- Motivating
- Managing
 - planning and priority setting
 - organizing and institution building
 - keeping the system functioning
 - agenda setting and decision making
 - exercising political judgment
- Achieving Workable Unity
- Building Trust
- Explaining
- Serving as Symbol
- Representing the Group, and
- Renewing.

Van Wart (2005) considers leadership to be a complex process, “The Leadership Action Cycle,” involving the acts of

1. Assessing one’s organizational and environmental demands, and one’s leadership constraints and priorities;
2. Developing the numerous necessary leadership characteristics, traits and skills (such as integrity, self-confidence, a drive for excellence, and skill in communications and influencing people);
3. Refining and modifying one’s style for different situations;
4. Achieving predetermined goals by acting in the three major areas of task-oriented, people-oriented, and organizational-oriented behaviors; and
5. Continually self-evaluating one’s performance and developing one’s potential.

In this issue, Scholten argues that public sector innovation is often driven by informal groups of key actors. The process is one of “daring decision making” in which controversy, innovation, and large impact create risk and the plan needs to appeal to personal involvement, and be visionary, knowledge driven, and systemic. It includes advocacy and brokerage, managing complexity, strategies for influencing and negotiating, a creative search for possibilities, and persistence. The leader is a policy entrepreneur and a boundary spanner.

Senge (2006) argues that leaders in “learning organizations,” those that are open to change, need to be designers, teachers or coaches, and stewards of the organization. This requires skills including ability to share a vision, challenge prevailing mental models, and foster more systematic patterns of thinking (Kanji and Moura E Sa, 2001).

Rosabeth Moss Kanter (1983, 65) called innovative leaders “Change Masters: Those people and organizations adept at the art of anticipating the need for, and of leading productive change.” (Preface). They are “adept at reorienting their own and other’s activities in untried directions to bring about higher levels of achievement. They will be able to acquire and use power to produce innovation.” They encourage open communication, ensure a set of supportive peers and networks, organize teams, set up a culture for enterprise and innovation, and energize the grassroots, involving and empowering employees in innovation and change. They educate (build a broad base of support through coalition building), gather data and communicate it effectively and broadly, create structures for problem solving and mobilizing action, and institutionalize participation.

Transactional and Transformative Leadership

Burns (1978, 4) and many others distinguish between transactional and transformational leadership. “The relations of most leaders and followers are transactional – leaders approach followers with an eye to exchanging one thing for another.” They accept and work within the system as it is. Someone who is a strong transactional leader stresses efficiency, planning and goal setting, competency, structure, and maintaining the organization.

The transforming leader, by contrast, emphasizes personal relationships and development, teamwork, communication, autonomy and creativity, an empowering culture, honesty/integrity, humility and generosity, and continuous learning. He or she has current and future situational awareness, a vision of the future, and believes in proactive change, adaptability, and entrepreneurship. He or she is responsive to others needs and interests and responsible and accountable to stakeholders. (Alban-Metcalf and Alimo-Metcalf, 2000; Bass, 1993; Burns, 1978; Heifitz, 1994; Mazade, 2005; Murphy, 2005). Transformational leadership is what Gardner (1965) calls “renewing”:

- To renew and reinterpret values that have been encrusted with hypocrisy, corroded by cynicism or simply abandoned; and to generate new values when needed.
- To liberate energies that have been imprisoned by outmoded procedures and habits of thought.
- To reenergize forgotten goals or to generate new goals appropriate to new circumstances.

- To achieve, through science or other modes of exploration, new understandings leading to new solutions.
- To foster the release of human possibilities, through education and lifelong growth.

The distinction between transactional and transforming leadership is similar to Bradford and Cohen's metaphors of the leader as technician and the leader as conductor, one based on the craftsman with his or her skills and the other on managing people effectively (Cohen and Bradford, 1991).

Stordeur et al (2000) and Murphy (2005) assert that effective leadership requires a balance between transactional and transformative leadership; both are needed depending upon the situation. Transformational leadership is not a substitute for transactional leadership; conversely it complements, develops, and enhances it.

Fairholm in this issue compares strategic planning (the "how approach" which is more transactional) with strategic thinking which is more transformative (the "why-what-how" approach) and demonstrates how both are needed. Technical expertise is the lifeblood of a well managed organization, while the leader as an organizational philosopher is the lifeblood of a well led organization.

Leadership and Management

Some authors distinguish between leadership and management (see Kanji and Moura E Sa, 2001 for an excellent review of this debate). For Gardner (1990), leaders are different from managers in that they think longer term, grasp relationships to larger realities and organizations, reach and influence constituents beyond boundaries, emphasize intangibles of vision, values, motivations, and non-rational and unconscious elements, have political skill to deal with multiple constituencies, and think in terms of renewal.

Others feel that these are not separate functions or roles but are dimensions that all leaders share and utilize differently depending upon their position or task. "What Is Leadership" (www ldc.govt.nz/?/resources/whatisleadership) argues that leadership is typically considered to be inspirational (transformative) while management is transactional. They believe that a good manager needs to be a good leader. Management is a role which underpins an organization's ability to perform, while leadership is a behavior that breathes life into organizational performance. Together they communicate vision, shape an organization's culture, build a high performing workforce, promote diversity, apply sound management practices and business operations, create networks of external relationships, and apply functional and technical knowledge.

The skills needed at different positions or levels in an organization may vary. Those who are higher up in the organization will use transformative skills more frequently, while those who are lower will need transactional skills more often (Beinecke, 2007). Transformative skills are needed to resolve a strategic problem; transactional skills are needed to implement it. Each level must understand the overriding issues of the other (LeMay in this issue).

Implementation and Diffusion

Parallel to the leadership literature is a growing set of theory and writing on implementation and diffusion of innovations. Implementation is “a specified set of activities designed to put into practice an activity or program of known dimensions” (Fixson, Naoom, Blasé, Friedman, and Wallace, 2005). It is not enough to develop creative practices or policies. Successful innovation also depends upon effective implementation of them. The authors in this issue emphasize both.

Fixson et al (2005) identify core implementation components: staff and program evaluation, pre-service training, consultation and coaching, and facilitative administrative supports including supportive information technologies. In addition, organizational components such as facilitative administrative structures, financing, processes, and supports, program evaluation, and culture and climate, as well as social, economic, and political external influences will determine success. Strong leadership is especially important.

Greenhalgh, Robert, MacFarlane, Bate, and Kyriakidou (2004) cite seven factors that lead to successful implementation: (1) characteristics of the innovation, (2) characteristics of the individuals targeted to adopt it, (3) sources of communication and influence regarding the innovation, (4) structural and cultural characteristics of organizations targeted to adopt it, (5) external influences on targeted individuals or organizations, (6) organizations’ uptake processes, and (7) the linkages among these six factors. Rapp et al. (2005) describe seven task clusters that are needed to promote state evidence-based practices: strategic planning, stakeholder involvement, a focus on outcomes that clients value, regulatory standards - design and task specification, creation of incentives and disincentives, funding maximization, and workforce development.

The stages of the implementation process are very similar to those in the leadership literature. They include exploration and adoption, program installation, initial implementation, full operation, innovation, and sustainability (Fixson et al., 2005, 15). The stages of change and building informed support are pre-contemplation (information sharing), contemplation (needs assessment), preparation (leadership and engagement of stakeholders), action (planning, training and consultation, constant communication and feedback, policies, regulations, funding), and maintenance over time. (Lynde, 2005; Lynde in Beinecke, Shepard, and Hurley, 2006).

We can have different levels of implementation: paper implementation, process implementation, and/or performance implementation. At least four levels must be addressed: the experience of individuals, families, consumers, and communities (“true north”, the key level), micro-systems of care where care occurs, organizations, and the external environment - policy/financing/regulation (Berwick (2002).

A key feature of the vast literature of diffusion theory is its examination of the factors that affect the rate of adoption. These include: adopter uncertainty, adopter characteristics, communications channels, adopter attitudes toward the innovation, attributes of the innovation, and the social structure (Rogers, 2003; Stelk, 2006). Many barriers may need to be overcome, including the powerful status quo and unwillingness to change, previous training, inadequate

resources, time, fragmentation, and uneven or changing leadership. Different strategies will be appropriate for early adopters of change (enthusiasts), late adopters, and those who are non-adopters.

Engaging Others

A critical task described in each of the articles in this issue and the literature is engaging others, being “boundary spanners” (Williams, 2008, 5-6). Lurie emphasizes that collaboration is critical as stakeholders from therapists to large health systems integrate and must work more closely together. The leader needs to convince others rather than control them and encourages identity with the collective need. LeMay’s core point is that leadership involves both an individual dimension of personal leadership as well as a networking or interpersonal dimension of bringing together individuals and organizations.

Gardner (1990, 1) defines leadership as “the process of persuasion or example by which an individual (or leadership team) induces a group to pursue objectives held by the leader or shared by the leader and his or her followers.” Conger (1992, 18) writes that leaders are “individuals who establish direction for a working group of individuals, who gain commitment from these group members to this direction, and who then motivate these members to achieve the direction’s outcomes.” Fixson et al (2005) demonstrate that real influence occurs when there is active communication between a source and his or her destinations; thus, the relationships among participants are critical..

George (October 30, 2006) writes that the only valid test of a leader is his or her ability to bring people together to achieve sustainable results over time. “They not only inspire those around them, they bring people together around a shared purpose and a common set of values and motivate them to create value for everyone involved.”

Leadership Competencies

What competencies does a leader need to have to be effective? The leadership literature contains many descriptions of these (see the Beinecke report on leadership at www.iimhl.com, Beinecke, 2009, for an updated review). To cite just two, Rowitz (2001, 23-24) singles out ten leadership abilities and practices as especially important for leadership in the 21st century.

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Crosby and Bryson (2005) emphasize an integrated approach to policy change through the use of eight main leadership capabilities:

- Leadership in context: understanding the social, political, economic, and technological “givens”
- Personal leadership: understanding self and others
- Team Leadership: building productive work groups
- Organizational leadership: nurturing humane and effective organizations
- Visionary leadership: creating and communicating shared meaning in forums
- Political leadership: making and implementing decisions in legislative, executive, and administrative arenas
- Ethical leadership: adjudicating disputes and sanctioning conduct in courts
- Policy entrepreneurship: coordinating leadership tasks over the course of policy change cycles.

Key competencies to do this are

- Inter-personal skills
- Appreciation of strategic interdependencies and systems
- Ability to perform as a translator by understanding the diverse meanings and aspirations of disparate constituencies
- Creative ability with a propensity for innovation and experimentation
- An ability to construct a learning environment...and to promote reflection, conceptualization, and thinking
- A commitment to disbursed forms of leadership through empowerment strategies and decision making processes (Sullivan and Williams, 2007; Williams, 2008).

One needs to be careful as competencies are defined not to assume that a given set of strategies or competencies can be implemented for every situation. Thus, there are many kinds of leaders in many different settings and use of the competencies needs to vary depending upon the situation. Effective leadership is a combination of a particular context and the attributes needed to lead in that context (Gardner, 1990, 39). A great leader draws differently upon the arrows in his or her quiver of knowledge depending upon the situation and is able to be flexible and creative in their use.

In an ideal world, a competent leader should be strong in all of these competencies. Given the reality of who we are, that is usually not possible. We all have our strengths and areas of weaknesses.

One solution is for a leader to support and surround him or her self with team members with complementary skills. Another is to strengthen one's capabilities through continuing

learning, training, and introspection; thus the need for continuing education programs and graduate programs such as the public administration program at Suffolk University that are primarily targeted to mid-career middle managers and executives.

Leadership Training

The final two articles of this issue are descriptions of two leadership training programs in New Zealand (Pitts-Brown) and the United Kingdom (Onyett). Leadership is both innate and learned. Leadership can be developed in a person, just as business, public administration, and other fields can be taught in our schools. Leaders also change over the course of their active career. Thus, ongoing training is critical to their development.

Many dismiss the subject (development of leaders) with the confident assertion that 'leaders are born not made.' Nonsense. Most of what leaders have that enables them to lead is learned. Leadership is not a mysterious activity. It is possible to describe the tasks that leaders perform (Gardner, 1990, xix).

Leadership can be developed...leaders can improve their own effectiveness across a wide range of situations, from those requiring change and innovation to those with diverse populations and different cultures to those in crisis (Conger and Riggio, 2007).

In April 2007, the International Initiative for Mental Health Leadership (IIMHL) published a lengthy study of mine on mental health, health, public administration, and business leadership training programs and competencies in seven countries (Beinecke and Spencer, 2007). My extensive update will be on their web site, www.iimhl.com, by the end of February 2009 (Beinecke, 2009) and covers numerous programs in Australia, Canada, New Zealand, Scotland, United Kingdom, United States, and Wales.

IIMHL is a "virtual" agency that works to improve mental health services by supporting innovative leadership processes. IIMHL provides an international infrastructure to identify and exchange information about effective leadership, management and operational practices in the delivery of mental health services. It encourages the development of organisational and management best practices within mental health services through collaborative and innovative arrangements among mental health leaders. As of December 2008, organizations participating in IIMHL are:

- The National Institute for Mental Health in England (NIMHE)
- The Substance Abuse and Mental Health Service Administration (SAMHSA) of the US
- Mental Health Corporations of America (MHCA) of the US
- The Mental Health Directorate of the Ministry of Health New Zealand (MOHNZ)
- The Scottish Executive (SE)
- Department of Health and Children (DoHC) in Ireland
- Department of Health and Aging (DoHA), Australia
- Health Canada (HC) and the Mental Health Commission (MHCC), Canada.

Membership is currently around 1750 and is free to mental health and other leaders through the IIMHL web site. Beginning in 2003, over 1400 mental health professionals have attended IIMHL Leadership Exchanges in England, the United States, New Zealand, Scotland, Canada and Australia.

This research is an extensive and ongoing literature review on mental health leadership and leadership more generally. I contact a growing list of persons and organizations in the participating countries to identify mental health, substance use, health, public administration and business leadership training programs and reports and other related publications. Where enough information is present, I analyzed the content of the programs to determine what leadership competencies are being taught in academia and in continuing education programs. From this review, we created the “Leadership and Management Skill Set” (Figure 1).

The most common competencies that appeared in our reviewed programs were:

- Personal Skills and Knowledge: Emotional intelligence, leader’s values and beliefs, ethics, adaptability, reflective thinking;
- Interpersonal Skills: Communicating, teamwork, coaching, negotiating and conflict resolution;
- Transactional Skills: Quality management and accountability, human resource management, finance and budgeting, organizational theory and design, information systems and technology;
- Transformational Skills: Visioning managing complex change, goal setting;
- Policy and Program Knowledge: Government and political knowledge, funding and legislation, recovery and other health issues, knowledge of diverse stakeholders.

The two examples in this issue are representative of the many training programs being offered around the world. One of our questions was whether leadership competencies for mental health were different from those in health or public administration and whether these competencies differed depending upon the country in which they were used. In our first four areas, we found that they were not. Core leadership competencies are universal. The four areas are taught in both programs, and are present in each of the articles from the five countries in this issue. Both training programs teach individual as well as relationship skills and facilitate personal development as well as building teams and networks.. Both emphasize the need to make whole systems interventions (Onyett), challenge obvious solutions, and continue to learn and adapt to ever changing circumstances (transformative leadership) while successfully implementing programs (transactional skills).

On the other hand, the knowledge needed of policies and programs are different for mental health than for health or other fields and vary depending upon the country or locality where they are applied.

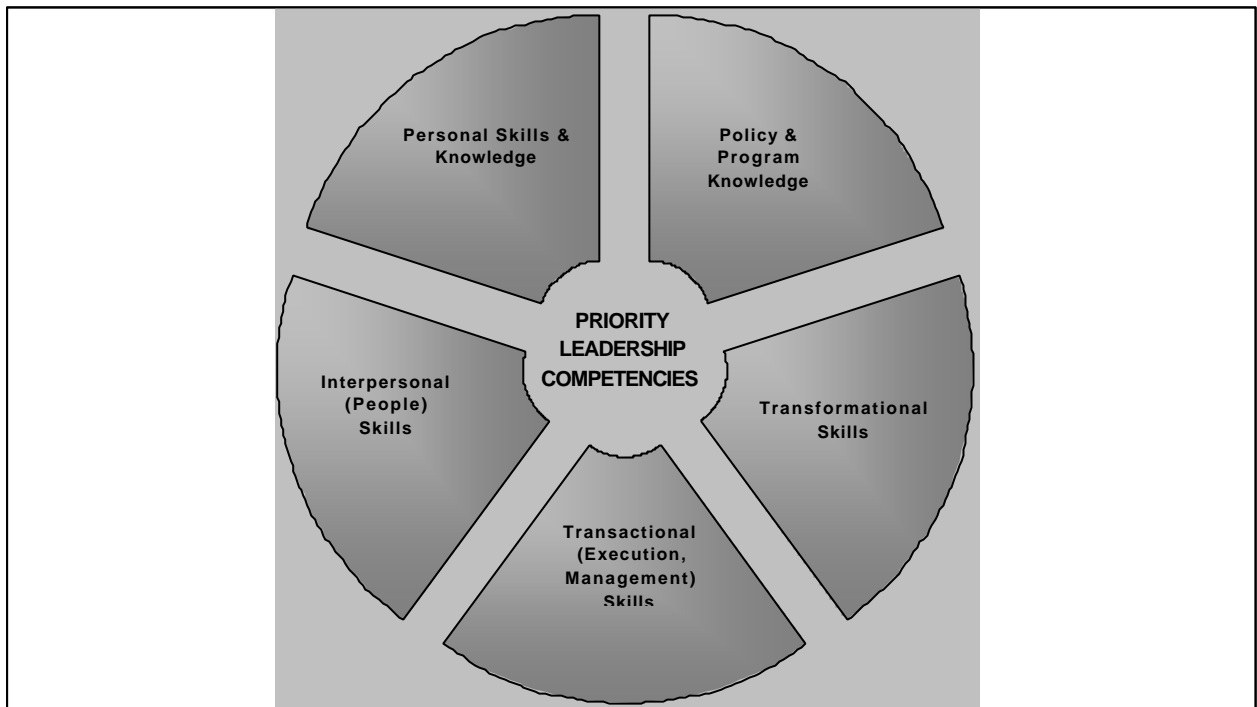


Figure 1: The Leadership and Management Skill Set

The Future

We are in the early years of a millennium that promises many challenges and many opportunities. Globally, issues of mental health and health, poverty, population, war and foreign policy, global warming and the environment, among many others, will force us to work together for creative innovation and change.

The defining challenge of the twenty-first century will be to face the reality that humanity shares a *common fate on a crowded planet*. That common fate will require new forms of global cooperation, a fundamental point of blinding simplicity that many world leaders have yet to understand and embrace... Our challenge is not so much to invent global cooperation as it is to rejuvenate, modernize, and extend it" (Sachs, 2008, 3, 5; italics by Sachs).

Public leadership and competent leaders will be keys to success.

About the Editor

Richard H. Beinecke DPA, ACSW is Associate Professor, Suffolk University Departments of Public Management and Healthcare, teaching courses on US health policy, global health, poverty, environmental policy, and leadership. For over ten years, he was the principle evaluator of the Massachusetts Behavioral Health Program, published over a dozen articles and gave numerous presentations on these studies. He was the co-principal evaluator of the Ryan White Title I HIV/AIDS programs in the Boston EMA. His current research is on implementation of evidence-based practices, comparative mental health and health systems, and global leadership competencies and workforce concerns. He continues to be active in local, state, and national political campaigns, serves on the Concord Democratic Town Committee, and is a founder of the Concord Civic Engagement Group. He has served in clinical and management positions in several community mental health centers and at Harvard Community Health Plan. Dr. Beinecke received his MA in Social Service Administration from the University of Chicago in 1973 and his DPA from George Washington University in 1983. He can be contacted at 617-573-8062 or rickhbeinecke@comcast.net.

References

- Alban-Metcalf, R.J. and Alimo-Metcalf, B. (2000). The Transformational Leadership Questionnaire (TLQ-LGV): A convergent and discriminant validity study. *Leadership & Organisation Development Journal* 21(5), 280-296
- Bass, B.M. and Avolio, B.J. (1993). *Transformational Leadership and Organizational Culture*. *Public Administration Quarterly* 17(8), 112-122
- Beinecke, R.H. (2007). International Leadership Competencies and Issues. *International Journal of Leadership in Public Services* 3(3), 3-14
- Beinecke, R. H. (2009). *Leadership Training Programs and Competencies for Mental Health, Substance, Use, Health, and Public Administration in Eight Countries: Fall 2008 Update*. International Initiative for Mental Health Leadership. www.iimhl.com. Accessed 1/3/2009
- Beinecke, R.H., Shepard, D.S., Hurley, C.L. (2006). Guest editor's introduction: implementing evidence-based mental health practices and performance measures in Massachusetts. *Administration and Policy in Mental Health and Mental Health Services Research* 33(6), 623-628
- Beinecke, R.H. and Spencer, J. (2007). *Leadership Training Programs and Competencies for Mental Health, Substance, Use, Health, and Public Administration in Eight Countries*. International Initiative for Mental Health Leadership. www.iimhl.com. Accessed 12/10/2008
- Bens, I. (2006). *Facilitating to Lead: Leadership Strategies for a Networked World*. San Francisco: Jossey-Bass

- Bens, I. (2006). *Facilitating to Lead: Leadership Strategies for a Networked World*. San Francisco: Jossey-Bass
- Berwick, D. M. (2002). A user's guide for the IOM's 'quality chasm' report. *Health Affairs* 21(3), 80–90
- Burns, J.M. (1978). *Leadership*. New York: Harper & Row
- Chrislip, D.D. and Larson, C.E. (1994). *Collaborative Leadership*. San Francisco: Jossey-Bass
- Cohen, A. R. and Bradford, D.L. (1991). *Influence Without Authority*. New York: Wiley
- Conger, J.A. (1992). *Learning to Lead: The Art of Transforming Managers into Leaders*. San Francisco: Jossey-Bass
- Conger, J.A. and Riggio, R.E. (2007). *The Practice of Leadership: Developing the Next Generation of Leaders*. San Francisco: Jossey-Bass
- Crosby, B.C. and Bryson, J.M. (2005). A Leadership Framework for Cross-Sector Collaboration. *Public Management Review* 7(2), 177-201
- Feyerherm, A.E. (1994). Leadership in Collaboration: A Longitudinal Study of Two Interorganizational Rule Making Groups. *Leadership Quarterly* 5 (3/4), 253-270
- Fixsen, D.L., Naoom, S.F., Blasé, K.A., Friedman, R.M., Wallace, F (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL. University of South Florida, Louis de la Parte Florida Mental Health Institute. (FMHI Publication #231)
- Gardner, J.W. (1990). *On Leadership*. New York: The Free Press
- Gardner, J.W. (1965). *Self-Renewal: The Individual and the Innovative Society*. New York: Harper and Row
- George, B. (October 30, 2006). Truly Authentic Leadership. *U.S. News & World Report* 141(16), 52-53
- Goldstein, J. (2008). Introduction: Complexity Science Applied to Innovation – Theory Meets Praxis. *The Innovation Journal* 13(3), 1-16
- Greenhalgh, T., Robert, G., MacFarlane, F., Bate, P., Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systemic review and recommendations. *The Milbank Quarterly* 82, 581–629
- Heifetz, R.A. (1994). *Leadership Without Easy Answers*. Cambridge, MA: The Belknap Press of Harvard University

- Kanji, G.K. and Moura E Sa, P. (2001). Measuring Leadership Excellence. *Total Quality Management* 12(6), 701-718
- Kanter, R. M. (1983). *The Change Masters: Innovation & Entrepreneurship in the American Corporation*. New York: Simon & Shuster Inc.
- Kotter, J.P. (1996). *Leading Change*. Boston: Harvard Business School Press
- Kotter, J.P. and Rathgeber, H. (2006). *The Ice Is Melting: Changing and Succeeding Under Any Conditions*. New York: St. Martin's Press
- Lynde, D. (2006, September 26). Implementing EBPs in Mental Health Systems. Presentation: Implementing Evidence-Based Mental Health Practices and Performance Measures for Massachusetts Mental Health Services: An Educational Forum. Brandeis University: Waltham, MA. <http://people.brandeis.edu/~shepard/evidence.html>. Accessed 5/20/2008
- Luke, J.S. (1998). *Catalytic Leadership: Strategies for an Interconnected World*. San Francisco: Jossey-Bass
- Mazade, N A. (January 2005). *Concepts of "Transformation"*. Alexandria, VA: National Association of State Mental Health Program Directors Research Institute, Inc. http://www.nri-inc.org/reports_pubs/pub_list.cfm?getby=Transformation Accessed 5/6/2008
- Murphy, L. (2005). Transformational Leadership: A Cascading Chain Reaction. *Journal of Nursing Management* 13(2), 128-136
- Parks, S.D. (2005). *Leadership Can Be Taught*. Harvard Business School Press: Cambridge
- Rapp, C. A., Bond, G. R., Becker, D. R., Carpinello, S. E., Nikkel, R. E., & Gintoli, G. (2005). The role of state mental health authorities in promoting improved client outcomes through evidence-based practice. *Community Mental Health Journal* 41, 347–363
- Rogers, E.M. (2003). *Diffusion of Innovations* (Fifth Edition). New York: Free Press
- Rowitz, L. (2001). *Public Health Leadership: Putting Principles into Practice*. Aspen Publishers Inc., Gaithersburg, MD
- Sachs, J.D. (2008). *Common Wealth: Economics for a Crowded Planet*. New York: The Penguin Press
- Schon, D.A. (1984). *The Reflective Practitioner: How Professionals Think in Action*. Basic Books: New York
- Senge, P. M. (2006). *The Fifth Discipline: The Art and Practice of the Learning Organization*. New York: Doubleday

Stelk, W. J. (2006). Implementing health care innovations: in search of theoretical foundation for a science of implementation. *International Journal of Mental Health* 35(2), 35-49

Stordeur, S., Vandenberghe, C., D'Hoore, W. Leadership Styles Across Hierarchical Levels in Nursing Departments. *Nursing Research* 49(1), 37-43

Sullivan, H. and Williams, P. (29 June, 2007). Leadership for Collaboration. Unpublished paper to the 14th International Conference on Multi-Organizational Partnerships, Alliances, and Networks. Leuvan. Available from Paul Williams at paul@dufy.demon.co.uk

Van Wart, M. (2005). *Dynamics of Leadership in Public Service*. Armonk, N.Y.: M.E. Sharpe

Van Wart, M. (2008). *Leadership in Public Organizations: An Introduction*. Armonk, N.Y.: M.E. Sharpe

Williams, P. (November 17, 2008). *Competencies for Collaboration*. Unpublished paper presented at the 2nd Annual Copenhagen Conference on Partnerships: Creating Innovative Solutions Through Collaboration. Available from Paul Williams at paul@dufy.demon.co.uk