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Finding Common Ground: Learning From Leaders Who Have Utilized Conflict
Transformation Behaviors in the Mental Health Field in the United States

A Dissertation by
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Brandman University
Irvine, California
School of Education

Submitted in partial fulfillment of the requirements for the degree of
Doctor of Education in Organizational Leadership

April 2017

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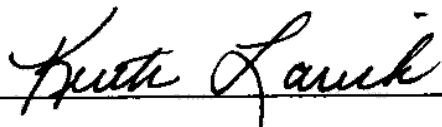
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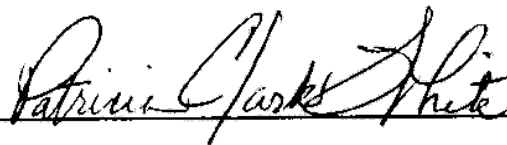
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April 2017

Finding Common Ground: Learning From Leaders Who Have Utilized Conflict
Transformation Behaviors in the Mental Health Field in the United States

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ACKNOWLEDGEMENTS

I have been incredibly humbled by the outpour of support I have received throughout my dissertation journey. It would be remiss of me not to take a moment to acknowledge all of those who have contributed to helping me arrive at this point.

To my incredible community of family and friends, you have taught me love and respect in the deepest ways. Thank you for every meal, every moment, and every word of encouragement. Thank you to everyone who has spent time with Marcel so that I could focus on getting my writing done. Thank you to all of you who have spent hours in cafes, bars, libraries, and living rooms with me to write! To Brenda Jane, I thank you especially for being by my side throughout this process, providing assistance with feedback and editing, along with the type of moral support only a sister can provide. To Marcel, my baby boy, you have no idea what an inspiration you have been to me. I hope one day my accomplishments will inspire you to dream big and to always strive to meet your fullest potential.

To my Seneca family, thank you for supporting me personally and professionally over all of these years. Even more importantly, thank you for the work you do to transform lives and systems of care every day!

To the Walnut Creek Betas, I could not imagine what this journey would have been like without you. A special thank you to Dr. Walter Buster: I learned more from your mentorship than I could ever learn from a book. We were very lucky to have you.

To the Common Ground Research Team and our illustrious study committee members, thank you for sharing the vision for this research endeavor. I'm honored to be a part of the team bringing this work to light. A special thank you to Dr. Larick: You

have been my lighthouse throughout this journey, the constant reminder I needed of where I was headed next. Thank you for believing in me. From you, I have learned to trust in the process.

Finally, thank you immensely to my study participants for allowing me to learn from your genius. You all truly are exemplary leaders. In return, I hope I have done your stories justice and have elevated what it is that you do to find common ground in order to help others build their capacity to influence transformational changes in the mental health field.

ABSTRACT

Finding Common Ground: Learning From Leaders Who Have Utilized Conflict

Transformation Behaviors in the Mental Health Field in the United States

by Tamarah Tilos

Purpose: The purpose of this study was to discover and describe how exemplary leaders establish common ground and produce breakthrough results in the mental health field by utilizing the 6 domains of conflict transformation: collaboration, communication, problem solving, process, emotional intelligence, and ethics.

Methodology: This thematic, phenomenological study was accomplished through examination of the lived experiences of exemplary leaders with firsthand experience transforming conflict and finding common ground. The target population for this study included executive-level leaders of nonprofit organizations, governmental institutions, state and national associations, and private businesses serving adults and children with mental illness, developmental or behavioral disabilities, and/or substance use disorders in the United States. Exemplary leaders were selected through criterion sampling to comprise the sample. In-depth, one-to-one interviews were conducted as the primary method for data collection.

Findings: The findings from this study illustrate that exemplary leaders in the mental health field use key aspects of the 6 domains of conflict transformation as a set of intersecting behaviors that facilitate transforming conflict and finding common ground.

Conclusions: It is concluded that leaders in the mental health field must have command of key aspects of the 6 domains of conflict transformation in order to achieve breakthrough results toward parity in the mental health field.

Recommendations: Further research is advised: A replication of this study, a multiple-case study, and a mixed-method study are recommended to deepen understanding of finding common ground. Phenomenological studies exploring the unexpected findings in this research are also recommended. Developing the findings in this study will be useful for shaping policy, practice, and professional development in order to impact transformational change in the mental health field.

PREFACE

Following discussions and considerations regarding the opportunity to study common ground in multiple types of organizations, three staff researchers and 10 doctoral students discovered a common interest in development of the common ground principles, which resulted in the goal of our thematic study. The goal of the study was to discover and describe how successful exemplary leaders establish common ground and produce breakthrough results by utilizing the six domains of conflict transformation behaviors: collaboration, communication, emotional intelligence, ethics, problem solving, and process. This was a compelling topic to apply to the mental health field given its potential to positively affect outcomes of interagency collaboration and the shift toward integration of services across sectors.

Throughout the study, the term *peer researchers* is used to refer to the other researchers who conducted this thematic study. The researcher's fellow doctoral students and peer researchers studied exemplary leaders in the following fields: Ambra Dodds-Main, K-12 superintendents in midsize California school districts; Alida Stanowicz, female business leaders in California; Chris Fuzie, municipal police chiefs in Northern California; Karen J. Bolton, Washington State community college presidents; Darin Hand, Washington State mayors; Monique Ouwinga, California college presidents in nonprofit independent colleges and universities; Jennifer Marzocca, Washington State nonprofit leaders; Denise LaRue, human resources executives in midsize California school districts; and this researcher studied the lived experiences of exemplary leaders in the mental health field in the United States.

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CHAPTER I: INTRODUCTION

Throughout history, systems for mental health care have evolved based on societal contexts and knowledge of best treatment practices at the time. Symptoms of underlying mental health needs were once recognized as manifestations of displeased gods. Individuals displaying signs such as disorganized thinking, strong feelings of anger, or suffering unexplained physical ailments were once treated with prayer, magical spells, incubation in temples, and use of herbs (Butcher, Mineka, & Hooley, 2007; Mental Health America [MHA], n.d.; Okasha, 2001). In 400 BCE, Hippocrates was the first to challenge the angry-God theory, suggesting the cause of mental illness was disturbed physiology, which needed a treatment of biomedical nature (Butcher et al., 2007; Foerschner, 2010). It was not until the late 1800s, when Sigmund Freud introduced psychoanalytical theory, that mental health was recognized as a disease (Foerschner, 2010). Nonetheless, societal attitudes continued to influence how mental illness was treated. During the time of industrialism when cities became more impacted and families began living in closer proximity, people with mental illness began to be perceived as threats to public safety. This led to the development of the practice by families and communities of committing people with mental illness to psychiatric hospital wards or private asylums for long-term care (Holtzman, 2012). The shift toward deinstitutionalization began in the 20th century and has continued to grow and evolve toward community-based care.

In present day, the growing prevalence of mental health disorders has major implications for health, human rights, and economies throughout the world. According to the World Health Organization (WHO) World Mental Health Survey Consortium

(Demyttenaere et al., 2004), 20% of children have diagnosable mental disorders, approximately 800,000 suicides are committed annually, and rates of mental health disorders double after crisis or disaster. The result of the historical divides between physical and mental health resources in economic, social, and scientific domains have been described as a global tragedy (Becker & Kleinman, 2013). In the United States, neglecting to allocate the needed resources to address mental health needs at the forefront results in huge societal human and economic costs through lost productivity and costs associated with untreated illness incurred by hospitals, schools, courts, and jails (The Editors, 2012). For those who are able to access available resources, key organizational and structural factors impede efficacy. In 2003, the U.S. President's New Freedom Commission on Mental Health named fragmentation of services, limitations to access, and the general quality of care as key barriers (Hogan, 2003; National Institute of Mental Health [NIMH], 2008). The director of the National Institute of Mental Health (NIMH, 2008) asserted that the need to fix the system was so great that it would require nothing short of a transformation.

The crisis in mental health care in the United States has a major impact on local communities across the nation. From 2008 to 2013, a psychiatric hospital in Las Vegas, Nevada, was reported to have dispatched hundreds of mentally ill patients on buses to 176 cities spanning every state in the country due to slashed funding (Hubert, Reese, & Sanders, 2013). This is a prime example of the impact of the current infrastructure on patients the mental health care system is intended to serve. In alignment with needs identified by public authorities and national advocacy groups, local communities have also identified the need to prioritize mental health care and improve service delivery. On

a local needs assessment conducted by the Kaiser Foundation Hospital in Oakland, California, community members ranked affordable community-based mental health care third in a list of community health needs, just after economic security and violence prevention (Kaiser Permanente, 2013). Members of communities, such as those in Oakland, who have experienced long-term exposure to violence are deeply aware of its potential impacts on mental health. Mass community awareness of the need to improve mental health care is also raised during times of acute or isolated incidents of exposure to violence. In less than a span of 2 years, 74 shootings occurred on school campuses in the United States, causing communities to become eager to understand the underlying causes of the egregious acts and debate the role of mental health care prevention (DiBlasio, Bacon, & Winter, 2014; Langman, 2008).

The contentious climate around broader issues related to the mental health crisis proved to be a major feature of the 2016 U.S. presidential election race. Heated debates about the healthcare and gun laws have created a political and public divide. Since 2010, House Republicans have attempted to repeal, amend, or defund the Affordable Care Act over 30 times (Cohen, 2012). An estimated 30 million people are at risk of losing access to healthcare should efforts to repeal the act come to fruition, resulting in vehement disagreement (Associated Press, 2016). Former President Obama's 2016 initiatives to reform gun laws also galvanized conflicting responses. In an effort to address gun violence, President Obama initiated changes involving screening for mental illness and increasing funding for mental health treatment, triggering debate as to whether gun violence is a mental health issue (Grinberg, 2016). Reform efforts in mental health care service delivery have also been laden with conflict (Sullivan, 2015). As mental health

professionals and mental health agencies have begun to engage in interprofessional practice and interagency collaboration, unaddressed conflict has added to the already existing impediments to parity and equity in mental health treatment (Blanch, Boustead, Boothroyd, Evans, & Chen, 2015; Boothroyd, Evans, Chen, Boustead, & Blanch, 2015; Littlechild & Smith, 2013).

Societal contexts and knowledge of best practices have influenced the evolution of mental health care over time. Presently in society, there is an increased understanding and awareness of the complexity and pervasiveness of mental health issues worldwide, nationally, and locally. Although the current infrastructure for mental health care has shifted toward providing services in a way that maximizes integration into communities, communities are experiencing unintended consequences of bureaucratic, dispersed, and inadequate mental health services. Finding viable solutions to promote finding common ground to address system failures and conflict is imperative for responding to the prevalence of unmet mental health needs in U.S. society.

Background

A Fragmented System

In 1995, the Centers for Disease Control and Prevention (CDC, 2016) partnered with Kaiser Permanente, a health appraisal clinic of the major Health Maintenance Organization (HMO), to conduct the Adverse Childhood Experiences Study (ACE Study). This remains one of the largest studies to assess associations between trauma experienced in early childhood and overall health and well-being later in life. Prior to this study, there was a gap in scientific research on the association between adverse childhood experiences (ACEs) and social, emotional, and cognitive impairment. There

was also a gap in scientific research on the association between social, emotional, and cognitive impairment and adoption of health-risk behaviors in adulthood. The ACE Study has become a seminal work by addressing these gaps and linking ACEs with the longitudinal impacts of disease, disability, and social problems, and even early death. Results of the ACE Study catalyzed movement across institutions to initiate collaboration around integrated service delivery, screening, and early intervention (CDC, 2016). This research edifies that there is a significant relationship between physical and mental health, which calls for a more collaborative approach to treating individuals with mental illness.

Integration of service delivery in the mental health field presents unique challenges since mental health care is an issue that traverses many different sectors. A person with mental health needs may acquire access to a referral for services or receive services directly from all, some, or none of myriad public or private institutions (e.g., schools, medical hospitals, social services, court or juvenile justice systems, and nonprofit organizations). A report by the New Freedom Commission, a federal team charged with making recommendations to transform mental health, identified that there were at least 42 federal programs that offered mental health services, all of which had different eligibility criteria and requirements (Hogan, 2003). Such bureaucracy creates an added burden for families attempting to seek services during times of high stress or crisis. The National Child Traumatic Stress Network (NCTSN, 2009) found that the primary portals of entry into mental health services for youth are schools and healthcare settings. With schools and healthcare settings being the default frontlines for screening,

less than 10% of children receive the services they need (Washington State University, Child and Family Research Unit, n.d.).

Budget cuts contribute to the mental health crisis by shifting culpability from one sector to the next. Between 2009 and 2011, the state of California made budget cuts that led to a reduction in services for youth and adults with mental illness. The reduction in mental health services resulted in increased rates of visitation or stays in emergency rooms, homeless shelters, or jails for adults with mental illness (Honberg, Kimball, Diehl, Usher, & Fitzpatrick, 2011). Another prevalent issue that is representative of systems failure along the continuum of mental health care services is the disproportionate representation of youth with mental illness in the juvenile justice system. Various studies have reported that 30% to 70% of youth in the system have some form of learning disability and/or mental health disorder (Center on Juvenile and Criminal Justice, 2011; Cruise, Evans, & Pickens, 2011). The population of adults with mental illness in the prison system does not indicate any better outcomes. Due to the number of adults with mental illness who are incarcerated, U.S. prisons have become a major mental health provider (Fellner, 2006). These circumstances and outcomes exemplify how the dispersal of mental health care across sectors is not only fragmented but also presents complex challenges for individuals in need of mental health care as well as for organizational leaders attempting to bridge the gaps within their respective arenas.

Challenges and Conflict in the Mental Health Field

It is widely acknowledged in scientific research that fragmented provision of care leads to increased costs, uncoordinated care with omission and/or duplication of service, and low adherence rates (Bechelli et al., 2014; Richman, Grossman, & Sloan, 2010;

Steinwachs & Hughes, 2008; Whitaker, 2014). Yet in application, there are several factors that conflict with establishing and maintaining common ground across organizations and sectors in order to provide integrated services along a continuum of care. In a speech to the Bureau of Health Professions All Advisory Committees Meeting, Dr. Mary Wakefield (2009), former acting U.S. Deputy Secretary of Health and Human Services, described the common pitfall of healthcare providers and clinicians maintaining rigid borders and focusing on parochial interests in spite of service delivery reform efforts. Drawing on an analogy first used by President Obama related to healthcare reform, Wakefield asserted,

President Obama has said there must be no “sacred cows” in our quest for reform.

. . . But everyone here today knows that we are standing in the middle of a stampede—a herd of sacred cows—running in different directions. More than anything else, this is what has trampled the reform efforts of the past. (para. 28)

The pitfall highlighted in this depiction is the tendency for healthcare sectors and providers to maintain a status quo of working in silos, which sustains inefficiency and impedes meaningful change. Once partnerships are initiated across sectors and providers, establishing effective partnerships is complex and requires a cohesive vision and aligned policy and practice (Littlechild & Smith, 2013). When partnerships are established, the efficacy of collaboration is difficult to measure (Knapp, 1995). Early research in the field of organizational development named how conflict is inherent with collaboration (Beckhard, 1969). Challenges specific to interagency collaboration in the mental health field include diffusion of responsibility, weak correlation with outcomes, and a lack of

structural supports and training (Dedrick & Greenbaum, 2011). Achieving breakthrough results requires leaders to be equipped to productively address conflict.

The Role of Leaders in the Mental Health Field

Leaders in mental health have been called to move toward systematic and integrative approaches as a means of transforming the mental health care system (Dedrick & Greenbaum, 2011; Rabin, Maoz, Shorer, & Matalon, 2009; Sorel & Everett, 2011; Whitaker, 2014). In 2004, Proposition 63, also known as the Mental Health Services Act (MHSA), gave the California Department of Mental Health the opportunity to provide increased funding for county mental health programs for initiatives related to prevention, early intervention, and improving structural supports (California Department of Health Care Services, n.d.). One of the pilot collaboratives funded through MHSA was Advancing Recovery Practices (ARP). ARP tested changes to advance practices in mental health service delivery models of community-based and county-operated programs. A key finding from this pilot collaborative, which coordinated 15 teams to implement changes from January 2012 to January 2013, was that the single greatest factor in the level of improvement for teams was the range of leadership involvement (California Institute for Mental Health, 2013a).

One study on collaborative leadership applied in the mental health field “examined the development and success of 10 networked organizations” (Weikel, 2014, p. iv). Key themes revealed in this research related to particular organizational development and implementation practices were as follows: “defined pressing need, key event, mobilization, root cause analysis, developing strategies to address the problem, implementation of initial project, cultivating working relationships, celebrating success,

sustainability, succession, and process refinement” (Weikel, 2014, p. v). Four additional themes emerged around establishment, including “convening, bonding, synergy, and institutionalization” (Weikel, 2014, p. vi). These findings are consistent with general literature on organizational development and transformational leadership (e.g., D. L. Anderson, 2012; L. A. Anderson & Anderson, 2010a, 2010b). These studies have shown that leaders are essential to bringing about needed change in the mental health field.

Transformation in the mental health field within organizations and across networks inevitably will result in conflict. According to L. A. Anderson and Anderson (2010b), “The nonlinear and emergent nature of the change process and the significant human and cultural dynamics make leading transformation very challenging” (p. 10). As interprofessional practice evolves as a central aspect of transforming the mental health field, common pitfalls of working together may be expected to be even more acute (Littlechild & Smith, 2013). In cases where engaging in interprofessional practice is a new transformational endeavor, conflict is commonly triggered by boundary disputes, status issues, barriers created by use of language germane to specific professions, competing practice models, disputed decision-making powers, and existing inequalities that become generalized (Littlechild & Smith, 2013). While research has shown that leaders are essential to bringing about change, it has indicated that they also play a key role in changing the nature of conflict to ensure positive and productive outcomes.

Six Behavioral Domains of Conflict Transformation

Leaders, whether it be in mental health care, education, business, law enforcement, nonprofits, or government, need skills to break through organizational barriers and conflict in order to achieve goals critical to success. The theoretical

framework for the six domains of leadership necessary to work through conflict and achieve breakthrough results was first introduced in 2012 in a series of lectures to doctoral students at Brandman University (K. Larick & P. White, personal communication, June 20, 2014). Inspired by this initial research and protracted experience as school district superintendents working in highly turbulent environments, K. Larick and P. White (personal communication, June 20, 2014) explored what exemplary leaders do to work through conflict and find common ground. The six domains proposed as essential to leaders included collaboration, communication, emotional intelligence, ethics, problem solving, and process (K. Larick & P. White, personal communication, June 20, 2014).

Collaboration. A leader's skill within the domain of collaboration is evidenced by his or her ability to involve others in a mutually beneficial manner where parties involved are accountable, which enables attainment of agreed-upon goals (Hansen, 2009). In the 21st century, collaboration is essential in most work settings. Engaging in the domain of collaboration requires redefining success within the context of the collaboration (Hansen, 2009). The concept of needing to redefine success within the context of collaboration reinforces the distinction between what is attainable by working with others versus working alone. Literature on collaboration indicates that collaboration supports efficiency, innovation, and sustainable change (Darlington, Feeney, & Rixon, 2004; Harvey & Drolet, 2005). The significance of leaders' capacity to address challenges derived from collaboration is also emphasized. These challenges include resistance to collaboration, risk of inefficiency, failure to measure the efficacy of the

collaboration, and inattention to team development (D. L. Anderson, 2012; Blanch et al., 2015; Fried, 2013; Harvey & Drolet, 2005; Quinn & Cumblad, 1994; Schwarz, 2002).

Communication. To communicate is to effectively transfer meaning. Research has suggested that the most critical aspects of the domain of communication are to convey meaning and facilitate dialogue in a manner in which intended meaning can be understood (Daft, 2012; Hellriegel & Slocum, 2010; Schermerhorn, Osborn, & Hunt, 2008; Stuart, 2012; Wyatt, 2014). Research has further indicated that communication is key to collaboration and that leadership capacity to effectively facilitate dialogue and communicate influences day-to-day interactions as well as outcomes of conflict (Culwick & Wallace, 2013; Johnson, Johnson, & Tjosvold, 2006; Kegan, 1994; Kegan & Lahey, 2001; Krauss & Morsella, 2006; Rurkhamet, 2013).

Emotional intelligence. Major elements of the domain of emotional intelligence indicate that the ability of a leader to recognize the feelings, emotions, and motivations of self and others and use her or his emotional intelligence to plan or pivot in a given situation supports strong relationships, addressing conflict, and bridging differences (Bradberry & Greaves, 2009; Hellriegel & Slocum, 2010; LeBaron, 2003; Morehouse, 2007). Research has further specified that leaders with higher competencies in the domain of emotional intelligence are more inclined to be transformational leaders (Bar-On, 2006; Rurkhamet, 2013). Additionally, the domain of emotional intelligence can be used to facilitate psychological readiness of a critical mass, which has been identified as a key factor for leaders to effectively lead change (Heifetz & Linsky, 2012).

Ethics. Ethics establish societal and personal standards for determining what is right and wrong (Velasquez, Andre, Shanks, & Meyer, 2010). Individuals and groups

adopt morally responsible behavior based on the values and morals of the surrounding culture (Ciulla, 1995; Strike, Haller, & Soltis, 2005). Literature on the domain of ethics reflects themes including how ethics shape culture and behavior. Other major themes are that development of shared values can catalyze personal and organizational change and that alignment of ethical values across agencies supports collaboration (Aguilar, 2013; Boothroyd et al., 2015; Hammick, Freeth, Copperman, & Goodsman, 2009; Hughes & Urwin, 2013; Ross, 1994; Senge, 1990).

Problem solving. Leaders who are effective problem solvers see their organization as an interrelated whole and as part of a greater whole (Covey, Merrill, & Jones, 1998). Major themes of the domain of problem solving indicated by the research include that perception of conflict has an impact on problem solving and that effective problem solving promotes relationship building and includes perspectives of all (Harvey, Bearley, & Corkrum, 1997; Moffitt & Bordone, 2005; B. Patton, 2005; Preston, Cusumano, & Todd, 2015; Weitzman & Weitzman, 2006). Lastly, collectively arriving at a mutually beneficial and agreed-upon solution is paramount in the domain of problem solving (Harvey et al., 1997; Preston et al., 2015; Weitzman & Weitzman, 2006).

Process. The domain of process includes a set of steps or activities that group members follow to perform tasks such as strategic planning or conflict resolution to achieve a common goal (Hamme, 2015). Literature on the domain of process indicates that process influences outcomes and can be used to promote a sense of common ground, skilled facilitation is critical to process, and applying research-based processes can defy typical constraints of conflict resolution (Coleman & Deutsch, 2006; Hammond, 1998; Johnson et al., 2006).

As presented and described here, each of the domains of conflict transformation behaviors influences aspects of effective leadership practices. The research on these six domains of conflict transformation has suggested that the combined application of this set of behaviors can enable leaders to transform conflict and facilitate attainment of common ground.

Common Ground

There is a story of how the Prophet Muhammad creatively resolved a conflict over who would have the honor of setting the sacred Black Stone in place during the rebuilding of the Ka'aba in Mecca; the solution was to place the stone in the center of a cloak so that it could be carried together by the leaders of each tribe (as cited in Carnevale, 2006). The preceding research on the six domains of conflict transformation has suggested that transforming conflict and finding common ground in this seminal endeavor would have required utilization of (a) communication to ensure everyone had a common understanding of the problem and solution identified; (b) collaboration to include everyone in a mutually beneficial way and obtain a commonly shared goal; (c) process and problem solving that took into account that the stakeholders were interrelated parts of a whole and included everyone in the steps to achieving a common goal; and (d) ethics and emotional intelligence to acknowledge and honor core morals, values, and feelings of stakeholders.

In the 1960s, social scientists began developing theory and practice for creating productive contexts for conflict wherein patterns of impasse could be surpassed. Kegan (1994) provided a synthesis of their findings:

When conflicting parties can recognize each other's needs, views, and fears, and consider solutions, which reassure the other that their most precious interests will be respected, a new dynamic for unsticking their conflictual relationship can replace the traditional dynamics of threat, deterrence, and force. (p. 318)

The findings of this research again show intersections with key aspects of the six domains of conflict transformation behaviors and demonstrate how leaders can influence transcending previous restraints.

A common context where the need arises for finding common ground in the mental health field is in endeavors of engaging in interprofessional practice. In an example where a youth diversion team was first coming together to address how to meet the needs of a shared client, one of the team members described,

It quickly became clear that we had to find a balance between representing our own agency and its working principles and combining to deliver the specific collaborative task for which we were responsible. In order to do so, two essential preconditions had to be met. We all had to be prepared to give up some areas of practice for which we might previously have claimed exclusivity, and we all had to be ready to accept the validity of other disciplines' distinctive skills and expertise. (Smith, 2013, p. 13)

In order to achieve breakthrough results in the mental health field, research has indicated the importance of the role of leaders in utilizing key aspects of the six domains of conflict transformation to transform conflict and find common ground.

Statement of the Research Problem

Mental health reform continues to be part of a national agenda (National Alliance on Mental Illness, n.d.). While improving mental health care is a concern for people living with mental illness, community members, mental health professionals and those in interrelated fields, and leaders alike, the perceptions of what is needed vary greatly, and reform efforts often result in heated debate and conflict (Sullivan, 2015). Shifts toward integration of services address how leaders in mental health in the United States have predominantly operated within silos of various public and private sectors with limited collaboration, which has resulted in barriers to access, fragmentation of service provision, and limited opportunities for early intervention. Nonetheless, engaging in collaboration and interagency partnerships is not a panacea for improving service delivery (Littlechild & Smith, 2013). When conflict derived from interprofessional collaboration and interagency partnership is not effectively addressed, the conflict is unproductive at best and destructive at worst, which inhibits progress toward organizational goals (Blanch et al., 2015; Boothroyd et al., 2015). The ability of leaders to transform conflict among professionals working together is imperative to improving outcomes for children and adults with mental health needs.

Purpose Statement

The purpose of this phenomenological study was to discover and describe how exemplary leaders establish common ground and produce breakthrough results in the mental health field by utilizing the six domains of conflict transformation behaviors.

Research Questions

Central Question

What are the lived experiences of exemplary leaders in establishing common ground and producing breakthrough results in the mental health field by engaging in elements of the six domains of conflict transformation behaviors?

Subquestions

1. *Collaboration*—How do exemplary leaders in the mental health field use collaboration to establish common ground and produce breakthrough results?
2. *Communication*—How do exemplary leaders in the mental health field use communication to establish common ground and produce breakthrough results?
3. *Emotional intelligence*—What aspects of emotional intelligence do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?
4. *Ethics*—How do exemplary leaders in the mental health field use ethics to establish common ground and produce breakthrough results?
5. *Problem solving*—How do exemplary leaders in the mental health field use problem-solving strategies to establish common ground and produce breakthrough results?
6. *Process*—What processes do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?

Significance of the Problem

There has been an international call to transform systems to increase access to mental health care. In a 7-year action plan addressing mental health needs, the primary objectives listed by the WHO (2013) were to strengthen effective leadership and provide

integrated mental health and social services. Trends in research have yielded a consensus that such a transformation would require systematic integration across sectors (Butchart, Phinney, Mian, & Füniss, 2006; Dedrick & Greenbaum, 2011; NCTSN, 2011). In one study, the single greatest factor differentiating the level of improvement among teams trying an integrative approach was the level and range of leadership (California Institute for Mental Health, 2013b). In spite of this consensus, there are also areas of controversy and incomplete knowledge. Among other concerns and challenges, intra-agency and interagency collaboration has been criticized for dispersing accountability (Dedrick & Greenbaum, 2011). There is limited research on the efficacy of models employed in pilot studies and cases where networks have applied integrative approaches. There is also a paucity of research on the role of leadership in facilitating the process of collaboration, as well as limited research on leadership in the mental health field overall.

In order to meet the call for transformation of mental health care service delivery in the United States, it is imperative that organizations and institutions in all sectors collaboratively address the issues of common interest. It is difficult for many leaders representing parochial interests of their organizations to commit to collaboration (Littlechild & Smith, 2013). The lack of effective collaboration in the field creates ongoing conflict. The crisis in mental health services cannot be resolved until leaders of organizations addressing aspects of mental health and behavioral wellness find common ground and work together to provide a fluid continuum of care.

Understanding how exemplary leaders use ethics, process, emotional intelligence, problem solving, collaboration, and communication will provide structural insight on the application of conflict transformation behaviors. This study also contributes to the field

by addressing a gap in literature on the role of leadership, conflict transformation, and common ground in the mental health field (see Appendix A). This study further builds on the body of knowledge of effective practices in interagency collaboration and zeroes in on the need to more deeply understand how conflict transformation behaviors can be applied so that individuals with mental health needs experience equitable care provided through a continuum of services and/or integrated care that is effective and easily accessible.

Studying the recent lived experiences of leaders in the field of mental health who have achieved breakthrough results to help guide and norm best leadership practices to build common ground across sectors, as well as among stakeholders, has the potential to profoundly shift long-term outcomes for individuals receiving care. If brought to scale, shifting long-term outcomes for individuals receiving care could also mean circumventing the greater negative societal impacts.

Definitions

This section defines key terms of the study that are used throughout this paper. Peer researchers engaged in collaboration to identify the theoretical and operational definitions for this study.

Theoretical Definitions

Common ground. An interplay of intentions of people from different sociocultural backgrounds, differences, and cultures while finding a foundation of common interest or comprehension (Horowitz, 2007; Jacobsen, 1999; Kecskes & Zhang, 2009; Moore, 2013; Snowe, 2013; Tan & Manca, 2013).

Process. A method that includes a set of steps and activities that group members follow to perform tasks such as strategic planning or conflict resolution. The three levels of process include process design, process methods, and process tools (Hamme, 2015; Schwarz, 2002).

Operational Definitions

Collaboration. The ability to involve others, in a mutually beneficial and accountable manner, which allows for achievement or acceptance of agreed-upon goals (Hansen, 2009).

Common ground. When all parties involved aspire to and are willing to work toward a new vision of the future together, one that meets everyone's deep-seated concerns and values (Search for Common Ground, n.d.).

Communication. The transferring of meaning from sender to receiver, while overcoming noise and filters, so that the intended meaning is received by the intended recipient (Daft, 2012; Hellriegel & Slocum, 2010; Maxwell, 2010; Schermerhorn et al., 2008; Stuart, 2012; Wyatt, 2014).

Conflict. Any cognitive (perceptual), emotional (feeling), and behavioral (action) dimension that differs from another cognitive (perceptual), emotional (feeling), and/or behavioral (action) dimension. This difference can be individual or collective (Kouzakova, Ellemers, Harinck, & Scheepers, 2012; Mayer, 2012).

Conflict transformation. According to Lederach (2003), Conflict transformation is to envision and respond to the ebb and flow of social conflict as life-giving opportunities for creating constructive change processes

that reduce violence, increase justice in direct interaction and social structures, and respond to real-life problems in human relationships. (p. 14)

Emotional intelligence. The self-awareness of one's own emotions and motivations, and the ability to understand the emotions of others in social settings, which allows for management of behavior and relationships (Bradberry & Greaves, 2009; Hellriegel & Slocum, 2010).

Ethics. Human beings making choices and conducting behavior in a morally responsible way, given the values and morals of the culture (Ciulla, 1995; Strike et al., 2005).

Problem solving. The act of choosing and implementing a solution to an identified problem or situation (Harvey et al., 1997).

Process. Internal, external, or systemic conditions completed in a predetermined series of actions directed to some end (Hamme, 2015; Schwarz, 2002).

Delimitations

This study was delimited to exemplary leaders in the mental health field in the United States. The researcher narrowed the scope of this study by using criterion sampling to distinguish leaders qualifying as exemplary and limited the population and sample to leaders working within the United States.

Organization of the Study

This study is organized into five chapters followed by references and appendices. Chapter I provided an introduction to the need for common ground in the mental health field and provided background information on conflict and challenges in the mental health system, the six domains of conflict transformation, the role of leaders, and

common ground. Chapter I also included a problem statement, purpose statement, research questions, significance of the study, definitions, and delimitations. Chapter II provides a comprehensive review of literature in order to provide the foundational context for understanding how leaders in the mental health field utilize conflict transformation behaviors to establish common ground and is organized into five sections. Chapter III delineates the methodology and design of this research study, including population, sample, instrumentation, data collection, data analysis, and limitations. Chapter IV presents research, data collection, and findings and includes a presentation and analysis of data. Chapter V discusses findings, conclusions, and recommendations.

CHAPTER II: REVIEW OF THE LITERATURE

Trends in what is socially and medically acceptable for treating mental health needs have changed over time. What remains is significant disparity in effectively meeting mental health care needs. This leads to dismal outcomes not only for those who are not able to have their needs equitably met through the existing mental health care system but also for society as a whole. Quinn and Cumblad (1994) described how “professionals have acknowledged that these problems have overwhelmed educational, mental health, correctional, and other systems” (p. 109). Advances in understanding the epidemiology of mental and behavioral health contribute to the international recognition of the need for systems that address mental health needs to adjust and transform in order to provide integrated services. Currently, the responsibility and resources for addressing mental health care largely remain dispersed across a wide range of public and private sectors. Essentially, a body of research has indicated a vital need for integration of services through interagency and multidisciplinary collaboration, and policies have shifted to invest funding in initiatives supporting this cause (Blanch et al., 2015; Butchart et al., 2006; Dedrick & Greenbaum, 2011; NCTSN, 2011). Yet insufficient attention has been given to understanding and implementing the necessary infrastructural supports for effective collaboration and partnerships, which includes transforming conflict.

Review of the Literature

A review of literature was conducted to provide the foundational context for understanding how leaders in the mental health field utilize conflict transformation behaviors to establish common ground. This chapter is organized into five sections. The first section provides an overview of systemic challenges and conflict in the mental

health field, which includes catalysts for change, conflict in collaboration, understanding conflict in the mental health field, and supporting and measuring efficacy toward change. The second section presents theories of conflict relevant to systemic challenges and conflict in the mental health field. The third section reviews the role of leaders in the mental health field in transforming conflict. The fourth section delineates the six behavioral domains of conflict transformation: collaboration, communication, emotional intelligence, ethics, problem solving, and process. Lastly, the fifth section of this chapter describes common ground.

Systemic Challenges and Conflict in the Mental Health Field

Interagency collaboration has been encouraged across networks, sectors, coalitions, and between and among agencies in major federal mental health policy since the 1970s (Blanch et al., 2015). In 1969, alarming findings led to fundamental structural changes in mental health care service delivery, especially addressing the needs of children with emotional and behavioral disorders. According to Quinn and Cumblad (1994),

Millions of children were not receiving adequate mental health services, and many more received inadequate and often detrimental treatment in psychiatric hospitals, residential centers, and other restrictive settings. As an alternative, the Joint Commission recommended comprehensive, community-based interagency networks that would provide the services necessary to address the wide-ranging needs of children with EBD [emotional and behavioral disorders]. (p. 109)

Catalysts for change. Recommendations from the Joint Commission (2016), a key organization responsible for oversight of quality care and performance standards,

served as a catalyst for changes in policy. Through collaboration, new opportunities for pooling funding were created and have been incentivized by the federal government (Ray, 2016). This demonstrates widespread acceptance of the belief that interagency cooperation is integral to addressing the complexities of the mental health care system. According to Boothroyd et al. (2015), the Substance Abuse and Mental Health Services Administration (SAMHSA) has invested over 1 billion dollars to promote the establishment of systems of care. The system of care (SOC) model is intended to utilize adaptive structures to mitigate barriers due to jurisdictional boundaries and improve access to services for youth with serious emotional disturbance (Boothroyd et al., 2015). It is implicit that the efficacy of such a model would require effective partnership and collaboration among a number of stakeholders. Clearly, sustaining successful collaboration requires political support beyond the financial investment to fund interagency partnerships. This includes support for workers at the organizational and political level, including good leadership, effective information sharing, and sufficient resources (Darlington & Feeney, 2008).

Intergroup conflict. Although parents and families of youth engaging in the service and professionals across different service sectors and agencies may have common interests, research in social science has supported that “wherever important differences exist between two groups, there is potential for destructive intergroup conflict” (Fisher, 2006, p. 176). Blanch et al. (2015) asserted that conflict is likely to occur in any community coalitions where organizations are coming together with distinctive histories and differing missions and mandates. At the individual or organizational level, different views of mental illness and differing organizational priorities are also noted to present

barriers to developing effective coalitions (Darlington & Feeney, 2008). Legal and logistical barriers to effectively working together in partnerships, such as client confidentiality in the mental health field, are also known to present unique challenges that negatively impact client care. Mental health professionals are bound by the Health Insurance Portability and Accountability Act (HIPAA, 1996), which protects the privacy of personal health information. Although the intention of the act is not to bar sharing of important information but rather give patients and families control of the use of their health information, in practice, limiting information sharing in the mental health field can cause conflict between service providers and across agencies (Darlington & Feeney, 2008). Conflicts of this nature are significant because failing to provide adequate information about complex cases can result in inadequate care. In the context of conflict in interagency partnerships, each agency is distinguished by political, legal, and social contexts and obligations as well as differing conceptual frameworks informed by the agency's vision and mission. Education and experiences of employees also create an important existing difference between groups. All of these factors contribute to creating isolating views of competing needs (Darlington & Feeney, 2008). In some cases, when service providers participating in interagency partnerships find the partnerships to be ineffective, these organizations tend to continue to operate under the perception that it is the other agency's fault (Quinn & Cumblad, 1994).

Interagency conflict is further compounded with existing levels of dysfunction within the agencies involved as well. Dysfunction within and across teams in an organization is common (Lencioni, 2002). As articulated by Lencioni (2002), there are five core dysfunctions that interfere with productivity and team success. For example,

absence of trust results in individuals' striving to conceal weaknesses and hesitance to ask for help or provide or accept constructive feedback. Individuals may also be more inclined to jump to conclusions or make assumptions about intentions and aptitude of others, fail to recognize and tap into one another's skills, and even go as far as holding grudges and avoiding engaging with one another. Fear of conflict, lack of commitment, avoidance of accountability, and inattention to results make up the other four core contributors to dysfunctional teams. When organizations enter partnerships with existing team dysfunction, the climate becomes clouded for establishing a functioning relationship across organizations and may even exacerbate the dysfunction by heightening the absence of trust or by further dispersing accountability. Partnerships are further complicated when clear procedures for conflict resolution are lacking (Lencioni, 2002; Quinn & Cumblad, 1994).

Understanding conflict in the mental health field. Inadequate systemic attention has been dedicated to the evaluation of conflict and conflict management in interagency partnerships (Boothroyd et al., 2015). In an effort to address this research gap, Boothroyd et al. (2015) recently engaged in an exploratory study on interorganizational conflict occurring in 173 SOCs serving children with mental, emotional, and behavioral problems nationally in the United States. These SOCs were identified based on having received grant funding through SAMHSA, and data were gathered from the perspective of governing boards. The researchers found that conflict was most frequently associated with incompatible goals, interpersonal relationships, and overlapping authority (Boothroyd et al., 2015). Similar findings were presented in a study on the experiences of mental health professionals who were engaged in

multidisciplinary working. Brown, Crawford, and Darongkamas (2000) found that participant dissatisfaction in the multidisciplinary experience was primarily derived from a lack of leadership, support, and infrastructure. This alignment in findings indicates a significant need for attention to the role of leaders in explicitly focusing on developing the infrastructure to support effective interagency collaboration. Certain themes, such as communication, decision making, and sense of membership, are commonly recognized in literature on organizational development and conflict within independent organizations.

Underfunding and scarcity of resources have also been found to interfere with collaboration by fostering competition among partnering agencies (Sacks et al., 2013). In an analysis of integrated mental health and substance abuse services in New York's state system of outpatient care, Sacks et al. (2013) described how allocation of financial resources, regulations and financing, and administrative structures are prone to emphasize the focus on the disorder for which the organizations are primarily funded through accountability measures and alternatively deemphasize the importance of integration of services. The manner in which resources are allocated creates the circumstance where organizational and/or partnership foci become hierarchically ranked. While concerns of adequacy of resources can lead to conflict across agencies such as gatekeeping disputes, the counterargument is that working collaboratively within small budgets can lead to innovation and creative problem solving (Darlington & Feeney, 2008).

Boothroyd et al. (2015) suggested that the strategies most frequently used for managing conflict, such as analyzing the conflict, dealing with it behind the scenes, and ignoring the conflict, are ineffective. Although it is important to distinguish between which types of conflict to address, such as productive ideological conflict versus

destructive interpersonal conflict, avoiding conflict altogether can be inefficient and detrimental to a team (Lencioni, 2002). Boothroyd et al. (2015) also examined strategies used when SOCs involved external parties to address interorganizational conflict. It was discovered that in SOCs, conflict was common in all states of group development (i.e., forming, storming, norming, and performing; Tuckman, 1965). Participants reported that external parties most commonly used facilitation and negotiation to resolve conflicts (Boothroyd et al., 2015).

Barriers to effective integration of services for the treatment of adults are similar to those identified in SOCs for children and youth. Sacks et al. (2013) identified myriad systemic issues that interfere with the on-the-ground implementation of integrated services delivery, including insufficient credentials and a lack of experience and training of staff expected to implement interventions outside of the organizations' primary focus. Related to staff performing tasks outside of their area of expertise or training, other researchers have shared the concern of overall loss of efficiency (Quinn & Cumblad, 1994). Systemic and programmatic barriers to implementing evidence-based practices commonly faced in the mental health field and in clinical settings presented as challenges in collaboration as well. These include high rates of staff turnover, time constraints, resources, and competing demands. Recommendations for interagency collaboration based on the work of Sacks et al. (2013) comprise focusing on process by instituting procedures to promote more successful adoption of techniques and using indices to measure the level of integration of services to assess progress and areas of need.

Supporting and measuring efficacy of shifts toward change. While there has been a federal call for interagency partnership and leveraging networks, means for

systematic examination of such developments are not yet in place. Blanch et al. (2015) described how many coalitions stress the importance of interagency partnership and interprofessional practice yet fail to develop guidelines, systems, or training. Furthermore, indicators that are in place for evaluating interagency partnerships do not necessarily show favorable results. According to a 2001 annual report to Congress (as cited in Blanch et al., 2015), grant communities consistently scored lowest in the categories of interagency collaboration and cultural competency. In a study on the role of conflict identification and management in sustaining community collaboration, Blanch et al. utilized concept mapping. The purpose of using concept mapping as a tool was to facilitate discussion about the underlying belief systems that inform how individuals and groups interact and engage to shape organizational behavior. Findings further supported the lack of efficacy of ignoring conflict and suggested that ignoring conflict negatively impacts sustainability of partnerships. It was also found that focusing on cooperation rather than surfacing conflict can impede engagement in a process of conflict transformation. Lastly, the study found that having structures in place to support shared decision making across agencies was the component of SOCs least likely to persist beyond the duration of federal funding for the partnership (Blanch et al., 2015). This research supports how collaboration and conflict can act as direct corollaries; conflict is inherent in collaboration.

With the dire need for improving efficacy and the call for collaboration among mental health and social welfare professionals, the question remains as to whether a collaborative model can be more effective. One challenge causing tension in the field is that professionals with discrete skill and expertise are accustomed to a certain level of

autonomy, responsibility, and discretion. In response to the call for collaboration, it is yet to be seen whether having these professionals work together will increase quality of care or dilute professional identities to the point of undermining the standards of care (Smith, 2013). Another tension that arises in agency attempts to meet the call for collaboration is caused by how much effort is directed toward establishing and developing partnership working. This is concerning when efforts for sustaining partnerships detract attention to service delivery, let alone improving service delivery and outcomes (Rummery, 2003). Ultimately, although idealized, transforming how service is provided and how professionals operate is disruptive. Barr (2013) suggested, “Change may be exhilarating for some, but disorienting, destabilizing, or debilitating for others as boundaries are redrawn, responsibilities reassigned, power redistributed, jobs threatened and rivalries sometimes reignited” (p. 39). Not only does this level of transformational change create tension and barriers, but it also does not serve as a solution for addressing existing underlying issues such as underresourcing or unsatisfactory practice (Smith, 2013). Carrier and Kendall (1995) further described how organizational solutions like interprofessional and interagency collaboration have the known structural fallacy of not attending to the human factors of organizational change.

Theories of Conflict

There are myriad research studies about conflict and the negative connotations commonly associated with it. Conflict has been pinpointed as a cause of destruction and turmoil in a variety of contexts ranging from family disputes to international warfare; most people strive to avoid conflict (Deutsch, Coleman, & Marcus, 2006). LeBaron (2003) asserted, “Conflict occurs when identities and meaning feel threatened” (p. 3).

This means conflict not only results when resources or needs are threatened but can further be instigated when groups or individuals feel that their cultural values or sense of self or worldview is at risk of being compromised. LeBaron went on to describe how conflict in this sense of the word is centered on the connection between the parties involved and an investment in an interdependent relationship.

Group conflict is characterized by incompatibility, attempts to control or change opposing parties, and antagonism (Fisher, 2006). Although all people are effectively members of one group or another in different contexts, group-level factors of conflict are especially important to consider in the context of this research given the systemic challenges presented in the mental health field as organizations attempt to move toward integrated models of service delivery. In spite of positive attributes of social identity, “the dark side of social identity is that in expressing commitment and affection to in-groups, there is a tendency to devalue and disrespect out-groups” (Fisher, 2006, p. 182). This human tendency creates a dynamic that serves to sustain conflict by serving the function of strengthening identity and acceptance within a particular group. This group dynamic is so powerful that the motivation and desire for cohesiveness can override an individual’s moral appraisal of a given situation and give way to “groupthink” (Janis, 1982).

Manifestations of dynamics of intergroup conflict are seen at all levels of society whether in the form of national identity, political parties, religious groups, and gangs or between sectors, agencies, or departments within an organization (Fisher, 2006).

Approaching intergroup conflict from the perspective that there is an inherent cultural component associated, LeBaron (2003) described cultural traps that commonly interfere

with bridging the gaps between parties involved. For example, the trap of *automatic ethnocentricity* is based on the belief that one's own view is natural and normal. LeBaron also identified traps of *taxonomy*, the belief that cultural information can be entirely categorized; *complexity*, the belief that culture is so complex that it is impossible to achieve intercultural effectiveness; *universalism*, a trap that occurs when cultural differences are minimized due to overgeneralizing commonalities; and *separation*, the belief that differences and division are omnipresent and fixed, impeding one's ability to see commonalities across identities. Given that culture is a set of internalized beliefs that inform how one operates in the world, people are not always explicitly aware of how cultural factors influence their assumptions and interactions. Surfacing these common pitfalls to cultural fluency can empower groups and individuals to reflect on how these traps may be sustaining the conflict or limiting potential outcomes.

According to Mayer (2012), conflict is not only inevitable but also necessary and normal. For the purpose of this study, the peer researchers defined conflict as any cognitive (perceptual), emotional (feeling), and behavioral (action) dimension that differs from another cognitive (perceptual), emotional (feeling), and/or behavioral (action) dimension. This difference can be individual or collective (Kouzakova et al., 2012; Mayer, 2012). The cognitive dimension of conflict occurs when a group or individual perceives that interests, wants, or values are incompatible with those of another individual or group. When an individual or group holds the perception that there is dissonance between interests, wants, or values of others, whether these differences are real or constructed, conflict is instigated. For example, in a study by Boothroyd et al. (2015), the perception of agencies within SOCs having incompatible goals was the

leading cause of conflict. The emotional dimension of conflict occurs when feelings such as fear, sadness, or anger trigger personal signals of disagreement. It is important to note that in direct correlation with the emotional dimension of conflict, theories of organizational change indicate how transformative processes cause disequilibrium or disruption to the status quo, which can in effect cause individuals to feel a sense of loss of the familiar and fear of the unknown (D. L. Anderson, 2012). This means that change in an organization is a natural trigger for conflict. Lastly, the dimension of behavioral conflict is distinguished by direct actions taken at the expense of another, such as acts of violence or taking power. This behavioral aspect of conflict is prevalent in the mental health field when it comes to patient care. For example, in a mental health crisis situation, should a youth or adult demonstrate that she or he poses a danger to her- or himself or others, California Welfare and Institutions Code Sections 5150-5155 permit authorities to intervene and exercise power, which limits the autonomy of those with mental health needs. This practice, among many other practices involving behavioral conflict in the mental health field, is met with contentious human rights arguments related to autonomy and power (Citizens Commission on Human Rights, n.d.). Although relevant and timely in the field, this aspect of behavioral conflict in the mental health field is not addressed in depth in this research. Rather, the focus here is on behavioral conflict as it pertains to power in the context of leadership within and across organizations. Issues of behavioral conflict are especially rife when organizations are undergoing structural changes, forging new partnerships, or engaging in collaboration that causes conflict. In these contexts, staff experience behavioral conflict in the form of

issues of power, control, and conflicting agendas between teammates and administration (Littlechild & Smith, 2013).

The wheel-of-conflict framework identifies unmet human needs as the core of all conflict but also identifies five other main sources of conflict (Mayer, 2012). As described by Mayer (2012), humans are imperfect and can struggle to communicate effectively, especially when emotions are heightened. Therefore, the added layer of heightened emotions interfering with communication in situations of conflict can further augment the conflict. The wheel of conflict further describes how conflict situations make it difficult to maintain a rational state of mind, and although emotions may tend to escalate conflict situations, they can be used inversely to deescalate conflict. Human values surface in conflict and can become charged and even intractable when experiencing conflict. Due to this experience, heightened attachment to individual or group identity as it relates to values (e.g., perceptions of what is right and what is wrong) hinders capacity to consider, let alone accept, the perspectives or values of others. The wheel of conflict also accounts for structure by describing how the framework within which the conflict takes place, including time constraints, procedures, or physical location, can be another source of conflict. Lastly, the history of those involved in conflict can be a source of conflict that contributes to persisting conflict as evidenced throughout history. It is important to understand the underlying causes and contributors that instigate conflict in order to determine how to resolve conflict.

Building from the premise that conflict is derived from unmet needs with these key contributing factors, Kegan (1994) described an approach for resolving conflict from a psychological perspective:

When conflicting parties can recognize each other's needs, views, fears, and consider solutions which reassure the other that their most precious interests will be respected, a new dynamic for unsticking their conflictual relationships can replace the traditional dynamics of threat, deterrence, and force. (p. 318)

Conjoining these two theoretical approaches would indicate that in order to move beyond a conflictual impasse, parties involved must fundamentally be able to recognize one another's needs. Then they must further be able to effectively communicate, honor one another's values, regulate emotions, work within existing structures, and move past history. Kegan (1994) went on to describe how traditional dynamics stem from conflict experienced in the context of advantage and vulnerability. When conflict resolution strategies are applied, parties engage in a collaborative process where differences are addressed and outcomes are agreed upon (Fisher, 2006). In this context, parties may commit to agreements entailing actions of conceding or refraining from engaging in preexisting behaviors if there are advantages and/or ameliorated vulnerabilities for both sides. Yet if attitudes that served to perpetuate the initial conflict remain the same, this means no fundamental shifts are made that would sustain long-term change or support outcomes that yield actual transformation.

Thus far, this review of literature supports that conflict is an important phenomenon that has the potential to stimulate change. Leaders play a critical role in shaping the climate and executing the skill set necessary to transform conflict and facilitate the attainment of common ground.

The Role of Leaders in the Mental Health Field

Throughout history, aggressive and directive leaders have prospered in situations of competition to overpower opponents in intergroup conflict (Fisher, 2006). Traditional dynamics of intergroup conflict pressure leaders to act in militant ways with goals of overpowering the competing group or groups. Yet this type of leadership stance has proven to escalate conflict and foster resistance to resolution (Fisher, 2006). In sharing a perspective on dispute resolution, Moffitt and Bordone (2005) asserted, “Almost without exception, the use of force represents some combination of a failure of skill, a failure of will, or a dearth of creativity on the part of the disputants” (p. 11). If use of force indicates failure or a dearth of creativity, the inverse is implied: Peace and abundant creativity are indicators for success in terms of conflict resolution. The role of a leader in transforming conflict is to create a space where stakeholders can experience peaceful interactions and where creativity is fostered. It is important to note that skillful management of conflict is said to be among the highest of skills (Kegan, 1994).

Leaders have an opportunity to reframe conflicts as a resource for improvement and change rather than reinforcing that conflict should be avoided. Research has indicated the importance of acknowledging conflict and providing clearly articulated norms as well as support for resolving issues. Research on SOC's has yielded the conclusion that leaders could improve SOC's by introducing an approach of conflict transformation, which emphasizes conflict as critical to growth and promotes a culture where it is welcomed (Blanch et al., 2015). Blanch et al. (2015) further suggested that including conflict transformation strategies early on may promote long-term sustainability in collaborative relationships. The role of leaders varies depending on

position within or across the organizations involved. In the context of SOCs, for example, research on the role of governing boards identified recognizing and positively addressing differences as a key function for transforming conflict (Boothroyd et al., 2015) whereas a key role managers play in transforming conflict is creating a safe and collaborative environment and implementing workplace norms that promote a positive orientation to conflict (Blanch et al., 2015). Shelton and Darling (as cited in Boothroyd et al., 2015) suggested, “Reframing conflict from a negative to a positive perspective is one of the most valuable and transformative skills that a manager can have in today’s environment, where change is the only constant” (p. 311).

Six Behavioral Domains of Conflict Transformation

Collaboration. In the 21st century, collaboration is essential in most work settings. Hansen (2009) characterized the collaborative leadership style based on three behaviors or leadership skills: “redefining success, involving others, and being accountable” (p. 147). Literature indicates major elements of the domain of collaboration are its impact on efficiency, creative problem solving, and sustainable outcomes (Darlington et al., 2004; Harvey & Drolet, 2005). Literature on collaboration also indicates the importance of leaders’ identifying and addressing related challenges of collaboration such as resistance to collaboration, risk of inefficiency, failure to measure the efficacy of the collaboration, and inattention to team development (D. L. Anderson, 2012; Blanch et al., 2015; Fried, 2013; Harvey & Drolet, 2005; Quinn & Cumblad, 1994; Schwarz, 2002).

The need for collaboration is supported by the known benefits of working together. When individuals contribute unique talents and strengths, goals can be attained

more efficiently and effectively than through individual process (Harvey & Drolet, 2005). Kegan (1994) used the example of a guard and a center on a basketball team; the team's success is dependent on both of their distinct talents, and one is not more valuable than the other. Darlington et al. (2004) discussed the benefits of collaboration when applied to problem solving and asserted that "parties who see different aspects of a problem can explore their differences and search for solutions beyond their own vision of what is possible" (p. 1176). Concurrently, there are widely recognized limitations of failing to engage in collaboration. Heifetz and Linsky (2012) proclaimed, "Nobody is smart enough or fast enough to engage alone the political complexity of an organization or community when it is facing and reacting to adaptive pressure" (p. 100).

Other research has indicated that collaboration enhances problem solving, creativity, efficiency, awareness of organizational culture, and understanding new perspectives (Costongs & Springett, 1997; Darlington & Feeney, 2008; Mattessich & Monsey, 1992). In a study conducted on an initiative targeting depression management among veterans, the formation of a Collaborative Care Workgroup (CWG) facilitated collaboration between primary care and mental health providers to identify and overcome previously existing barriers (Felker et al., 2006). The CWG's approach of identifying barriers to treatment, identifying solutions or opportunities, and institutionalizing ongoing problem detection proved to improve outcomes for patients (Felker et al., 2006). The approach to collaboration used by the CWG closely correlates with Hansen's (2009) disciplined collaboration framework, which also consists of three steps: (a) evaluate opportunities for collaboration, (b) spot barriers to collaboration, and (c) tailor collaboration solutions. Hansen emphasized that disciplined collaboration is the solution

to avoiding common pitfalls or traps of collaboration, such as attempting to collaborate in a hostile environment or implementing the wrong solution.

A major theme in literature on collaboration is the importance of leaders' knowing and addressing the challenges of collaboration. In a study about perceptions of interprofessional collaboration among healthcare professionals, it was found that practitioners who did not have experience with collaboration were more likely to have negative connotations associated with collaboration, such as believing conflict is inherent with collaboration and is not beneficial (Jove et al., 2014). Therefore, these practitioners lacked motivation to engage in collaboration (Jove et al., 2014). The efficacy of the use of collaboration as a domain of conflict transformation has been questioned due to the lack of empirical data to support its efficacy and the risk of inefficiency when collaboration is overabundant (Blanch et al., 2015; Fried, 2013; Quinn & Cumblad, 1994). Another consideration presented in the research on collaboration in the context of providing integrated services is the stress and disequilibrium triggered when organizations are undergoing change, which can cause employees to be defensive and resistant to collaboration (D. L. Anderson, 2012).

In order to reap the potential benefits of collaboration, there are prerequisites including establishing good working relationships that foster and are built on mutual respect, trust, and support; acknowledging differences; and openly sharing information (Hughes & Urwin, 2013). The need for intentional team development to support collaboration has long been recognized in research on organizational development. The Tuckman (1965) team development model identifies development stages of teams attempting to engage in collaboration. The stages of forming, storming, norming, and

performing are represented in a staircase of tasks and behaviors and have served as the foundation for many of the theoretical models that have followed. A leader who is skilled in the domain of collaboration can support teams to move through these stages to arrive at satisfying results. When everyone knows what to expect and what is expected of him or her, the tone is set for shared responsibility (Schwarz, 2002). Further, establishing a clearly identified common purpose fuels the energy of a new team (Harvey & Drolet, 2005). Energized team members working in collaboration with a shared sense of ownership are an invaluable resource.

Communication. In myriad circumstances, communication is referred to as an essential tool for ameliorating conflict. Multiple sources have recognized that the key factor of communication is that meaning is conveyed and understood by the receiver or receivers as intended by the sender (Daft, 2012; Hellriegel & Slocum, 2010; Schermerhorn et al., 2008; Stuart, 2012; Wyatt, 2014). Major elements of the domain of communication indicated by the literature are that communication is essential for working together, communication can exacerbate or ameliorate conflict situations, and listening is a critical skill for transformational leaders (Culwick & Wallace, 2013; Johnson et al., 2006; Kegan, 1994; Kegan & Lahey, 2001; Krauss & Morsella, 2006; Rurkhamet, 2013).

In the applied peace linguistics field, language is regarded as having the power to shape reality and, therefore, create positive change (Gomes de Matos, 2006). Novel language forms provide the foundation for leaders to influence change by shaping interactions, clarifying concepts, and facilitating learning as a social process (Culwick & Wallace, 2013; Kegan & Lahey, 2001). The use of common language can be powerful

when applied to daily interactions. When used across interdisciplinary and interagency partnerships, common language can augment stakeholder understanding of how each party contributes to the collaboration (Bailey, 2013). Establishing common definitions for terminology, such as goals, operations, services, and so forth, provides further clarity and fosters shared purpose. The use of common language also facilitates the mechanism of information sharing, which is an important aspect of collaboration (Lloyd & Wait, 2005). In mental health services, it is recognized that information sharing is a challenge due to client confidentiality requirements and can contribute to conflict when expectations about information sharing are unclear. In the domain of communication, preemptively and strategically planning communication efforts, including who, what, when, where, and how communication will happen in an organization, is essential to cohesion and working together (Culwick & Wallace, 2013). Beyond novel language use in the form of the common vernacular used within or across organizations, novel language also encompasses the way language is used.

Communication methods are especially critical when stakes are high and emotions are charged. Effective communication is especially challenging in conflict situations when emotions are heightened (Johnson et al., 2006; Kegan, 1994). Upon examining the conditions under which communication reduces versus intensifies conflicts in various communication paradigms, Krauss and Morsella (2006) concluded, “Good communication cannot guarantee that conflict is ameliorated or resolved, but poor communication greatly increases the likelihood that conflict continues or is made worse” (p. 156). This shows how a leader’s capacity in the domain of communication can significantly impact a given conflict situation and signifies that communication is an

imperative aspect of transforming conflict. Patterson, Grenny, McMillan, and Switzler (2002) described how “people who are gifted at dialogue keep a constant vigil on safety” (p. 49). They went on to explain that this is important because dialogue requires free flow of meaning, and people are only willing to engage in true dialogue when they feel safe enough to speak and listen (Patterson et al., 2002).

Within the domain of communication, listening is also an important tool for creating a safe space and for gaining a broader understanding of the issues; therefore, listening provides access to increased potential opportunities for connection and conflict transformation (Aguilar, 2013). Leaders in transformational leadership have highlighted that in times of change, “people need to have their concerns heard and legitimized. True listening is the most powerful and direct way to defuse resistance. People’s issues might even surface a different perspective for more effectively making the change” (L. A. Anderson & Anderson, 2010b, p. 148). Research has suggested that listening in structured ways such as dyads, without the use of dialogue, can positively impact collaboration (Aguilar, 2013; Harvey et al., 1997). A leader who is able to demonstrate listening conveys the dimension of transformational leadership called individualized consideration (Rurkhamet, 2013). This is an example of how the domain of communication begins to intersect with the domain of emotional intelligence. The act of listening requires and demonstrates skill in self-awareness, strengthens interpersonal relationships, and influences change.

Emotional intelligence. Although there has been heightened interest in recent years in emotional intelligence, foundations of this construct can be traced back to the 19th century (Bar-On, 2006). Major elements of the domain of emotional intelligence

indicated by the literature include that emotional intelligence supports strong relationships, addressing conflict, and bridging differences (LeBaron, 2003; Morehouse, 2007). The literature also reflects a positive correlation between emotional intelligence and transformational leadership (Rurkhamet, 2013). Emotional intelligence is comprised of skills that can be used or acquired to improve adeptness in social interactions (Morehouse, 2007). Examples of emotional intelligence are a leader's awareness of how his or her feelings affect his or her own behavior and decision making and a leader's acuity to the emotional experience of others. Such skills can be leveraged to navigate conflict in constructive ways whereas disregarding the feelings of the parties involved often leads to destructive outcomes or limited efficacy.

Literature from different fields substantiates the reasonability for acknowledging rather than ignoring emotions. In the arena of conflict resolution, LeBaron (2003) explained, "Because Western societies tend to privilege the thinking function, it is particularly important to focus on including emotions as equal partners in our approaches to communication and conflict" (p. 209). An early hypothesis in the field of psychology indicated that intelligence consists of social and emotional elements, and is not solely based on intellect (Morehouse, 2007). When broaching political intelligence in public sector organizations, White, Harvey, and Kemper (2007) asserted that seldom, if ever, are the necessary conditions for rational decision making present due to limited resources, abundant goals, and competing priorities. These circumstances cultivate emotionally and politically charged contexts for decision making. According to LeBaron (2003), acknowledging the emotions involved is fundamental to developing strong relationships and critical to bridging differences. Approaches to integrating emotional intelligence into

addressing conflict situations include finding ways to include and infuse passions and allow the things about which participants care most deeply to be a part of the decision making (Morehouse, 2007). Whether or not emotions are directly addressed, they have the power to positively or negatively impact the situation.

As indicated by a number of research studies, there is a positive correlation between high levels of emotional intelligence and transformational leadership (Rurkhamet, 2013). According to Franke and Felfe (2011), the willingness of parties involved in a conflict situation to cooperate, engage in the process, and follow through with commitments is influenced by the emotional competency of a leader. Fisher (2006) asserted, “On the social emotional side of leadership, the facilitator needs to provide encouragement and support, release tension at certain points, and harmonize understandings” (p. 192). When leaders use the behavioral domain of emotional intelligence, they are poised to recognize when participants are becoming agitated or demonstrate aggressive behaviors that may be disruptive to the process in order to intervene or redirect to ensure the group continues to move toward the desired outcomes. The application of emotional competencies, either from having a high emotional intelligence quotient or from acquiring skills within this domain, facilitates problem solving, enables a process of growth, and builds capacity for attaining desired results (Bar-On, 2006; Rurkhamet, 2013). Ultimately, research on emotional intelligence has indicated that leaders with higher competencies in the domain of emotional intelligence are more adept transformational leaders. Although society tends to favor logical decision making, emotions are inextricable from conflict, and emotional intelligence can be applied for transforming conflict.

Ethics. A culture's ethical values are what define the concept of leadership and provide a model of how human beings as moral agents should conduct themselves (Ciulla, 1995; Strike et al., 2005). As described by Kegan (1994), human beings evaluate everything based on their own identified truths and perceptions of reality based on ethics. When norms or values, personal or those to which individuals subscribe, are violated, human reactions are not only intellectual but also emotional and even bodily to the degree of revulsion (Kegan, 1994). This is partly why the domain of ethics is imperative for finding common ground. A basic foundation for individuals to work together in groups or for groups to productively merge, it requires parties involved to subscribe to a shared set of values or, at least, a set of values that functionally coexist (Hughes & Urwin, 2013). Major themes indicated in the literature within the domain of ethics are that ethics shape culture and behavior, developing shared values can catalyze personal and organizational change, and alignment of ethical values across agencies supports collaboration (Aguilar, 2013; Boothroyd et al., 2015; Hammick et al., 2009; Hughes & Urwin, 2013; Ross, 1994; Senge, 1990).

At an organizational level, establishing a vision and mission can be used to convey the values of the organization and shape employee behaviors and organizational culture. Whereas when underlying values are not addressed, especially in times of change and in those that require distinctly different groups to come together, technical changes may occur, productive and sustained outcomes are unlikely to be achieved (D. L. Anderson, 2012).

Interprofessional practice is related not only to skills and knowledge but also manner of conduct. Hammick, Freeth, Copperman, and Goodsman (as cited in Culwick

& Wallace, 2013) described interprofessional practice as “the right way which means with the right attitude, appropriate values and beliefs” (p. 103). This brings to light the ethical nature of adopting interprofessional-practice-related behavior on the premise that manner of conduct is shaped by beliefs regardless of whether one is conscious of the beliefs or values driving his or her behaviors. This is important because addressing beliefs by surfacing the core values underlying constructed realities or notions held can be used as an impetus for change (Aguilar, 2013; Senge, 1990). The ladder-of-inference framework illustrates how a series of inferences made from initial observations or experiences leads to adopting beliefs, which then inform actions (Ross, 1994; Senge, 1990). Using a framework like the ladder of inference can make unconsciously held values apparent by working backwards down the line of inferences to determine the underlying biases that led to forming beliefs. In this way, surfacing one’s personal ethical foundations is the first step to addressing them. Explicitly addressing ethics not only supports individual shifts in attitude that translate to practice but has also been found to be a key success factor for organizational breakthroughs. Hughes and Urwin (2013) provided the example of how, in a partnership addressing the needs of offenders with mental health needs, engaging in the act of sharing and developing values served to change the accepted definition of the population being served. Debunking notions of this demographic being powerless or a health service problem made way for the partnering organizations to better address the needs of the service users (Hughes & Urwin, 2013).

Research on the SOC model in the health and human services field has found alignment of values, cultures, and practices across partners to be essential (Boothroyd et al., 2015). For example, Boothroyd et al. (2015) found conflict was derived from

incompatible methods of evaluation and systems for reward. Whether intentionally or unintentionally constructed, the culture of an organization shapes employee expectations and behaviors. One of the explicit ways organizational leaders shape culture is through methods of evaluation and systems for reward. Depending on the organizational culture to which employees are accustomed, disparity in such practices may not only be perceived as unfair or inconsistent but can also register as being ethically incongruent. While one set of practices for evaluation and reward may promote belonging, acceptance, and growth orientation, another may foster alienation and fixed-ability orientation (Schindler, 2014). Leaders can use ethics to develop ways of working together that honor and promote shared values, cultures, and practices to inform other behavioral domains such as problem solving and process.

Problem solving. The domain of problem solving involves the act of choosing and implementing a solution to an identified problem or situation (Harvey et al., 1997). An additional factor of the domain of problem solving as it relates to conflict transformation is that it serves to “maximize the satisfaction of shared interests and create value by ‘dovetailing’ divergent interests” (B. Patton, 2005, p. 293). Major themes revealed in the research on the domain of problem solving include that perception of conflict influences how individuals or groups engage with conflict and that effective problem solving promotes relationship building (B. Patton, 2005; Moffitt & Bordone, 2005). Another major theme found is the importance of working together to precisely describe the problem by synthesizing multiple perspectives and arriving at a mutually acceptable and beneficial solution (Preston et al., 2015; Weitzman & Weitzman, 2006).

Productively addressing conflict through problem solving begins with perceptions of conflict. Many are resistant to acknowledging that conflict exists, let alone willing to engage in a process to generate and adopt solutions. Yet Moffitt and Bordone (2005) claimed, “The sign of a healthy productive relationship is not necessarily an absence of disputes but rather the skill with which disputes are addressed” (p. 4). This means it is unreasonable to expect that conflict will not exist; therefore, it is of critical importance to know how to problem solve. When applied, elements of problem solving exceed typical barriers to more traditional forms of negotiation. This includes coming to well-reasoned and venerable outcomes that can be used to set precedents that can be sustained. Leaders who use an effective problem-solving approach can also facilitate relationship building in spite of disagreement (B. Patton, 2005). Just as it was found to be critical in the collaboration domain to properly identify the barriers, integral to effective problem solving is that stakeholders engage in precisely diagnosing the problem prior to working together to arrive at a mutually acceptable solution (Preston et al., 2015; Weitzman & Weitzman, 2006). When stakeholders engage in defining the problem, sharing multiple perspectives can serve to increase understanding of the possible root causes. Without this step, efforts may be exerted to address mere symptoms of a problem rather than the problem itself. The problem may also be more accurately described by synthesizing the problem as multiple stakeholders experience it. Stakeholders working collectively to generate possible solutions are also more likely to come up with solutions that bridge interests and lead to an outcome perceived as fair to all parties.

When approaching problem solving, there is consensus in the literature around the potential impact of reframing a problem or conflict as a challenge or opportunity for

growth (Weitzman & Weitzman, 2006). Harvey et al. (1997) offered an approach to problem solving that is intended to shift mindsets away from negative associations with problem situations by presenting dilemmas as *situations in need of attention*. A benefit of using this type of structuring device to reframe a situation is that it highlights the opportunity for improvement through collaboration. A limitation in this model is that participants are expected to contribute and hold the responsibility for outcomes without the direction of an expert. For problem solving to work in a structure like this, a prerequisite is that the parties involved have established a foundation of trust. When facilitating any type of process, leaders who are effective problem solvers see their organization as an interrelated whole and as part of a greater whole (Covey et al., 1998).

Process. Process describes any internal, external, or systematic pattern of behavior organized in a step-by-step fashion to achieve a goal (Hamme, 2015). A major aspect of any leader's job is to use the domain of process to ensure that everyone works together toward a common goal (Pottruck, 2015). Major themes indicated by the literature on the domain of process are that conditions of process influence outcomes, process can be used to promote a sense of common ground, skilled facilitation is critical to process, and applying research-based processes can defy typical constraints of conflict resolution (Coleman & Deutsch, 2006; Hammond, 1998; Johnson et al., 2006).

There are a number of conditions or factors of process that influence whether addressing the conflict or controversy at hand will yield positive or negative consequences (Johnson et al., 2006). Kressel, Forntera, Forlenza, Butler, and Fish (1994) conducted an intensive case study wherein they analyzed 32 cases of custody mediation in family courts in New Jersey. It was found that mediators who focused on process over

outcomes were more likely to reach a settlement, had higher levels of client satisfaction, and were more likely to have a lasting impact on the relationship between parties involved in the dispute (Kressel et al., 1994). Some elements of process considered valuable to attaining creative solutions are those that foster a literal and figurative sense of common ground. Addressing conflict in a new and neutral environment, for example, can increase open-mindedness and participants' ability to take on new perspectives and engage in the process (Coleman & Deutsch, 2006). Other considerations for utilizing process to facilitate participants' openness to engaging include time, space, encouraging play, taking breaks, or using third-party meetings outside of the time and space used for addressing the conflict between involved parties (Carnevale, 2006).

Johnson et al. (2006) described that in order to promote higher levels of constructiveness, a cooperative goal structure is needed to establish that the end goal of engaging deliberately in the controversy is to synthesize ideas into a final position. This requires skilled facilitators but also participants who have some level of skill or training in conflict management as well. Participants should not only be versed on conflict management but also committed and able to follow internalized norms and values to support the process. The process must be further guided by tenets of rational argument such as use of relevant information as proof organized by logical reasoning (e.g., inductive or deductive logic) and keeping an open mind. One example that highlights the impact of using process to promote attainment of common ground given by Johnson et al. is how students in a classroom where dissent is encouraged and listening to the perspectives of others is normed and structured are able to engage in higher levels of cognitive reasoning, can think more critically, and learn how to be more tolerant of

conflicting views. Based on many years of developing, applying, and validating this theory of constructive conflict, Johnson et al. identified the problem-solving process as an integral aspect to promoting critical thinking and fostering tolerance of conflicting views. The constructive controversy procedure involves each team researching, preparing, and organizing and then presenting without interruption while the opposing team listens. This is followed by critical open discussion, which entails further advocacy, refuting, and rebuttal. Then, the advocacy team reverses perspectives and engages in the same process again, taking on the reverse position. Afterward, all parties analyze the arguments for all points of view to evaluate and synthesize the arguments in order to come to a consensus. Once a decision has been made, participants reflect on their process (Johnson et al., 2006).

Another research-based transformative process is appreciative inquiry. Rather than focusing on the core conflict itself, the appreciative inquiry process applies a positive psychology approach and engages stakeholders in a process of discovering what is working well in order to collectively determine where to go next (Hammond, 1998). These types of processes create the space for differences to be handled constructively. When processes such as these are used effectively, not only is conflict resolved, but it also becomes a source for learning, improvement, and transformation.

Theory in conflict and psychology supports that human beings have difficulty managing differences (Fisher, 2006; Kegan, 1994). Fisher (2006) further asserted that human behavior is likely to worsen conflict “unless social processes and institutions are available to them to manage their incompatibilities effectively” (p. 177). Through engaging in structured processes, the use of strategically designed methods and tools

helps to avoid typical pitfalls of addressing conflict between parties. Facilitating such processes requires leaders to play a key role in facilitation; leaders must be knowledgeable about the process identified, the parties involved, and the sources and dynamics of conflict. Leaders must also have the capacity to make facilitation moves to ensure that the dialogue is constructive (Fisher, 2006). Another critical aspect of any process is establishing how decisions will be made. Harvey et al. (1997) generated and compiled a number of structuring devices that aid in facilitation of problem solving and decision making. Their six-step approach to decision making suggests following a protocol starting with establishing mindset, defining the problem, and identifying criteria for solutions. The group would then move into generating possible solutions and engage in a process for choosing a solution before preparing for implementation (Harvey et al., 1997). There are a number of different approaches to group decision making to build consensus and promote efficiency. Facilitators are responsible for determining the appropriate process for the situation and participants involved. Such considerations include how a process either marginalizes or is inclusive of myriad voices and whether all proposed solutions hold equal value and should be equally considered when the time comes for decision making. Additionally, unless stakeholders are involved in constructing solutions, structural changes are likely to fail (Barr, 2013).

Common Ground

Conflict has great potential for constructive, creative, and innovative outcomes that produce positive change (Carnevale, 2006). Distinct from compromise, the key to leveraging conflict to stimulate sustainable change is to use an approach that facilitates integrative, high-value agreements that satisfy the needs of stakeholders involved,

ultimately arriving at common ground (Carnevale, 2006). Efforts to better understand common ground and its relationship to the six domains of conflict transformation began with acknowledgement of the six domains as specific behaviors used by school district superintendents in transforming conflict to find common ground and create breakthrough results (K. Larick & P. White, personal communication, June 20, 2014). This interest in these six domains of conflict transformation and finding common ground, coupled with very limited research regarding common ground and its impact on other leadership positions, resulted in a collaborative effort between the faculty researchers and student peer researchers to attempt to discover and describe these behaviors.

Foundations for Common Ground

Research in psychology and conflict resolution has not only supported that conflict can be resolved productively but has further lauded conflict as an important stimulus for change. According to Kegan (1994), “Psychologists tell us that the single greatest source of growth and development is the experience of difference, discrepancy and anomaly” (p. 210), which indicates that the conflict resulting from difference, discrepancy, and anomaly can be used as a catalyst for change and a foundation for establishing breakthroughs.

Other researchers have described this value of intellectual opposition as constructive controversy: a theory that supports how difference can generate inquiry and disequilibrium can motivate cognitive shifts that allow individuals to better accommodate the perspectives others are sharing (Johnson et al., 2006). Many great philosophers such as Karl Marx have championed deliberate discourse in the forms of debate, open-minded discussion, and advocacy of opposing points of view as a means of truth seeking

(Johnson et al., 2006). Ideas related to effective approaches for deliberate discourse have since evolved. Constructive controversy theory asserts a need for synthesis of ideas, which allows for reconceptualization and further upholds the goal of yielding high achievement while maintaining positive relationships and psychological health (Johnson et al., 2006). Johnson et al. (2006) suggested that focusing on synthesizing ideas, rather than focusing on resolving or disputing conflict by coming to an agreement or settlement, defies typical constraints of controversial arguments. The use of constructive controversy types procures elements of transforming conflict to find common ground by facilitating innovation, discovery, and advancement. Although theories of conflict resolution have evolved, the value of truth seeking correlates with the high regard for epistemic curiosity, which is said to be a driving force for seeking new perspectives and a prerequisite for engaging in constructive controversy.

Blanch et al. (2015) conducted a study that compared perceptions of conflict with the use of concept mapping and found that one organization not only viewed conflict as normal but further embraced conflict as an essential tool for effective collaboration. This positive orientation to conflict was evidenced by the use of protocols adopted institution-wide and proactively applied. Staff sought to identify potential conflicts preemptively to capitalize on opportunities to analyze situations (Blanch et al., 2015). In these ways, the normalization of conflict and its use for improvement enabled the organization to use conflict to support transformation at a systems level. These authors concluded that SOCs, which require collaboration across agencies, fields, and stakeholders, could increase success and sustainability by adopting the principle that conflict is necessary and employing conflict transformation techniques (Blanch et al., 2015). This means that

beyond the need to establish common ground when entering partnerships, transforming conflict is a means of sustaining common ground and improving outcomes. A foundational belief behind SOC's is that organizations coming together can employ greater solutions to complex issues in the health and social services fields (Blanch et al., 2015). Beyond approaches to addressing conflict, there are other fundamental practices for developing common ground to promote the efficacy of these partnerships.

In the arena of intercultural, societal, and global conflict resolution, LeBaron (2003) described that when bridging cultural conflict, it is necessary to attend to the symbolic dimension of conflict in order to “draw on mindful awareness of self and other, our capacities to connect, our imagination, and our intuition” (p. 114). In this way, the symbolic dimension of conflict acknowledges that identity is inextricable from human interaction. This is important because constructs such as culture shape individual and collective perspectives. LeBaron further delineated elements of dynamic engagement and dialogic spirit designed to facilitate breakthroughs in conflict. The eight components of dynamic engagement provide a tool kit for unlocking stuck dynamics (LeBaron, 2003). These components are nonlinear and can be used to establish norms as well as structure a process and facilitate communication that moves participants toward constructive problem solving. The eight corresponding components of dialogic spirit essentially capture mindsets that support the participants to dynamically engage in behaviors that are often difficult to sustain in the face of conflict. The framework presented by LeBaron calls for the spirit of acknowledgement to support integrating ideas as progress is made. This exemplifies how conflict can be transformed when participants are supported to

explore difference by adopting behavioral domains (i.e., components of dynamic engagement) supported by mindsets (i.e., dialogic spirit).

Summary

Common interest in improving outcomes for those in need of mental health care in the United States has led to significant shifts toward integration of service. Efforts toward interprofessional and interagency collaboration have yet to yield desired measurable outcomes to demonstrate efficacy. Conflict occurring within and between organizations, as a result of interdisciplinary and interagency collaboration, has proven to be a critical factor that interferes with overall improvement of treatment outcomes.

Research in the domains of collaboration, communication, emotional intelligence, ethics, problem solving, and process has revealed that the six behavioral domains of conflict transformation are imperative for promoting cooperative, creative, and solution-oriented thinking (K. Larick & P. White, personal communication, June 20, 2014). Leaders with the capacity to apply the six behavioral domains are better equipped to shift people's relationships with conflict. The confluence of this set of behaviors provides an incomparable approach to finding common ground and achieving breakthrough results.

CHAPTER III: METHODOLOGY

Overview

According to Roberts (2010), “The methodology chapter of a dissertation describes the design and specific procedures used in conducting your study” (p. 148). This chapter presents the qualitative study design that enabled the discovery of patterns of conflict transformation behaviors among exemplary leaders in the mental health field who were able to find common ground. This chapter begins with a restatement of the purpose and research questions to provide grounding for the research design. The following section in this chapter delineates the research design and provides the rationale for selecting a phenomenological qualitative method to execute the purpose. The remaining sections include detailed descriptions of the population, sample, instrumentation, data collection, data analysis, and limitations of the study.

Purpose Statement

The purpose of this phenomenological study was to discover and describe how exemplary leaders establish common ground and produce breakthrough results in the mental health field by utilizing the six domains of conflict transformation behaviors.

Research Questions

Central Question

What are the lived experiences of exemplary leaders in establishing common ground and producing breakthrough results in the mental health field by engaging in elements of the six domains of conflict transformation behaviors?

Subquestions

1. *Collaboration*—How do exemplary leaders in the mental health field use collaboration to establish common ground and produce breakthrough results?
2. *Communication*—How do exemplary leaders in the mental health field use communication to establish common ground and produce breakthrough results?
3. *Emotional intelligence*—What aspects of emotional intelligence do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?
4. *Ethics*—How do exemplary leaders in the mental health field use ethics to establish common ground and produce breakthrough results?
5. *Problem solving*—How do exemplary leaders in the mental health field use problem-solving strategies to establish common ground and produce breakthrough results?
6. *Process*—What processes do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?

Research Design

In order to discover and describe how exemplary leaders establish common ground and produce breakthrough results in the mental health field, a phenomenological qualitative study was conducted. In accordance with recommendations suggested by Strauss and Corbin (1990) for approaching qualitative research, considerations for this research design included questions in the following areas: nature of the problem, understanding what lies behind any phenomenon about which little is known, gaining novel and fresh slants, and giving intricate details of phenomena that are difficult to convey with quantitative methods. The research problem this study addressed is that

scarce attention has been dedicated to exemplary leadership behaviors for addressing conflict that is (a) naturally occurring within organizations and (b) heightened from interprofessional practice and interagency partnerships in the mental health field. The nature of the problem is complex, with many variables, and required an analysis of lived experiences. Given that the problem identified is endemic, the purpose of this research called for uncovering and understanding the specific leadership behaviors that lie behind the phenomenon of exemplary leaders' establishing common ground and achieving breakthrough results. Although there exists research about effective leadership practices, the qualitative approach supported discovery of new and novel slants such as looking at leadership through the lens of conflict transformation behaviors in the mental health field. Applying a qualitative method created an opportunity to design a study that allowed for gaining the intended level of detail and intricacy of the unique experiences of leaders applying the six domains of conflict transformation behaviors. The domains explored were collaboration, communication, problem solving, process, emotional intelligence, and ethics.

Three types of qualitative methods were considered for this study design: ethnography, ecological psychology, and phenomenology. An ethnographic study with disciplinary roots in anthropology is essentially intended to describe the culture of a group of people (M. Q. Patton, 2002). Ethnography was ruled out on the basis that the needs of this study were to explore and define how individual leaders within a number of organizations use conflict transformation behaviors rather than to learn about a group culture. The qualitative theoretical tradition of ecological psychology matched needs of the study including the analysis of how individuals accomplish goals through specific

behaviors (M. Q. Patton, 2002); however, another explicit function of an ecological study, which is to understand these behaviors in a specific environment, did not match the purpose. Although this study aimed to understand behaviors, the specific goals and environments of leaders across organizations vary. Finally, the phenomenological methodology targets meaning, structure, and essence of the lived experience of a specific phenomenon for a specific person or group of people (M. Q. Patton, 2002). This method allowed for the best execution of the purpose of this study given the need to make meaning of the lived experiences of exemplary leaders who had experienced a specific phenomenon of establishing common ground and proven themselves exemplary by achieving breakthrough results.

Population

A population is a group of cases that conform to specific criteria; the researcher intends to generalize results to this group at large (McMillan & Schumacher, 2010). The population for this study was leaders in the mental health field in the United States. According to the National Association of State Mental Health Program Directors (NASMHPD, n.d.), state mental health programs serve 7.5 million people annually across the nation. Common characteristics of these organizations include that they have expertise in the area of mental health; provide one or more elements of mental health treatment via direct service; and offer information, training, and supports to consumers and associated stakeholders. According to information reported in the National Mental Health Services Survey and the total number of nonprofits providing mental health services in the United States registered through the Internal Revenue Service, there are over 20,887 executive-level leaders of agencies serving adults and children with mental

illness, developmental or behavioral disabilities, and/or substance abuse disorders in the United States (GuideStar USA, n.d.; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). While there are governmental agencies and nonprofit organizations dedicated to providing mental health services across the United States, it is important to note that the complexities of the mental health care system have generated equally intricate approaches for addressing mental health needs. This includes other types of agencies outside of specialty mental health facilities contributing to the mental health field, such as advocacy organizations and for-profit companies providing alternatives to traditional forms of mental health treatment. There are also executive-level leaders influencing the mental health field who operate from other public service institutions such as the U.S. Department of Defense, Indian Health Service, jails or prisons, and mental health courts. All of these organizations working together to advance the care of and treatment toward individuals with mental health needs comprise what is referred to in this study as the mental health field.

The target population for this study included executive-level leaders of nonprofit organizations, governmental institutions, state and national associations, and private businesses serving adults and children with mental illness, developmental or behavioral disabilities, and/or substance use disorders in the United States. The target population was comprised of 88 leaders in the mental health field who received award recognition by a U.S. national organization between 2013 and 2016 and/or were recommended by peers in the field based on criteria for the sample.

Sample

A sample is the source of information or unit of analysis used for the primary focus of data collection (McMillan & Schumacher, 2010; M. Q. Patton, 2002). Twelve individuals, representative of exemplary leaders in the mental health field in the United States, were selected to create a representative sample for this study (Roberts, 2010). Criterion sampling was used to define and identify the desired participants for this study (Creswell, 2007). Respondents for this study were required to meet five of the following six criteria for exemplary leadership to be eligible for participation in the study:

1. evidence of successful relationships with stakeholders;
2. evidence of breaking through conflict to achieve organizational success;
3. 5 or more years of experience in leadership in the mental health field;
4. having written, published, or presented at conferences or association meetings;
5. recognition by their peers; and
6. membership in associations or groups focused on their field.

The purpose of using a criterion sampling strategy in this manner was to verify quality assurance (M. Q. Patton, 2002). Roberts (2010) described how, although ideal, it is often an unreasonable challenge to gather data from an entire population. In lieu of studying a population in its entirety, a sample representative of the total group must be selected (Roberts, 2010). The exemplary leaders who comprised the sample held executive leadership positions in nonprofit organizations, private businesses, governmental institutions, and state and national associations serving adults and children with mental illness, developmental or behavioral disabilities, and/or substance use disorders in the United States; received national award recognition and/or peer

recognition for their leadership in the mental health field; and met all six of the criteria for exemplary leadership (see Appendix B). Position titles of respondents included chief executive officer, executive director, president and/or founder, vice president, county mental health director, and county court judge. Personal identifying information including participant names and the specific names of organizations have been omitted for the purposes of protecting confidentiality. According to M. Q. Patton (2002), qualitative methods such as interviewing a small sample of respondents allow for great depth, detail, context, and even nuance. On the other hand, the smaller sample sizes used in qualitative research represent a limited range of experiences of the target population (M. Q. Patton, 2002). This eclectic sample provided a unique snapshot of information rich in differences and experiences of what exemplary leaders in the mental health field do to create common ground.

The use of the selection criteria for determining exemplary leaders allowed for purposeful sampling where cases for the study are selected because they offer rich information and illuminate manifestations of the phenomenon rather than empirical generation from a sample population (M. Q. Patton, 2002). The sample selection process began with soliciting participants from lists of publicly recognized award recipients. The award recipients invited to participate in the study had been recognized by a U.S. national organization within the last 4 years for their leadership in the mental health field. The sample selection process also involved soliciting participation from distinguished leaders per recommendations from regarded leaders in the mental health field (based on the given selection criteria). In addition to the use of purposeful sampling, a snowballing approach to sample selection was also used. At the end of interviews, respondents were asked to

make recommendations of other leaders in the mental health field who they believed would meet the exemplary criteria. In some cases, respondents were able to provide recommendations and share contact information or facilitate introductions for the recruitment of additional respondents for the study.

All prospective study participants received a one-page flyer that provided an overview of the purpose of the study, the criteria for participation, parameters of the commitment, and information about the researcher (see Appendix C). The flyer announced that exemplary leaders in the mental health field who were willing to share their insight on finding common ground were needed in March to April of 2016. The incentive of being entered into a raffle to win an electronic device, specifically a Kindle Fire Tablet, was advertised on the flyer. The flyer was sent via e-mail and was included with a personalized message along with a link to a brief survey (see Appendix D). The survey was designed to collect demographic data as well as information regarding the prospective respondents' fit for the study sample. Survey responses were reviewed to assess whether respondents met at least five of the six criteria to distinguish them as exemplary members of the target population. The 12 respondents who participated in this study demonstrated all six of the desired exemplary leadership traits.

Once interest-survey responses were reviewed and it was verified that the prospective participants met the criteria for the sample, respondents received a follow-up e-mail thanking them for their interest in participating and offering suggested dates and times for scheduling an interview for up to 60 minutes to be held either in person or by using the Adobe Connect online platform. This follow-up e-mail correspondence also included the (a) formal invitation letter (Appendix E), (b) Research Participant's Bill of

Rights (Appendix F), and (c) informed consent form (Appendix G). Given the limited availability of exemplary leaders and the geographic dispersion of candidates for this study, limiting interviews to less than 60 minutes and offering an online meeting option minimized the disruption to the daily schedules of respondents and increased access to respondents across the country.

Instrumentation

To best address the purpose of the study, the research question central to this study and six research subquestions were used as a guideline for developing interview questions. The interview questions were organized into an interview script or protocol (see Appendix H). The interview script was designed for conducting 30- to 60-minute, one-to-one interviews. The script and script questions outlined in the interview protocol were designed through collaboration among peer researchers on the thematic research team to ensure applicability across various professional fields. Once the peer researchers vetted the script questions with the guidance of faculty researchers, they were resubmitted for approval by the faculty researchers. The interview questions were designed to be used as probes that would support dialogue between the researcher and the respondents. The questions were fairly open ended and therefore not necessarily asked in linear fashion. This qualitative research method was selected due to its potential for acquiring in-depth information. It is important to note that in the qualitative research approach, the researcher acts as the instrument responsible for procuring information (M. Q. Patton, 2002). The design of the interview script and script questions provided a structure within which the researcher could introduce the context for each question, select from provided questions or prompts to solicit information pertaining to each theme, and

then ask follow-up questions to facilitate gathering additional or more in-depth data related to each of the study themes.

Validity and Reliability

The validity of an instrument is determined by how well it actually measures what it is intended to measure, and reliability is evaluated based on how well the instrument would measure something with consistency over time (Roberts, 2010). This section describes the strategies used to support validity and reliability in the instrumentation design and data collection and analysis processes for this study.

Validity

To ensure validity, or that the instrumentation selected for this study measured what it was intended to measure to a high degree, a number of strategies were applied. These included content and face validity, criterion validity, triangulation, and thick description.

Content and face validity. Using alignment with the purpose of the study and the research questions to design the interview tool created a strong foundation for content and face validity. The interview script and script questions were collectively designed by the peer research team to accommodate all relevant fields of inquiry. The questions were developed based on the review of literature and in alignment with the purpose of the study in order to support addressing the research questions. Having strong face validity can be beneficial for public acceptance of findings and motivating interviewees with clearly aligned and relevant questions (Patten, 2012). The interview script and script questions supported having a standardized manner and prescribed procedure for conducting interviews (M. Q. Patton, 2002).

As another instrument of study, the researcher greatly influences validity based on his or her competence and focus (M. Q. Patton, 2002). This researcher has worked in the mental health field for over 10 years, starting in direct service as a mental health counselor prior to becoming a special education teacher, and has held multiple leadership roles including a current position overseeing aspects of a mental health partnership in urban K-12 charter schools. This researcher also acquired experience with qualitative research through coursework in Brandman University's Doctor of Education in Organizational Leadership program.

Criterion validity. The peer research team developed six criteria to distinguish and define exemplary leaders as a strategy for supporting criterion validity. Exemplary leaders were defined as those who met at least five of the following six criteria:

(a) evidence of successful relationships with stakeholders; (b) evidence of breaking through conflict to achieve organizational success; (c) 5 or more years of experience in leadership in the mental health field; (d) having written, published, or presented at conferences or association meetings; (e) recognition by their peers; and (f) membership in associations or groups focused on their field.

Triangulation. According to Creswell and Miller (2000), "Triangulation is a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study" (p. 126). The different sources of information used to form themes in this study were literature, one-to-one interviews, and artifacts. A review of literature was conducted to identify a research base for this topic of study, which was utilized to shape the interview script and questions. One-to-one interviews were the primary source of data collection. In addition,

at the end of each interview, the respondent was asked if she or he could share an artifact, such as organizational material, meeting notes, an article, media, and so forth, that captured the themes discussed during the interview process. This allowed for cross-referencing between literature, the respondents' personal accounts shared during the interviews, and actual artifacts in order to corroborate themes through analysis of multiple sources.

Thick description. The use of thick description as a validity strategy enables readers to feel as if they are experiencing that which is being described. This sense of experiential exposure or learning helps establish credibility through the reader's perspective (Creswell & Miller, 2000). The instrumentation design facilitated in-depth and detailed narrative responses from study participants. The level of depth and detail provided by respondents allowed for thick description to be utilized to support the validity of each theme and finding.

Reliability

In interpreting the meaning of reliability, Roberts (2010) asked, "If you measured the same thing again, would you find the same results?" (p. 151). To ensure reliability, strategies to support internal reliability of the data and an intercoder reliability process were utilized in this study.

Internal reliability of the data. As previously described, the interview script and interview questions were designed and vetted by the peer research team to create an interview guide. According to M. Q. Patton (2002), the use of an outline as an interview instrument "increases the comprehensiveness of the data and makes data collection somewhat systematic for each respondent" (p. 349). In line with how having a

standardized manner and prescribed procedure for conducting interviews supported validity, standardization of how interviews were conducted using an interview script as a guide also supported internal reliability. Utilizing an interview protocol provided a consistent structure for data collection that would support reliable replication.

Triangulation of data was also used to test for consistency and strengthen the internal reliability of the data. By testing for consistency or revealing inconsistencies, data triangulation provides “opportunities for deeper insight into the relationship between inquiry approach and the phenomenon under study” (M. Q. Patton, 2002, p. 248).

Intercoder reliability. An analytical measure is necessary for scientific inquiry that involves human coding (Neuendorf, 2009). When a researcher is the instrument for collecting data, researcher bias must be addressed for reliability. An intercoding protocol was developed by the peer research team and utilized to assess consistency across human raters based on standards for assessing and reporting intercoder reliability (Lombard, Snyder-Duch, & Bracken, 2010). This was accomplished by having 10% of the research data double coded for 80% or higher agreement among the primary researcher and a second researcher/coder from the peer research team. For themes identified where there was less than 80% agreement, the primary researcher and second researcher/coder shared perspectives and discussed context and thoughts. Based on the feedback received, the primary researcher made adjustments to how references were initially coded. As a result of this process, 80% or higher reference agreement was reached for all of the themes identified in the data, and 90% reference agreement was achieved overall.

Data Collection

Roberts (2010) described how in qualitative research, “researchers seek a holistic picture—a comprehensive and complete understanding of the phenomena they are studying” (p. 143). To discover a holistic picture of how exemplary leaders in the mental health field utilize the six domains of conflict transformation to find common ground, two primary methods for data collection were used. In-depth, open-ended interviews were conducted using an interview script and script questions vetted by the peer research team. Artifacts that reflected respondents’ application of the six domains of conflict transformation behaviors were also solicited as a method of data collection.

Interviews

The primary method for collecting data in this study was conducting in-depth, one-on-one interviews using an interview script and open-ended script questions. Each interview was prefaced with an overview of the purpose of the study and verification that the participant had received and reviewed his or her rights and signed the appropriate consent. With consent of participants, the interviews were digitally recorded and transcribed into a format that was compatible with a data analysis software. Following interviews, the audio recordings were shared with a third party who was contracted to provide transcription services. The transcriptionist was required to sign a declaration of confidentiality (see Appendix I). Each respondent was assigned a participant number in order of when interviews were conducted. Only assigned participant numbers were used on actual transcription documents to respect respondent confidentiality. Transcriptions were uploaded and stored on the data analysis software to be used for coding the data. Handwritten notes were also taken during interviews to help facilitate the interview

process and record key points. Demographic information was also gathered through an interest survey that respondents completed prior to being invited to participate in an interview. Data procured from the research conducted will be kept for up to 3 years, and then all records will be destroyed (shredded) to protect release of information.

Collection of Artifacts

To create an opportunity to be able to test for consistency and to gain a more complete understanding of the phenomenon, the collection of artifacts was also used as a method of data collection. At the end of each interview, once all script questions had been addressed, the participant was asked if she or he could identify any artifacts related to the content discussed during the interview that were reflective of her or his use of the six domains of conflict transformation. Ten of the 12 participants responded affirmatively and procured the identified artifacts to corroborate information shared via responses to the interview script questions. Those who did not provide an artifact either no longer had access to related materials or could not identify a particular relevant artifact. Supplementary artifacts obtained from participants included newsletters, published articles, and organizational material in the form of overviews, handouts or web page resources, meeting notes, and strategic planning documents.

Data Analysis

In qualitative analysis, processes are needed to reduce, transform, and interpret the large amount of data collected (Roberts, 2010). Procedures of phenomenological analysis were applied in the data analysis process of this qualitative research (Moustakas, 1994).

Interview Data Analysis

After interviews were transcribed, the raw data were coded by expressions or nodes determined based on the six targeted domains of conflict transformation behaviors: collaboration, communication, problem solving, process, emotional intelligence, and ethics. Child nodes were generated during the coding process to capture emergent themes. In order to analyze the data collected through the interview process, this researcher used NVivo (Version 10) qualitative data analysis software. The software provided a digital format for sorting and organizing the data while allowing for capturing responses of varying levels of depth with automatic tracking of frequency. Organizing the data in NVivo facilitated analysis of the data, which led to identifying patterns and themes.

Intercoding Protocol

An intercoding protocol was followed to ensure that 10% of the data collected in this research study were double coded for at least 80% agreement or alignment of references per theme. After selecting and coding two transcribed interviews, the primary researcher selected a second researcher/coder from the peer research team to double code or intercode the same set of data. The themes developed by the primary researcher in this initial part of the coding process were shared with the second researcher/coder. The second researcher/coder scanned the data prior to coding to either validate or discuss considerations for the coding themes. After the second researcher/coder independently completed the coding of the two selected transcribed interviews, the primary researcher compared data frequencies or number of references for each theme. For themes identified where there was less than 80% agreement, the primary researcher and second

researcher/coder shared perspectives and discussed context and thoughts. Based on the feedback received, the primary researcher made adjustments to how references were initially coded. As a result of this process, 80% or higher reference agreement was reached for all of the themes identified in the data, and 90% reference agreement was achieved overall. Once this was accomplished, the primary researcher was able to code the data for the rest of the transcribed interviews and determine the total number of references made to each theme.

Limitations

According to Roberts (2010), “Limitations are particular features of your study that you know may negatively affect the results or your ability to generalize” (p. 162). This section addresses what these factors are and to what degree they may have impacted this study. The known limitations of this study include sample size, sampling technique, researcher as the instrument, geography, and time.

Sample Size

The results of this study yielded data based on the lived experiences of 12 exemplary leaders in the mental health field. As a result, an associated methodological limitation of this study is sample size due to its impact on the ability to draw inferential conclusions or generalizations to the larger population.

Sampling Technique

Criterion sampling was used to ensure leaders participating in the study demonstrated a certain level of leadership and certain types of leadership qualities in order to be identified as exemplary. Initial recruitment of exemplary participants began with soliciting participation from award recipients recognized by a U.S. national

organization. In effect, this sampling technique excluded potential leaders in the mental health field who may have had lived experiences with transforming conflict and finding common ground but did not receive recognition and/or did not meet the required criteria.

Geography

This study looked at exemplary leaders in the mental health field in the United States. Having study participants who worked all over the country presented hindrances such as challenges scheduling interviews due to time differences, the inability of the researcher and some respondents to meet in person, and the limited accessibility of the respondents for other means of data collection such as observation.

Time

Interviews were limited to 30-60 minutes per respondent. Length of interview time was a limiting factor. Limiting the length of interviews served to incentivize participation due to leaders' busy schedules. As a result, this methodological limitation impacted the time spent with respondents collecting the data.

Researcher as Instrument of Study

The researcher was an instrument of study for data collection, which greatly influences validity (M. Q. Patton, 2002). This is a limitation of the research due to the researcher's different levels of implicit bias both from designing the study and from having personal experience working in the field of study. Researcher bias impacts expectations associated with outcomes whether that is in negative or positive ways. Researcher bias was addressed in this study through the use of intercoder reliability in the data analysis process, which is further described in Chapter IV.

Summary

A qualitative study using a phenomenological approach was designed to describe and discover how exemplary leaders establish common ground and produce breakthrough results in mental health care by utilizing the six domains of conflict transformation behaviors. Criterion sampling was used to identify eligible participants for the study. The qualitative design of the study allowed for gathering of firsthand accounts from those directly experiencing the phenomenon studied. Interview questions were designed in alignment with the research subquestions of the study to ensure validity and grounding in the purpose. Interviews were recorded, transcribed, and coded in order to identify themes. Analysis of the data gathered from this study contributed to understanding exemplary leadership behaviors for addressing conflict to find common ground and achieve breakthrough results in the mental health field in the United States.

CHAPTER IV: RESEARCH, DATA COLLECTION, AND FINDINGS

This phenomenological study facilitated the discovery of themes and patterns found among exemplary leaders with firsthand experience transforming conflict to find common ground in the mental health field in the United States. Leaders provided qualitative data on their use of conflict transformation behaviors within the following behavioral domains: collaboration, communication, problem solving, process, emotional intelligence, and ethics. In addition to yielding themes and patterns of conflict transformation behaviors utilized among exemplary leaders in the mental health field, this study provided further information about types of conflict, examples of finding common ground, and the intersections between domains when applied in lived experiences.

Overview

In this chapter, the purpose of the study, research questions, methodology, data collection procedures, and population and sample are revisited to provide a summary of the research study design. Following the summary of the research design utilized for this study, the data yielded from the study are presented and findings are discussed. This chapter concludes with a summary of the information and major findings.

Purpose Statement

The purpose of this phenomenological study was to discover and describe how exemplary leaders establish common ground and produce breakthrough results in the mental health field by utilizing the six domains of conflict transformation behaviors.

Research Questions

Central Question

The central question of this research study was, What are the lived experiences of exemplary leaders in establishing common ground and producing breakthrough results in the mental health field by engaging in elements of the six domains of conflict transformation behaviors?

Subquestions

The six research subquestions, which directly correlated with the six domains of conflict transformation, were as follows:

1. *Collaboration*—How do exemplary leaders in the mental health field use collaboration to establish common ground and produce breakthrough results?
2. *Communication*—How do exemplary leaders in the mental health field use communication to establish common ground and produce breakthrough results?
3. *Emotional intelligence*—What aspects of emotional intelligence do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?
4. *Ethics*—How do exemplary leaders in the mental health field use ethics to establish common ground and produce breakthrough results?
5. *Problem solving*—How do exemplary leaders in the mental health field use problem-solving strategies to establish common ground and produce breakthrough results?
6. *Process*—What processes do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?

Research Methods and Data Collection Procedures

To allow for discovering and describing how exemplary leaders in the mental health field utilized conflict transformation behaviors to find common ground and achieve breakthrough results, a phenomenological qualitative study was conducted. The use of a phenomenological study design facilitated this researcher's ability to capture the lived experiences of a specific phenomenon for a specific group of people (M. Q. Patton, 2002). In this study, the phenomenon was the ability to find common ground and achieve breakthrough results in conflict situations through the utilization of six conflict transformation behaviors. After identifying, recruiting, and selecting exemplary leaders in the mental health field in the United States, data for this study were collected through one-to-one interviews. The interview script and interview questions were designed as probes to promote dialogue related to each domain of conflict transformation behaviors: collaboration, communication, problem solving, process, emotional intelligence, and ethics. With the permission of interview participants, each interview was recorded and transcribed. Additionally, supplemental artifacts related to the leaders' work within the six domains were also gathered. Through the interview process, research participants provided qualitative data about how they engaged in each domain of conflict transformation behavior and provided examples based on their lived experiences as exemplary leaders in the mental health field.

Population

The population for this study included executive-level leaders of nonprofit organizations, private businesses, governmental institutions, and state and national

associations serving adults and children with mental illness, developmental or behavioral disabilities, and/or substance use disorders in the United States.

Sample

Criterion sampling was used to define and identify the desired participants for this study (Creswell, 2007). The peer research team determined that in order to be considered exemplary, leaders had to meet five of the following six criteria:

1. evidence of successful relationships with stakeholders;
2. evidence of breaking through conflict to achieve organizational success;
3. 5 or more years of experience in leadership in the mental health field;
4. having written, published, or presented at conferences or association meetings;
5. recognition by their peers; and
6. membership in associations or groups focused on their field.

The purpose of using a criterion sampling strategy in this manner was to verify quality assurance (M. Q. Patton, 2002). The sample selection process began with soliciting participants from lists of publicly recognized award recipients. The award recipients invited to participate in the study had been recognized by a U.S. national organization within the last 4 years for their leadership in the mental health field. The sample selection process also involved soliciting participation from distinguished leaders per recommendations, based on the given criteria, from leaders in the mental health field. The use of the selection criteria in purposeful sampling was then extended to the use of snowballing. Snowballing is another approach for locating and accumulating information-rich key informants by asking a number of people who else should be included (M. Q. Patton, 2002). Upon completing interviews with study participants who

met criteria for the sample population, participants were asked if they could identify other members of the desired population whom they knew. Study participants provided information or facilitated introductions for the recruitment of additional participants for the study.

All prospective study participants received a flyer with information about the study along with a link to a survey designed to collect demographic data and information regarding the prospective participants' fit for the study. Survey responses were reviewed to assess whether respondents met at least five of the six criteria to distinguish them as exemplary members of the target population. Table 1 depicts the criteria met by each of the 12 respondents. The participants selected for the sample exceeded the minimum requirement of meeting five of the six criteria by meeting all six of the desired exemplary leadership traits.

Demographic Data

In addition to the data gathered related to exemplary leadership traits, demographic data also were gathered through the interest survey. Survey respondents self-reported on the name of their current organization, current leadership position and relevant previously held position if applicable, number of years in current role, number of years in the mental health field, number of organizations for which they had worked, age range, and highest level of education (see Table 2). Of the 12 participants selected for the study, the majority held executive director, chief executive officer, president and/or founder, or vice president roles. Three of the participants were former county directors; one moved into a managing director role, and the other two became consultants.

Table 1

Exemplary Leadership Traits of Participants Selected for Sample

Participant	Successful relationships with stakeholders	Experience breaking through conflict to achieve organizational success	5 or more years of experience in the mental health field	Written, published, or presented at conferences or association meetings	Recognition by peers in field	Membership in associations or groups focused on mental health
1	X	X	X	X	X	X
2	X	X	X	X	X	X
3	X	X	X	X	X	X
4	X	X	X	X	X	X
5	X	X	X	X	X	X
6	X	X	X	X	X	X
7	X	X	X	X	X	X
8	X	X	X	X	X	X
9	X	X	X	X	X	X
10	X	X	X	X	X	X
11	X	X	X	X	X	X
12	X	X	X	X	X	X

Lastly, one county court judge was included as an exemplary leader in the mental health field based on her groundbreaking work leading stakeholders to transform how individuals with mental health needs were served through the court system. Personal identifying information including participant names and the specific names of organizations have been omitted for the purposes of protecting confidentiality.

All participants had 5 or more years of experience in leadership in the mental health field whereas the number of years in their respective current roles ranged from 1 to 20 or more. The two sample participants who reported being in their current roles for only 1 to 4 years had previously held leadership positions for at least 5 years, still

Table 2

Demographics of Leaders Selected for Sample

Participant	Title	Years in current role	Years in field	Number of organizations	Age range	Education level	Area(s) of study
1	CEO	5-9	20+	5	41-65	Master's	Macro social work (MSW)
2	Founder/CEO	1-4	20+	8+	41-65	Bachelor's	Music performance
3	Vice president	5-9	20+	6	65+	Bachelor's	Communications & film
4	President	10-14	10-14	1	41-65	High school diploma	Counseling
5	Executive director	15-19	15-19	2	65+	Master's	Child development
6	County court judge	15-19	20+	3	41-65	Doctorate	Politics & public affairs, law
7	Executive director	20+	20+	2	41-65	Master's	Counseling psychology
8	Consultant/ former county director	1-4	20+	4	65+	Doctorate	Clinical psychology
9	President/CEO	10-14	20+	4	41-65	Master's	Social work
10	Executive director	20+	20+	8+	65+	Master's	Law
11	President/ former county director	5-9	20+	8+	65+	Master's	Rehabilitation, counseling psychology
12	Managing director/former county director	1-4	10-14	3	41-65	Master's	Counseling, public policy

meeting the minimum criteria for participation in this study. Eight participants had been in their current roles for 5 to 19 years, and two participants had been in their current leadership roles for 20 or more years. The participants in this study had a range of experience from 5 to 20 or more years. While two participants had been in the field 5 to 19 years, the majority of the participants had been in the field 20 or more years.

Participants reported working within the range of one to eight or more organizations over the span of their careers. Only one of the participants worked for just one organization during his tenure in the field. Eight participants worked for two to six organizations throughout their careers, and three participants worked for eight or more organizations. The participants ranged in age from 41 to 65 or older. Seven participants were in the 41- to 65-year-old range, and five participants were age 65 or older. There was a wide range of levels of educational attainment among study participants. It is interesting to note that one participant had just a high school diploma while others held doctoral degrees. It is also interesting to note that exemplary leaders in the mental health field came from a wide range of areas of study including areas related to child development, counseling, psychology, social work, politics and public affairs, law, communications, and film and music performance.

Presentation and Analysis of Data

The findings presented in this chapter were obtained using anecdotal accounts of the lived experiences in response to scripted questions posed during personal interviews, and triangulation of those accounts and data with artifacts. The findings in this chapter are reported based on the relationship to the central research question and research subquestions.

Data Collection Process and Procedures

The data collection process began with soliciting the participation of leaders who had received national recognition for their excellence in the mental and behavioral health field over the past 4 years by a U.S. national organization. Award recipients with publicly listed contact information were sent a personalized e-mail thanking them for

their contributions to the mental health field, identifying them as exemplary leaders, and offering the opportunity to participate in the study. A flyer with detailed information about the study, including the purpose of the study, what made the identified leader a good candidate for the study, information about the commitment asked of research participants, and information about the researcher, was inserted into the body of the e-mail (see Appendix C). Entry into a raffle for an electronic device was also advertised to encourage participation. Leaders contacted were asked to complete a brief survey if interested in the study to ensure they met criteria for participation (see Appendix D). A direct link to the survey was included in the body of the e-mail. Through this method of outreach, 82 leaders were solicited, and nine responded within a 1-month period. Of the nine respondents, seven met the criteria for participation. This researcher concurrently proceeded to identify qualified and interested study participants by means of purposeful sampling. Through asking personal contacts within the mental health field for recommendations for study participants based on the study topic and criteria for exemplary leadership, five additional participants were identified. Lastly, once interviews began, this researcher also employed a snowball sampling approach by asking for referrals from the study participants upon conclusion of interviews. Through this method, two additional participants were identified, and one became a study participant. In sum, 12 respondents who met the criteria as exemplary leaders expressed interest in participating in the study.

Once interest-survey responses were reviewed and approved, respondents received a follow-up e-mail thanking them for their interest and outlining suggested dates and times for scheduling an interview. This correspondence included a research study

invitation letter, the participant bill of rights, and an informed consent form (see Appendices E, F, and G). Study participants were required to return the signed informed consent form prior to scheduled interview times. For participants outside of Northern California or for those participants within the region who identified the preference, interviews were coordinated online or by phone. For interview participants within Northern California who were available and willing, interviews were conducted in person. With participant consent, all interviews were recorded and transcribed. Additionally, this researcher took notes during interviews in order to identify potential emergent themes to help preliminarily facilitate the coding process.

Collection of Artifacts

At the end of each interview, once the participant had responded to all of the script questions, this researcher asked if the participant could identify an artifact related to the content discussed during the interview that was reflective of her or his use of the six domains of conflict transformation. Ten of the 12 participants responded affirmatively and procured the identified artifacts to corroborate information shared via responses to the interview script questions. Those who did not provide an artifact either no longer had access to related materials or could not identify a particular related artifact. Supplementary artifacts obtained from participants included newsletters, published articles, and organizational material in the form of overviews, handouts or web page resources, meeting notes, and strategic planning documents.

Intercoder Reliability

Prior to coding the interview data, this researcher collaborated with a secondary researcher to ensure intercoder reliability by exceeding a minimum of 10% of the data

being double coded for 80% or greater agreement (see Appendix J). These standards were determined based on recommendations from Lombard et al. (2010) for supporting reliability in the content analysis process for qualitative research. This process facilitated this researcher's ability to describe emergent themes within each domain and served to increase the overall reliability and validity of the research study findings. Upon arriving at 80% and above agreement on frequencies or number of references to each theme for two out of 12 interviews (15.4% of the research), the themes derived from the intercoder reliability process were utilized for coding the remaining 11 interviews, allowing for the discovery of trends across the complete study sample.

Results for Central Research Question

The central research question addressed in this qualitative study was, "What are the lived experiences of exemplary leaders in establishing common ground and producing breakthrough results in the mental health field by engaging in elements of the six domains of conflict transformation behaviors?" To initiate dialogue focused on the central question, all interviews began with the general question, "Can you share a time when you were faced with a conflict in your organization and you developed common ground with stakeholders in order to break through the conflict?" The general question was followed up with one or more exploratory questions targeting gathering information specific to how each participant utilized or engaged with each of the six behavioral domains.

Themes from general script question. The responses to the opening script question yielded themes related to the types of conflict identified by mental health leaders and their general approaches to finding common ground.

Types of conflict identified by mental health leaders. All interview participants described one or more instances involving conflict in their organizations. For the purposes of this study, the peer research team defined conflict as any cognitive, emotional, and behavioral dimension that differs from another cognitive, emotional, and/or behavioral dimension individually or collectively. There were two themes that were present in the examination of types of conflict identified by mental health leaders: lack of resources and differences in philosophy. Seventeen references were found describing a lack of resources as a type of conflict experienced by exemplary leaders in the mental health field. Differences in philosophy were described as a type of conflict 14 times (see Table 3).

Table 3

Types of Conflict Identified by Mental Health Leaders

Emergent themes for conflict	Frequency
Lack of resources	17
Differences in philosophy	14

Lack of resources. A lack of resources was found to be a theme of types of conflict described by exemplary leaders in the mental health field. This type of conflict seems to be derived from organizations within the mental health field being interconnected in a dynamic and changing system with competing needs. One respondent described how diminishing resources in the public health system impacted access to mental health services:

We've had this problem that's ongoing. As hospitals shut down and more and more people were released, there weren't enough services for the people that were out there. And states have been cutting mental health budgets for over a decade now. Some states are increasing them again, but by [and] large, they've been cutting since the mid-2000s, so services are getting harder and harder to get, and there are more and more people in the community needing them.

Another example of systems conflict described in response to the general script question highlighted the lack of resources for mental health services through community-based services, the county, and the county jail:

Our community had already gone through a grand jury investigation of our community-based mental health system, our jails were overcrowded, there was a civil class action filed against the county and the county jail and the sheriff for lack of mental health treatment in our local jail.

Literature on collaboration in the mental health field corroborates this finding that scarcity of resources drives conflict, especially as it relates to organizations or institutions having to work together (Darlington & Feeney, 2008; LeBaron, 2003; Sacks et al., 2013).

While a lack of resources, and conflict in general, implies a negative connotation, there are situations where exemplary leaders have found opportunity when faced with this type of systems conflict. One leader described how he was able to transform the lack of access to resources from a source of conflict to an opportunity for innovation:

The conflict that I faced is not really a bad one—conflict usually has a bad connotation, but the opportunity I have essentially is to give people who cannot afford a therapist an alternative for self-care that did not exist before.

This finding of how some exemplary leaders have leveraged conflict as a catapult for innovation was also reflected in research on systems of care (SOCs) where conflict was found to be critical to growth so much so that conflict was promoted, normalized, and encouraged (Blanch et al., 2015). The concept of transforming conflict is integral to the framework for finding common ground.

Differences in philosophy. Many examples of conflict situations described by exemplary leaders in the mental health field were rooted in differences in philosophy. This included philosophical differences between the mental health system and agencies operating within that system. Conflict rooted in differences in philosophy also appeared when agencies were working together or among agencies where there was an intersection of serving the same demographic of people. Some of these examples included law enforcement asking a treatment center to disclose when a client comes to the center, a social service institution demanding that a mental health organization readmit a client even though the client was refusing to engage in a reentry-and-resolution process, and a mental health organization adopting an evidence-based practice for probation youth but then finding that the model was antithetical to the philosophy of the agency.

One of the exemplary leaders described an example of a time when differences in philosophy between congressmen and the general interest of his organization could be overcome, but the differences in philosophy regarding how to engage with the politicians whose efforts were contradictory to the beliefs of the organization caused long-term dissension:

Some of the legislation that has come through Congress in the past 2 years, the main legislation, has come through by some very conservative congressmen, and

the initial legislation proposed was very unattractive for our community; it was a lot about forced treatment, and it really upset the community. We took the stand that we would continue to work with those congressmen to try and improve it, and we have, in the past 2 years, gotten rid of mostly all of the objectionable parts of it. But in this process, we ended up alienating a large part of the peer community, and my job is that connection to the peer community—that's what I do.

For conflict like this to occur when individuals or organizations come together or interact but have underlying differences including missions, mandates, priorities, and views is acknowledged as normal and expected. According to research on conflict as described in the review of literature, there is potential for destructive intergroup conflict wherever important differences such as these exist between groups (Blanch et al., 2015; Darlington & Feeney, 2008; Fisher, 2006).

General approaches to finding common ground. In tandem with providing examples and describing types of conflict, all participants acknowledged and described their experiences of how they transformed the conflict to find common ground. For the purposes of this study, the operating definition of common ground as defined by the peer research team is an interplay of intentions of people from different sociocultural backgrounds, differences, and cultures while finding a foundation of common interest or comprehension. Two emergent themes for finding common ground arose from participant responses: focusing on a collective vision and aligning resources. Twenty-three references were made related to focusing on a collective vision, and 21 references were made related to aligning resources (see Table 4).

Table 4

General Approaches to Finding Common Ground

Emergent themes for common ground	Frequency
Focusing on collective vision	23
Aligning resources	21

Focusing on collective vision. Exemplary leaders shared how focusing on a collective vision was a general approach utilized to help achieve common ground. In some cases, finding common ground was simply a result of coming together around common interests when there were efforts otherwise occurring in siloes or when institutional objectives seemed to be conflicting. For example, one leader described how focusing on a collective vision began with realizing that there was actually already common ground to build on:

It started off with us going in and offering to do training for their [other organization’s] staff. How do you deal with a person who is in a mental health crisis? How do you deescalate it so that it is not a problem for you but also the best outcome for that individual? So, we kind of opened the door there. And then we began to talk about these problems of, “Wow, the jail’s budget for psychotropic medications has quadrupled over the past 10 years.” They’re not liking it, and neither are we. We don’t want people to be forced to take medication, and certainly not in jail.

So, we start to have those conversations on a local level with a county jail, county judge, and then they began to introduce us to other people around the state, and eventually we started to make these national connections. . . . We are not best

friends by far, but we are realizing we have common interests, and so there are things we can work together on.

In other experiences of finding common ground, exemplary leaders described how focusing on a collective vision led the parties involved out of direct conflict, as was the case in this example:

Peers were fighting managed care as hard as they could, kicking and screaming, but [it] was inevitable that it was coming, and more and more states realized they had to use that type of management to get as much service as possible. We found out after a year or two, maybe after the second year, that we had a lot in common with managed-care companies, and that was that we want to see people do better because their lives are better, they live in the community, they feel better about themselves, and they become productive members of the community again.

Managed-care companies want to see people do better because they're not coming back in for services so much, they're not in the hospital so much, and they're not repeat users of service. But we want the same goal: We want people to get better. So, we have found ways to work together using those things.

Aligning resources. Exemplary leaders described how aligning resources was a significant aspect of finding common ground. Leaders provided accounts of how alignment of resources led to finding common ground by creating opportunities for increased equity and efficiency when organizations worked together. One leader explained that aligning resources to find common ground was something he identified as an opportunity when developing his business model:

To meet that opportunity, I thought that the very best way of doing it would be to form a business that could charge for its services in the sectors that could afford to pay and then use those funds to subsidize outreach to veterans and others where there is no money for being able to treat stress well. And that model worked pretty well.

There were also accounts of times when both utilizing a focus on a collective vision and aligning resources were essential to finding common ground and served as a premise for innovation, as was the case in the following example:

And more importantly, I think one of the stakeholders in collective impact are the people doing the funding. So, grant makers oftentimes will say, “Hey, we realize this hasn’t worked; we want to use our money wisely, so you providers get together and show us a collective impact model and we will consider funding it.” . . . We are all players in this: the people who provide the services, the people who pay for them, and the people who receive them.

Another participant described a similar example:

Basically, what happened is the two leaders, meaning executive director of First 5 and myself, came together, and she said, “Is there some way that we can make social-emotional learning available under Medi-Cal and develop some services under Medi-Cal because I’m investing in early childhood social-emotional programming, and it’s all in the mental health realm, but none of it’s being billed.” She basically just said, “How might this work?” and we had a public conversation about it: “I am doing this; you have an interest in this. It seems like there might be a way that we could do it better and leverage the resources that we

both have to have a better service for kids.” And we, in fact, worked out a way to leverage Medi-Cal by entering into a contract with us, behavioral health, and giving us dollars towards development of a system of care. . . . The leadership of the two organizations really sponsoring this, being committed to it, being willing to enter into formal agreements about how we could do things better ended up in producing a 2-million-dollar investment, now a 15- to 16-million-dollar system of care for kids under 5. . . . Totally sustainable, and the partners on both sides are both very knowledgeable now about the way the other system works and much more willing now to seek more partnerships and to explore more creative and innovative ways to do things together.

These examples highlight how finding a foundation of common interest can precipitate breakthrough results. Also highlighted by these two examples is a fairly direct correlation between the themes identified for types of conflict and those identified for finding common ground. Specifically, while differences in philosophy were identified as a type of conflict commonly experienced by leaders in the mental health field, exemplary leaders described focusing on a collective vision to transform conflict. Likewise, while a lack of resources was identified as a major type of conflict in the mental health field, there was a theme of exemplary leaders’ using alignment of resources to transform conflict and find common ground.

Results for Research Subquestions

The research subquestions for this study were designed in accordance with the six domains of conflict transformation: collaboration, communication, emotional

intelligence, ethics, problem solving, and process. The research subquestions were as follows:

1. *Collaboration*—How do exemplary leaders in the mental health field use collaboration to establish common ground and produce breakthrough results?
2. *Communication*—How do exemplary leaders in the mental health field use communication to establish common ground and produce breakthrough results?
3. *Emotional intelligence*—What aspects of emotional intelligence do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?
4. *Ethics*—How do exemplary leaders in the mental health field use ethics to establish common ground and produce breakthrough results?
5. *Problem solving*—How do exemplary leaders in the mental health field use problem-solving strategies to establish common ground and produce breakthrough results?
6. *Process*—What processes do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?

Responses to the subquestions for this study yielded myriad data related to each of the domains of conflict transformation. Of the six domains, communication and process were referenced the most at 61 times each, with collaboration trailing just slightly behind with 59 references. References to the remaining domains of emotional intelligence, ethics, and problem solving all fell within the 45 to 47 range of frequency (see Table 5).

Table 5

Participant Use of the Six Domains of Conflict Transformation

Domain	Frequency of references
Communication	61
Process	61
Collaboration	59
Emotional intelligence	47
Problem solving	47
Ethics	45

The narrow spread between frequency of references for each of the domains of conflict transformation behaviors suggests that all domains held importance according to study participants. The analysis of the percentage of references per domain based on the total number of references coded further reinforces the suggestion that the domains of conflict transformation behaviors appeared to be used in a contemporaneous fashion by exemplary leaders in the mental health field (see Figure 1).

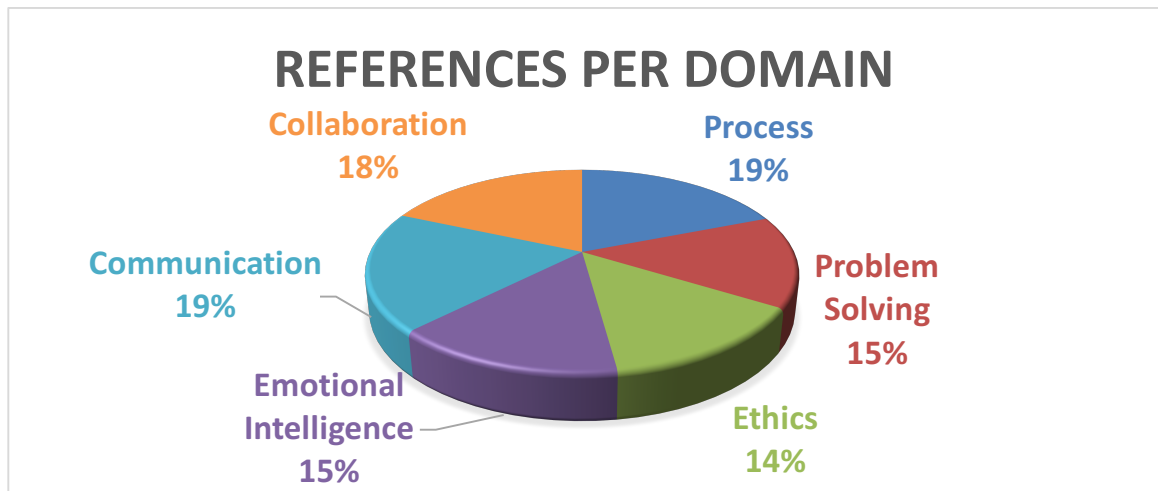


Figure 1. Percentage breakdown of references per domain.

The percentage breakdown of the data shows how respondents described all six domains of conflict transformation operating as an integrated group of skills for transforming conflict and finding common ground. Additional findings of emergent themes were gathered based on the data examined from each research subquestion.

Collaboration themes. The first research subquestion was, “How do exemplary leaders in the mental health field use collaboration to establish common ground and produce breakthrough results?” The peer research team defined collaboration in this context as the ability to involve others in a mutually beneficial and accountable manner, which allows for achievement or acceptance of agreed-upon goals. All interview participants were asked one of three probes related to the domain of collaboration, which led to the finding of two themes related to the subquestion. Within the domain of collaboration, interview participants commonly described facilitating teamwork and honoring shared interests, values, and agreements. When study participants described instances where they used collaboration to transform conflict and find common ground, they collectively made reference to facilitating teamwork 32 times and honoring shared interests, values, and agreements 27 times (see Table 6).

Table 6

Themes Related to Collaboration Subquestion

Emergent theme	Frequency of references
Facilitating teamwork	32
Honoring shared interests, values, and agreements	27

Facilitating teamwork. The following excerpts from participant responses delineate how leaders engaged in facilitating teamwork when utilizing collaboration to

transform conflict and find common ground. One leader described his experience using music to facilitate effective collaboration:

The team-building aspect of music is transformative. . . . Working with music, you can create connections in that team where there wasn't one before. And that's a really important part of what it takes to make an effective collaborative, right? So, you get people out of protecting their turf and more towards at least an openness to talk about what might happen if they didn't.

This example addresses the importance of building connections to break down barriers and promote openness. This finding is consistent with recognized theories of group development and specifically addresses the need for leaders to facilitate group formation and solidarity (Jones & Bearley, 2001).

Building on the need to establish connections to promote collaboration, leaders emphasized that relationships were a fundamental aspect of creating the circumstances for effective teamwork. One leader described,

So much comes down to relationship. And so many levels, it just ultimately has to be about, "Do I trust this person across the table, are we really on the same page, are we looking at the goal in the same way, trying to achieve the same goal?" Ultimately, we settled the situation and gave things we probably preferred not to give but also got things we didn't expect to get.

In this particular situation, establishing a trusting relationship helped facilitate effective teamwork wherein outcomes that exceeded expectations were attained through collaboration. Leaders further described how once relationships were established, it became easier and easier to work effectively as a team and engage in collaboration.

Leaders described how they sought to identify shared interests to establish a foundation for working together. The following excerpt highlights how one of the respondents utilized a proactive stance to establishing relationships to promote effective collaboration:

It took a lot of networking, it took a lot of meetings, and actually joining a lot of committees . . . getting to know these people who are a part of these organizations other than mine. . . . And getting the word out there that, “Hey! We’re here, we want to collaborate. How can we work together?”

Research in organizational leadership is consistent with this finding that exemplary leaders utilize relationships to promote effective collaboration and find common ground. Studies have shown that friends work more effectively together than groups of acquaintances and that people are more willing to listen to someone they trust (Jehn & Shah, as cited in Kouzes & Posner, 2003).

Expanding on the concept of relationships, leaders further described team composition and promoting ownership among collaborators as a key aspect of using collaboration to find common ground and achieve breakthrough results. Leaders recognized how key relationships can bring a collaboration together. In one scenario, a respondent explained how having key relationships was critical to facilitating effective teamwork:

We have 58 departments, and to try to get something done quickly is a challenge. So, having a body created by the policymakers themselves . . . then we had the ear of the policymakers to help us resolve issues that required policy change—it happened much quicker as a result of the board appointing this committee and for

them to identify leaders within the various departments to work together and resolve issues.

Another aspect of facilitating teamwork described by respondents was empowering team members once teams were established. One respondent asserted that collaboration was about “empowering your team and getting out of the way.” Together, this set of participants’ references to breaking down barriers, harnessing and fostering trusting relationships, being intentional about team composition, and empowering team members constitutes the subtheme to collaboration of facilitating teamwork. Facilitating teamwork supports the foundational aspect of collaboration of involving others.

Honoring shared interests, values, and agreements. The other theme identified in responses to the subquestion under the domain of collaboration was honoring shared interests, values, and agreements. Leaders commonly referenced identifying shared interests as elemental to using collaboration to find common ground. The following quote provides a vivid example:

We began to talk about these problems of, “Wow, the jail’s budget for psychotropic medications has quadrupled over the past 10 years.” They’re not liking it, and neither are we. . . . So, we start to have those conversations on a local level with a county jail, county judge, and then they began to introduce us to other people around the state, and eventually we started to make these national connections. . . . We are not best friends by far, but we are realizing we have common interests, and so there are things we can work together on and benefit both of us.

Another participant provided the following example:

What we had done was to put together a stakeholder group that covered the spectrum of stakeholders throughout the state on residential care, and out of that grew a census document. . . . So, we brought everybody together, and we met monthly for about nine months to go through every piece of it until we got a document that everybody said, “Yeah!”

The following quote provides yet another example of identifying shared interests:

It really kind of forced at least education and mental health to partner in a major way in order to settle all the things that were happening in the community at large. . . . And there was recognition that there was tremendous value in embracing and bringing in mental health professionals in schools . . . recognition that that kind of collaboration is necessary in order to achieve the outcomes that everybody wants for kids.

In all of these examples, identifying shared interests served as a premise for collaboration, which then led to attaining breakthrough results. Once engaged in collaboration, leaders described the importance of honoring shared values and agreements to promote cohesion and accountability. One participant identified an important question:

What is our common set of values? . . . So, if we could all recalibrate a little bit and come to a common starting place, then it’s not focused on collaboration from your own perspective towards the center, but we get to the center first.

Another participant noted,

Most of the situations where I've had to deal with a conflict situation, whether it was a very big stakeholder group or even one to one, was sort of finding that common value base that people can really hold on to.

As described by one participant,

You have to know your population carefully and know it block by block, by zip code, disaggregated by race, by class, by—you know, it has to be thorough and complete. And then you actually have to respect the multiple partners and players that you are looking to collaborate with . . . and then common understanding of the problems being addressed, careful attunement to process and participation, continuous quality reflection. . . . At every point, you revisit, “Are the right people at the table? Are we meeting our agreements? Can we do what we say we are going to do?”

These accounts highlight the participants' successful attempts to involve others in a mutually beneficial and accountable manner to achieve agreed-upon goals.

Overall, it was found that exemplary leaders in mental health care commonly used collaboration to establish common ground and produce breakthrough results by facilitating teamwork and honoring shared interests, values, and agreements. An artifact collected that was reflective of both of these subquestion themes was an organizational newsletter, which outlined how one of the executive directors led his organization through a process of identifying seven commitments during a challenging time of organizational change. The artifact explicitly described how the seven commitments help facilitate teamwork as well as provide a framework for honoring shared interests, values,

and agreements. For example, the commitment to democracy acknowledges a value that every voice counts and holds leadership accountable for getting stakeholder input for decision making. In interview responses, exemplary leaders described how they used the strategies of breaking down barriers, harnessing and fostering trusting relationships, and thoughtfully composing and empowering teams to successfully facilitate teamwork and maximize involvement of others. When reflecting about how they used collaboration to transform conflict, exemplary leaders also described experiences when they were able to involve others in a mutually beneficial and accountable manner to achieve agreed-upon goals by honoring shared interests, values, and agreements.

Communication themes. The second research subquestion addressed in this study was, “How do exemplary leaders in the mental health field use communication to establish common ground and produce breakthrough results?” For the purposes of this study, communication is defined as the transferring of meaning from sender to receiver, while overcoming noise and filters, so that the intended meaning is received by the intended recipient. Three themes were illuminated related to this subquestion based on participants’ responses to one of two questions related to their experience utilizing communication to find common ground. Thirty-four references were made to the theme of establishing a norm of authentic communication. The theme of systematizing the sharing of information was referenced 16 times. Lastly, 11 references were made to the theme of developing a common language (see Table 7).

Establishing a norm of authentic communication. Exemplary leaders identified that establishing a norm of authentic communication was essential to using communication to transform conflict and find common ground. This included actively

Table 7

Themes Related to Communication Subquestion

Emergent theme	Frequency of references
Establishing a norm of authentic communication	34
Systematizing sharing of information	16
Developing a common language	11

listening, making space for conversations, and being genuine and respectful in all forms of communication. Participants echoed that establishing a norm of authentic communication held greater importance in using communication as a conflict transformation behavior than focusing on the logistics or organizational systems intended to promote effective communication, although it was noted that these aspects of communication are important as well. One participant provided this critique of the limitations of typical lines of communication in organizations:

Leadership really has a tendency to put a lot of effort into newsletters and e-mail and memos, and we do a lot of that too. But it’s very, sort of leader centric that way, whereas if you really tend to relationships and people aren’t afraid to ask dumb questions and to knock on your door, in a genuine way that they are going to be respected and they’re going to get answers to their questions, then that I have found is the most effective form of communication and has the least amount of efficiency in it.

Being authentic and honest, which in turn supports developing trusting relationships, was also highlighted in participant responses. One director described,

A big part of communication is . . . authenticity and honesty. We tend to get nervous about uncomfortable conversation: HR [human resources] stuff around it,

“legalese” around it, having hard conversations with folks, we can say this, we can’t say that. But I just found having an authentic conversation diffuses a lot of that.

Another participant reiterated the importance of listening as a critical facet to establishing a norm of authentic communication. He asserted, “I think in a nutshell, I just listened, and that was the main thing—actively listened.” The importance of utilizing listening at all times was further emphasized in this response from another participant:

It starts right from the beginning where just creating a norm where listening plays a key role. So, I always start out by listening to people, and I think once that’s established and it’s clear . . . I just do it, and once that happens, it just becomes a normal part of the whole communication process.

Collectively, leaders described how once a norm of authentic communication had been established, it served as a foundation to use communication to move situations out of conflict and toward finding common ground. One exemplary leader described,

What I have found have been my strengths in terms of getting the situation out of conflict and into some sort of agreement was in fact the empathy and ability to really make space in a conversation, to completely hear what one side and the other is experiencing and the ways it’s being experienced.

Another exemplary leader provided a specific example of when establishing a norm of authentic communication was critical to transforming a conflict situation and gaining the trust of stakeholders:

The Korean Clergy went to the board of supervisors and said that they would never, the Korean population would never go to a center/mental health program

where a Japanese person was the director because of their history. And so, that was startling for me. In many ways, I had to compensate for that so they understood I would be this unbiased leader to look out for their interests and everybody else's interests. By the time I left that position, the Korean community were my biggest supporters. But I had to make a real effort to gain their trust and make sure I went to all of their events and treated everybody ultra-fairly. Not always in their favor, but they always knew it was done with thought and without bias.

Not only does this example capture the leader's experience establishing a norm of authentic communication, but it also shows traits of cultural intelligence. According to research, culturally intelligent leaders are able to "understand cultural difference and their manifestations" and "recognize their biases, assumptions, and cultural frameworks" (Moua, 2010, p. 7). This type of self-efficacy is also quintessential to the domain of emotional intelligence.

Systematizing sharing of information. Exemplary leaders described how establishing systems to share information served them in using communication to find common ground. Participants made a variety of references delineating the different systems they established to systematically share information with stakeholders. For example, one leader shared how she routinely solicited feedback and made sure to share that feedback back out to stakeholders:

I always invite audience involvement, and I always take note of what they have to say; even if I do not agree with it, it is still a valid opinion for us. And then we try to reflect it back to the community in our own communications: newsletters and

our e-blasts that we send out. We try and say, “Here is what we think you are telling us,” and reflect it back to them to make sure we are hearing them right.

Another participant described how convening monthly with local leaders was a helpful system for sharing information that supported utilizing communication to find common ground:

The heads of the local nonprofits as well as the state-funded mental health agencies, we meet every other month. People bring in what’s going on and share what’s happening so that we know if one of our agencies’ changes will have an impact on somebody else’s agency.

Stakeholders’ convening in the form of a task force was referenced by another participant as a means of actually discussing and planning systematic shifts needed for more effective communication, as is described in this excerpt:

So, we created task forces that would allow the sharing of information legally between the different departments and different entities . . . finding ways to be able to communicate more effectively to again benefit the children and families that you are serving.

All of these examples reflect a proactive stance to designing methods and spaces to seek, gather, and share information among stakeholders including community members, with other agencies engaging in intersecting work, and across departments and entities within the same organizations, regions, or arenas. Research in the area of communication has indicated that preemptively and strategically planning communication efforts, including who, what, when, where, and how communication will happen in an organization, is essential to cohesion and working together (Culwick &

Wallace, 2013). This connection to strategically planning for how communication will happen emphasizes the correlation between the domains of communication and process, which leaders described applying together when systematizing the sharing of information.

Developing a common language. Exemplary leaders provided many examples of how developing a common language across stakeholders enabled them to use communication to support conflict transformation. One leader provided a reflection about recognizing the need to create a common language:

What we found were that folks, that even if they could rationalize that the change was in their best interest, they were resistant because it affected them in some way or another. What we ended up having to do, I guess the best way to say this is, first we had to create a common language so that we weren't all talking from multiple perspectives.

This particular leader went on to describe how he led his organization through a process of identifying seven commitments or guiding principles that served to sculpt a common language. Establishing a common language based on core organizational values enabled conversation to always be grounded in or redirected to a commonly understood collective purpose. As discussed in the review of literature, novel language forms, such as this leader's development of the seven commitments, provide the foundation for leaders to influence change by shaping interactions, clarifying concepts, and facilitating learning as a social process (Culwick & Wallace, 2013; Kegan & Lahey, 2001).

Another leader reflected on the significance of using a common language in this example: "We used to call ourselves consumers; most of us call ourselves peers now. We

are people who live with mental illness. It's just a word. It means nothing, but we have to have some kind of joint identity.” In this case, using the terminology of *peers* neutralizes the relationship between the user and the provider of mental health services, shifting the connotations of hierarchy inherent in terms like *consumer* and *provider*. As was also discussed in the review of literature, common language can augment stakeholder understanding of how each party contributes (Bailey, 2013). Establishing common definitions for terminology, such as goals, operations, services, and so forth, provides further clarity and fosters shared purpose.

Overall, exemplary leaders found success in using communication to transform conflict when they were able to develop a common language, establish a norm of authentic communication, and systematize sharing of information. An artifact provided that showcased how communication was integrated into utilizing the domain of process was a strategic plan. The strategic plan for this mental health organization serving children described using dialogue to create a common understanding as an essential part of the process before moving forward. These approaches enabled leaders to convey intended messages in ways that allowed for mitigating conflict proactively as well as during times of conflict.

Emotional intelligence themes. The third research subquestion addressed in this study was, “What aspects of emotional intelligence do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?” The peer research team defined emotional intelligence as the self-awareness of one's own emotions and motivations, and the ability to understand the emotions of others in social settings, which allows for management of behavior and relationships. All participants

were asked one of three possible script questions related to their experience utilizing emotional intelligence. The analysis of these responses generated two themes: using self- and social awareness to identify strategies for facilitation and recognizing the role of emotions. Collectively, participants made 19 references to recognizing the role of emotions particularly in conflict situations. They made reference to using self- and social awareness to determine facilitation moves 28 times (see Table 8).

Table 8

Themes Related to Emotional Intelligence Subquestion

Emergent theme	Frequency of references
Using self-awareness and social awareness to identify strategies for facilitation	28
Recognizing role of emotions	19

Using self-awareness and social awareness to identify strategies for facilitation.

Exemplary leaders described how they used self- and social awareness to manage a variety of situations involving conflict. This aspect of emotional intelligence influenced a wide range of leadership decisions or facilitation moves ranging from self-conduct to using leadership strategies to avoid or transform conflict situations. In one example of using the self-awareness aspect of emotional intelligence, a leader described learning to modify his language and overall affect when engaging with others during times of conflict:

I was hurting and responded aggressively. And then I learned, I was constantly looking over my own shoulder and realizing the reaction I was getting from

people around me. And then having to modify what I say or how I said it or the expression on my face or how I stood.

Another leader described how utilizing self-awareness as an aspect of emotional intelligence also meant being aware of the emotional stress that comes with being in a leadership role:

I think if I operate with integrity and am confident in that, on a daily basis, then I can muster and manage either the emotional stress that comes with the job or the questioning because that is part of the job, right? People question decisions you [make]; they blame you for the things that go wrong and very often for the things that go right.

Along these same lines of self-awareness, another leader described emotional intelligence for exemplary leaders in the mental health field as “dodging the slings and arrows but standing strong in affirmation!”

Leaders also reflected on how they used social awareness to transform conflict situations. The following quotes illustrate how two exemplary leaders in the sample described reading the group or using their emotional intelligence to formatively assess the climate before determining how to approach finding common ground. One leader stated,

Well, you definitely have to read the other people you are working with, and what comes to mind is time, place, and manner. Sometimes you realize that this isn't the time to have a particular conversation, or there is a bad history between me and this other person or between these two people and decide we need to bring someone else into the room—and someone who can gain the trust of these people.

The second leader noted,

I think it's really important to name things, you know, sort of name it for the group, like this is a charged issue and we all have strong feelings about it, and I can sense that. And also, just sharing including for myself. So, we just have to recognize that it is a very charged issue and maybe give some sort of strength-based attribute to that phenomena [*sic*], which is that it means it's very important to all of us.

On some occasions, leaders described using social awareness to allow conflict to arise intentionally to support and promote the growth and development of others or the group:

I can usually feel a problem coming down the pipe. So, if someone is going to act out in a funky way, I used to try to steer the river and to deflect it so that they didn't go there, which then meant they didn't feel ashamed, they didn't have to correct. And so, I think I may have gipped some people out of learning opportunities by doing that. So, I sort of backed up, and I allow more of a problem to happen now so that people can solve it.

Another finding was that there was a clear interplay between using self- and social awareness as a key aspect of emotional intelligence. One of the leaders involved in the study described how the need for utilizing this aspect of emotional intelligence was heightened when working for a culturally diverse population:

I mean, the cultural differences were huge. My knowledge base of where people were coming from and how they perceived seeking services, for example, was so different. And so, it brought to my awareness, as a leader, that there is so much for me to understand that I don't understand . . . how I really need to be in tune

with where the people came from, what their perceptions are, how they perceive the world differently than I did, and multiply that by the diversity in California or L.A. or wherever.

Research on cultural intelligence has drawn a connection between the use of emotional intelligence and how it becomes necessary to have a heightened sense of self-efficacy when entering new or unfamiliar cultural contexts or environments (Moua, 2010).

Another leadership approach for finding common ground when cultural differences are a factor is to consider the composition of the leadership team within the context of the community, as described in this example:

I made it a point to try to establish a leadership team within my operation that reflected the community, and it made a huge difference as well. I think it's important for leaders to understand the nature of the multicultural workforce.

That is essential to provide the best possible services that you can by having those perspectives that you may or may not have.

In this case, the exemplary leader had utilized the domains of ethics, problem solving, and collaboration in addition to emotional intelligence.

Lastly, one exemplary leader described using emotional intelligence to facilitate stakeholder engagement in a common experience that transcends the conflict in this leadership reflection:

There is a level of synchrony that happens when you make music together or listen to it together that doesn't happen in any other way. And you don't know it's happening. It's not like someone says, "Now we are going to take your

emotional intelligence from a 10 to a 20,” but that kind of happens; it bypasses the analytical part of the brain and gets into the part that is more about connection.

This type of practice was also found as a strategy for utilizing the domain of collaboration for finding common ground.

Recognizing role of emotions. Exemplary leaders in the mental health field reflected on moments when they recognized the role emotions were playing in given conflict situations. One leader described always trying to remain cognizant of the role of emotions as one way he used emotional intelligence to transform conflict situations:

And one of the things that I always try to go back to, one of my board members said this to me a long time ago, and I say this a lot, what is the ask underneath the complaint? Like if someone is complaining at you, trying to understand what’s underneath that. It is not because this person is mean and nasty—most of the time; it’s because they are trying to communicate something that is a real concern.

Utilizing the aspect of emotional intelligence in this way can serve to help move toward productive conflict where there is an exchange of differing ideas. Recognizing the role of emotions for stakeholders also means exemplary leaders are honoring their experience, feelings, and voices. Another leader described naming when he recognized the role of emotions:

I couldn’t really reconcile what was happening up until I could sort of name it for them, as a collective, not for anybody else, but as an agency to say, “I understand the resistance, the fear.” So, it was really giving them an understanding of the indicator. And that is where the seven commitments came from.

In this particular example, the leader recognized the fear associated with organizational change. He found that he was able to use this aspect of emotional intelligence to abate those fears by leading his organization through a process of establishing seven commitments or core values that all stakeholders could agree on to drive decision making and guide all changes in the organization.

Another way leaders described recognizing the role of emotions was through a focus on perspective taking:

As time went by, we found that you can only get so far when you are advocating from anger because if you walk in that room and start off with anger, there is a good chance that people are going to shut you down and you're not going to get your point across.

By taking the perspectives of the other stakeholders around the table, this leader provided a self-reflection as a peer in the work who went through the process of recognizing how acting out of a place of anger was actually hindering progress toward desired outcomes. Two other respondents described the importance of perspective taking by considering the holistic context of the emotions that were surfacing for stakeholders. The first leader stated,

A big piece we discovered was that folks go through their story first, and they really had to believe you understood things from their perspective. Not necessarily that you agreed with them but that you got it. It wasn't just an intellectual getting, it was an emotional getting, that they got at some visceral level how upset the other person was. . . . You had to get it from that gut-level perspective.

The second exemplary leader explained,

And the second piece is really tuning into how much of a stake others in the room have in the issue. . . . Where do the various partners in this particular situation stand from a position and an emotional position around the situation?

One leader further described how exemplary leaders recognize the role of emotions for stakeholders at all times, not just in times of conflict, by explaining that he used emotional intelligence to “be present personally but not take transgression personally. People want to see that you are real and feel and know that you care.” In addition to commonly using this aspect of emotional intelligence of recognizing the role of emotions, exemplary leaders also shared how they commonly used self- and social awareness to allow for the management of behavior and relationships.

In summary, it was found that exemplary leaders in the mental health field utilized emotional intelligence to transform conflict and find common ground by using self- and social awareness to determine leadership facilitation moves and by recognizing the role of emotions for stakeholders. A key artifact collected that provided several in-depth references to utilizing emotional intelligence to transform conflict was a published article written by one of the respondents. The article described a call for civil discourse where all parties’ views are equally respected and morale of all parties is validated during times of conflict. The article further explained how approaching policy change in emotionally charged contexts requires leaders in mental health to step back to analyze triggers, emotions, and motivations driving conflict. In the examples provided, leaders often described utilizing emotional intelligence in tandem with other domains of conflict transformation such as collaboration, ethics, and problem solving. It was also found that

there was a strong correlation between emotional and cultural intelligence, especially for leaders working in the context of diverse populations.

Ethics themes. The fourth research subquestion addressed in this study was, “How do exemplary leaders in the mental health field use ethics to establish common ground and produce breakthrough results?” Ethics, according to the peer research team, is defined as human beings making choices and conducting behavior in a morally responsible way, given the values and morals of the culture. Participants were asked one of two script questions regarding their experiences with conflict involving ethical or moral dilemmas. Two themes emerged describing how leaders used ethics to navigate the dilemmas they identified: placing client needs first and understanding the experiences of those being served. Leaders’ utilizing ethics by placing client needs first was referenced 33 times, and leaders’ navigating ethical dilemmas by understanding the experiences of those they served was referenced 12 times (see Table 9).

Table 9

Themes Related to Ethics Subquestion

Emergent theme	Frequency of references
Placing client needs first	33
Understanding experiences of those being served	12

Placing client needs first. In addition to understanding the experiences of those they served, exemplary leaders described using ethics to transform conflict and find common ground by placing client needs first. One leader described a time when prioritizing client-centered outcomes was central to transforming a conflict situation:

One of those ethical dilemmas is that folks have a right to their privacy when they are in our care. And very often, that system [the court systems and law enforcement] that we are so in bed with tries to bully us, and that is as a field, so we have had many times where police officers will come in and say, “We know so-and-so is in here,” and it freaks out our staff. And they do it in an aggressive way. And so, for us, it’s about integrity of the process and of the client and our staff.

In this example, prioritizing client-centered outcomes required staff to resist coercion to maintain a therapeutic environment. For this organization, having a clear sense of organizational values helped drive the commitment to prioritizing client-centered outcomes even in such a contentious climate. Other examples of prioritizing client-centered outcomes focused on individualization of care and choice being the morally responsible driving factors of the organization, as depicted in the following quote:

We were doing family preservation services/intensive home-based services, and one of the things we had learned was that regardless of what particular theory of change you subscribed to, psychodynamic or you came from a social learning perspective or cognitive perspective or whatever, that nothing worked for everybody all the time, so the important thing was to figure out what was going to be most useful for any given family in any given situation.

Similarly, another participant stated,

You know, but to ensure, for example, that choice is acknowledged and preferred—people’s choice of treatment, for example. Choice of modality or kinds of services—using peer support services whenever available, for example.

Ensuring that court is voluntary. Ensuring that every design feature of what we're doing in the court and collaboratively was in alignment with a person-centered approach, meaning we weren't acting ethically in the interest of the criminal justice system; we were acting ethically in the interest of the individual we were serving.

It was found that in certain circumstances, prioritizing client-centered outcomes as an aspect of using ethics to transform conflict situations actually indicated the need to serve fewer people, narrow the scope of services, or even discontinue services, as described in the following example:

There are always limitations when resources are scarce. And in mental health, in this field, resources are very scarce. But I do think that you have to do no harm always in what you do. So, it's okay to say, maybe you have to realize you can't serve everybody. And in trying to overdo, sometimes you cause harm. And I've seen innovations fail that are not doing what they need to be doing, and if you are not able to do something, it is important to recognize that.

Another participant provided a related example:

Ultimately, we had to call Behavioral Health [county behavioral health services] and say, "This just isn't working. We feel like we're being asked to treat the families as less than, not as partners." And we are not getting the results from a practical standpoint because people were dropping out so quickly, we couldn't bill enough to actually financially make the program work. So, at multiple levels, this program wasn't working. We had a conversation with our Behavioral Health contact, and ultimately, he was in agreement when we were able to document all

of the things that we felt were antithetical to our work, to the way we think about the contract. I, of course, as the CEO, was particularly concerned because it was a big contract, almost 1 million dollars. What does this mean? But I also felt like, if this is that out of line with our values and we're asking our staff to do something that is not consistent with our values, then we'll take the financial hit.

In both of these examples, exemplary leaders described how utilizing the domain of ethics meant leading by making decisions based on the principle of causing no harm and trying to best serve their clients, even when those decisions came with a financial impact to the organizations.

Another example of when an exemplary leader prioritized client-centered outcomes also required the leader to utilize emotional intelligence:

There were five other outpatient centers within our geographic, and our director decided that there needed to be a Saturday program. We were a 5-day-a-week program . . . and doing a Saturday program was super inconvenient for everybody. Nobody wanted to do it, etc. So, he [director] picked two centers, mine and another. I could have taken the position that the other center did, saying we are forced to do this, we don't agree with this but are going to do it anyways. But I took the tack of making it the most positive thing, that this is a really good thing for our consumers, we need to be available to clients not on our convenience but on their convenience. So, in the children's program, you know, the parents are working, the kids are in school, Saturdays are a better time to serve them. So, I made the best of it! In fact, I even volunteered to work the Saturday program, and I got people as enthusiastic as I was and looked at the positive side of doing

this thing, and we had a very successful Saturday program. It was sort of the highlight of our region.

This example highlights how utilizing ethics along with emotional intelligence to gain buy-in from staff resulted in the attainment of breakthrough results. Research in organizational development has suggested that engaging in work that is consistent with values promotes organizational success (Jones & Bearley, 2001). When this exemplary leader emphasized how this change was in the best interest of the families the organization served, the team was able to embrace an otherwise unattractive change because it was reframed in a way that was values aligned.

Understanding experiences of those being served. Exemplary leaders described how they utilized ethics to find common ground and achieve breakthrough results by understanding the experiences of those being served. For some exemplary leaders, understanding the experiences of people they served was described as inextricable from operating ethically. One leader reported, “In our organization, anyone who is hired have [sic] lived experience with mental health.” Operating from the same principle, another leader described his own experience relating to the population served by the organization:

I work with other people who are ill, and they’re trying to get into recovery and start their own recovery process. And their life is often in shambles because the experience of having a major mental illness is way more than the illness. . . . So, in doing this type of work, we learn quickly, as therapists have learned, that our most powerful tool is listening. And so, we have to become very good listeners, and we go in as a peer, you know; I’ve been through homelessness, I’ve lost my business, I’ve lost my family. I have that shared experience, so I have an asset to

use when I work with somebody. Then I've learned all kinds of skills and tools as I've studied for 25 years about this.

Although not describing firsthand experience, another leader emphasized the importance of working directly with the population being served before moving into a leadership role in order to drive leadership choices in a morally responsible way. The leader recollected,

Like if you worked in a tough school and you're not sure where that kid is going to sleep tonight or how they're going to make it to the next day, and you're driving home in your car, and your stomach is in a knot, and you're tearing up and you're like, "Man!" So, for me, that was always the best way for me to lead ethically . . . was to go back to that place.

Another leader described understanding the experiences of those being served in the context of considering which types of services are being delivered and how, and whether those services and methods are ethical within the organization's values:

Going back to the situation I talked about at first, this issue is, is something that we're being asked to do consistent with the organization's values, and at a particular point, it was about integrity and respect. And the respect that we want our kids and families to feel from us—they are not less than. It is not about a professional telling them what to do; it is about partnering and understanding their unique situation.

Another way understanding the experiences of others as an aspect of ethics was described was related to the benefits of inclusivity and the importance of learning from the people being served, as highlighted by the following excerpt:

So, I think the leadership of our department propelled us into doing this because they required it. They required a stakeholder process of all of the Mental Health Services Act stuff. Even before that, we did it, but it formalized it, it provided funding for it, it required it, and once that happened, I think everybody saw the benefit of the inclusiveness. And I think we learned huge lessons in our system about inclusiveness: how the more voices you can listen to, especially the voices of the people you actually serve, the better your services became.

Other respondents described similar experiences of finding added value and gaining wisdom from hearing the perspectives of clients themselves, especially as it pertained to navigating the system, when using ethics to transform conflict situations. Understanding and valuing the experiences of those being served corresponds with a fundamental aspect of common ground: recognizing the needs and views of others and respecting their most precious interests (Kegan, 1994). This finding suggests that exemplary leaders in the mental health field operate from an ethical stance where this principle of common ground is already inherent.

In summary, it was found that exemplary leaders engaged in placing client needs first and understanding the experiences of those they served as key aspects of utilizing ethics to find common ground. Exemplary leaders' accounts of utilizing ethics indicated a strong tie between leading ethically and drawing from agreed-upon organizational values. Although exemplary leaders commonly acknowledged understanding the experiences of those they served as a value and in some cases required the direct experience of staff, prioritizing client-centered outcomes was referenced more than twice as much when leaders described how they used ethics to navigate dilemmas. A key

artifact that captured the impact of utilizing ethics to find common ground was testimonials from various stakeholders featured on an organization's website. One of the testimonials specifically named how watching one of the performances put on by the organization was invaluable to preparing the stakeholder's staff to be more effective when working in the clinical setting because it helped them better understand the experiences of those they served in a way that diffused the stigma commonly associated with working with people with mental health needs. Given that ethics consists of individuals or groups adopting morally responsible behavior based on the values and morals of the surrounding culture (Ciulla, 1995), these findings may indicate that the culture and purpose of mental-health-related organizations promote understanding the experiences of those they serve along with prioritizing the outcomes for those they served.

Problem-solving themes. The fifth research subquestion for this study was, "How do exemplary leaders in the mental health field use problem-solving strategies to establish common ground and produce breakthrough results?" For the purposes of this research, the peer research team defined problem solving as the act of choosing and implementing a solution to an identified problem or situation. Interview participants were asked one of three script questions about how they used problem solving in order to transform conflict and find common ground. Participant responses yielded two themes: empowering stakeholders and accurately identifying problems. Within the domain of problem solving, empowering stakeholders was referenced 27 times, and accurately identifying problems was referenced 20 times (see Table 10).

Table 10

Themes Related to Problem-Solving Subquestion

Emergent theme	Frequency of references
Empowering stakeholders	27
Accurately identifying problems	20

Empowering stakeholders. Exemplary leaders commonly reflected on the importance of empowering stakeholders in the act of choosing and implementing a solution when utilizing the conflict transformation behavior of problem solving. The following set of quotes provides a range of examples from exemplary leaders describing how they empowered stakeholders in instances where breakthrough results were achieved. One leader explained that it was his practice to engage staff at all levels of the agency, to the degree that anybody in the agency could take on a leadership role, and provided the following specific example:

So, when we opened up a new facility—we are going to open it next week—the person that did the whole design/layout of this building was a nurse’s aide, essentially. He just raised his hand and said, “I got the time, and I got the energy.” So, we gave him the time and the stakes and the resources, and he worked with an architect, and he did it. And with the oversight of our facilities person and did a very nice job.

Another example of empowering stakeholders, provided by one of the former county mental health directors included in the sample, described how an entity was formed across agencies, departments, and sectors wherein all leaders were empowered to collectively drive processes for problem solving:

It was basically something that came all the way from the board of supervisors to create this entity of all child-serving agencies within the county to coordinate activities and talk about exactly what you're talking about—sorting through and working through conflictual areas that need to get resolved in an interdepartmental way. When I say interdepartmental, it wasn't just counties, because the private sector was very much part of this discussion. In Los Angeles County, for example, 76% of all the children's mental health services were contracted to private providers. So, they would get engaged and welcomed into some of the structures that the county created to solve these problems. . . . There were a number of different bodies that were tasked to look at these broader issues where we really needed to have all the key players involved in problem-solving issues.

Exemplary leaders further described experiences they had where empowering stakeholders developed organically, forging unexpected partnerships, as is highlighted in this example:

Basically, we started training Black and brown boys to be EMTs and paramedics, and that is one of my favorite things that I've ever been involved with because it started out with just a couple guys volunteering up at Camp Sweeney. It wasn't my idea; I think it was a career day, and we flew the helicopter in. A couple of guys of color met these kids, we put up a little money, and the next thing we knew . . . we went out and raised a million bucks . . . and forced our contractors to hire them. But that's the type of project that I really believe will change the world; it

liberates the known intelligence of the people we serve. It sees them as the solution and not the problem.

In all of these examples, empowering stakeholders required leaders to trust the stakeholders and lend them power to lead while allocating the necessary resources.

These examples of empowering stakeholders also show a clear intersection between the domain of problem solving and the domains of collaboration and process. Research has suggested that this leadership strategy of empowering stakeholders as an approach to problem solving has been proven to maximize shared interest and create value (B. Patton, 2005).

Accurately identifying problems. Exemplary leaders noted accurately identifying problems as a key aspect of utilizing problem solving to transform conflict and find common ground to achieve breakthrough results. Myriad references were made suggesting that accurately identifying problems required leaders to start with listening through various approaches. One respondent described using focus groups:

One of the things I do a lot of is focus groups. Whenever there is a major issue, I go around the country . . . and so again, it's that trying to build consensus, to take in as much information as possible before we begin to try and solve a problem or reach conclusions with any issue, we want to hear as many sides as possible.

Less formal than conducting a focus group, another leader outlined the steps she took to resolve a conflict situation, which again started with listening in order to zero in on concerns:

So basically, it was just a matter of listening to them [stakeholders] and finding out what their concerns were, and once figuring out exactly what those concerns

were, addressing those concerns and coming up with a plan to make sure that didn't happen again.

Zeroing in on concerns was emphasized by another leader in this example as well:

It was really zeroing in on what the concern was—was the concern that there would be lack of role clarification about what the role was?—and how it would be communicated in the broader work environment and how people would honor both sides, whether it was line staff or managers. . . . So, we went through the whole process around this particular role and then really laying down in writing various aspects of that role that they [line staff and managers] thought could become confusing or a point of contention for either a line staff or senior person.

Finally, another respondent delineated utilizing a formal process that again started with accurately identifying the problem from all sides:

So, I always, in any kind of problem solving, I use a six-step process which comes from a specific consensus-building training. . . . The first phase is to try to figure out what is the problem, and you want to get each side of the problem. The first three phases are clarifying the problem (What is the problem?) and then asking questions about the context for the problem and then the dimensions of the problem.

In all of these examples, exemplary leaders depicted the interplay between utilizing problem solving by beginning with accurately identifying the problem and utilizing other conflict transformation behaviors such as communication and process. In alignment with this finding, research in the area of conflict resolution has asserted that precisely describing the problem by synthesizing multiple perspectives provides a foundation for

developing mutually beneficial solutions (Preston et al., 2015; Weitzman & Weitzman, 2006). In this context, this finding also indicates a relationship between accurately identifying the problem and empowering stakeholders.

In summary, exemplary leaders described empowering stakeholders and accurately identifying the problem as essential elements of problem solving. A key artifact that exemplified the application of both of these subquestion themes was a value chain reaction protocol utilized in one participant's agency. The protocol served as a tool to support leadership to facilitate a problem-solving process to identify current policies or structures that were hindering value and preventing a chain reaction (accurately identifying problems). Then, at a later stage in the protocol, strategic planning for collaboration at all levels in order to learn from and empower stakeholders was required. This included an implementation task force, funding partners, schools, service providers, children, families, and so forth. Collectively, these references to problem solving suggest that in leading the acts of choosing and implementing a solution to an identified problem or situation, exemplary leaders showed trust in stakeholder knowledge and capacity to contribute or, in some cases, take the lead in problem solving. In order to facilitate accurately identifying the problem and empower stakeholders, exemplary leaders utilized other conflict transformation behaviors in tandem with problem solving, including collaboration, communication, and process.

Process themes. The sixth research subquestion addressed in this study was, “What processes do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?” Process was defined by the peer research team as any internal, external, or systematic pattern of behavior organized in a step-by-

step order or action to achieve a goal, function, or end product. Prefaced with a set-up statement regarding the necessity for leaders to understanding and manage various processes, participants were asked one of two script questions about their use of processes to transform conflict. Leaders commonly referred to the following three themes: engaging stakeholders in identifying problems and generating solutions, fostering a culture of dialogue, and investing time and resources into initiatives. Thirty references were made related to engaging stakeholders in identifying problems and generating solutions. Eighteen references were made to fostering a culture of dialogue. Lastly, 13 references were made to allocating time and resources for ongoing development (see Table 11).

Table 11

Themes Related to Process Subquestion

Emergent theme	Frequency of references
Engaging stakeholders in identifying problems and generating solutions	30
Fostering a culture of dialogue	18
Investing time and resources into initiatives	13

Engaging stakeholders in identifying problems and generating solutions.

Exemplary leaders described how they engaged stakeholders in identifying problems and generating solutions as an essential part of utilizing process. Engaging stakeholders was also found to be an important aspect of problem solving as presented in the previous section. In this first example, a leader described specific strategies he had used to facilitate stakeholder engagement and provide a structure for stakeholders to identify and prioritize what is important to them:

I create a list of about 20 potential agenda items and knowing we are only going to cover eight of them or less. And people can submit them, but mostly we create that list, and then using technology, people vote on them in real time in the meeting. And so, we use that platform, but basically it is right on the screen, a real-time live poll . . . making sure we are talking about the most important stuff. And we do that at some of our smaller meetings, like leadership meetings. We all go around and build an agenda, and then we just have a quick conversation on how to prioritize that. So again, everyone sort of gets a say in what we are going to spend our efforts on.

This leader's example shows how process can be utilized to actively solicit stakeholder input to prioritize objectives and determine how meeting time is spent through the design of the meeting structure.

Other exemplary leaders described using specific tools for engaging stakeholders in identifying problems and generating solutions, as was the case in this example:

In our strategic planning process, that was part of the discussion: How do we make decisions about what we're going to do and what we're not going to do in a way that doesn't destabilize the organization? So, we identified a tool that we could utilize when opportunities became available. . . . It's based on our values and our organizational capacity, and so everybody scores things on a 5-point scale, and then we look at where we end up and make a decision based on that.

Using organizational values to drive decision making was also a theme that surfaced within the domain of collaboration and intersects with the domain of ethics as well.

In this last example, the approach to empowering the local schools as stakeholders involved supporting them with their own stakeholder engagement process through comprehensive school-site research:

We empowered local schools to make decisions about the contractors they selected, so that was critical. School-site councils had a role in selection and the young people themselves, even though we knew what they were going to say; we require almost comprehensive school-site research—surveys, participatory research, youth involvement, youth voice. And we took a pretty sophisticated and careful approach to it.

Beyond these examples of using meeting facilitation, using a specific tool, or starting with data gathering, exemplary leaders referenced myriad approaches to engaging stakeholders in identifying problems and generating solutions. These findings are supported by the research that has indicated the importance of everyone working together toward a common goal as essential to the domain of process (Pottruck, 2015).

Fostering a culture of dialogue. Exemplary leaders described fostering a culture of dialogue as an important aspect of using process to transform conflict situations and find common ground. Fostering a culture of dialogue was described by exemplary leaders as a proactive approach. One leader shared one of his proactive approaches to fostering a culture that normalized having conversations:

I do a lot of walking meetings and/or park-bench meetings. So, I've found that, for me, to just be automatically neutralizing. I never involve more than three people in that, meaning two others; then it would just become a weird gaggle walking down the street. But I've definitely done a picnic-table conversation—

there is a park not far from our office. But I don't pull that out only when there is conflict. I do that throughout, so it's not like . . . you know what that means.

Exemplary leaders explained how utilizing this aspect of process proactively supported its use during times of conflict.

One leader provided the following example of fostering dialogue to help move toward common ground:

The main way I counteracted it [conflict] was to invite people to tell us what they wanted it [working with politicians] to look like, to make sure we were representing as wide of a voice as possible and that they understood that is what our role was. Our role wasn't to just shut down someone we disagreed with but rather to communicate to them the ideas of the community itself so that the full range of ideas got considered. It's worked to a large degree; we haven't won everyone over, but many people who a year ago felt somehow we had gone to the dark side are now thinking, "Okay, I understand what you are doing—keeping the conversation open."

In this case, the members of the organization were initially against engaging in dialogue with politicians and were adversarial when they did, but by fostering a culture of dialogue, this leader was able to shift attitudes and move the parties out of conflict and into more productive conversation. In this way, the leader also utilized aspects of emotional intelligence and communication in tandem with process. In general, the examples leaders provided when they described utilizing process often intersected with the other behavioral domains.

One leader explained how she extended fostering a culture of dialogue even to audiences of community members:

I always invite audience involvement, and I always take note of what they have to say; even if I do not agree with it, it is still a valid opinion for us. And then we try to reflect it back to the community in our own communications: newsletters and our e-blasts that we send out. We try and say, “Here is what we think you are telling us,” and reflect it back to them to make sure we are hearing them right.

Consistently inviting audience involvement was part of this leader’s process for fostering a culture of dialogue, and then she further used the domain of communication to convey the feedback to the greater organization and community, which promoted further dialogue.

In several cases, exemplary leaders described how facilitating dialogue served as the premise for utilizing process to transform conflict. One respondent reported,

My experience with that was really, simply just to have everybody sit down and start talking through it. What are we trying to achieve? What we hope for the kids, what mental health services they might need, how might they be delivered, and that sort of thing. And we were able to do that successfully with four different counties.

Another respondent reflected on his experience with fostering a culture of dialogue during times of conflict:

What I have found have been my strengths in terms of getting the situation out of conflict and into some sort of agreement was in fact the empathy and ability to

really make space in a conversation, to completely hear what one side and the other is experiencing and the ways it's being experienced.

Just as it was depicted by these experiences described by exemplary leaders, literature on common ground and the domain of process also describes how leaders must have the capacity to facilitate constructive dialogue in order to transform conflict (Fisher, 2006).

Investing time and resources into initiatives. When sharing examples of using process to find common ground and achieve breakthrough results, exemplary leaders described investing time and resources into initiatives to successfully implement and sustain the impact of the change. Upon establishing the first mental health court in the United States, one leader described her experience holding countless meetings to ensure stakeholders shared a common understanding of and commitment to the fruition of the project:

Even after the court was created, we kind of created the court, then we would continue to invest the time in individual organization meetings. I mean, I can't even tell you how many countless meetings we had, going agency by agency, person by person if necessary, to make sure that everyone knew what we needed that agency particularly to do, that they understood the goal, that even if there was resistance, we were not going to permit the resistance to prevail. . . . We invested the time to basically shop and sell the mission, which I think was respectful, meaning we honored the collaborators in doing that and at the same time ensured that they understood that we are all in this together.

This example emphasizes the importance of dedicating necessary time and resources throughout the process in order to sustain common ground and achieve breakthrough

results. Utilizing this aspect of process also shows an intersection with other domains of conflict transformation behaviors such as collaboration and communication. Another leader provided an additional example highlighting the importance of allocation of time and resources as an aspect of process:

My job was more facilitation and inviting the identification of all those gray areas so we could get the gray areas really clear and the black and white areas really clear and agree that the gray areas are what we need to work on. And then getting agreements on that and then working through them with the same group of people over a period of weeks, if not months, to where we came up with a protocol that everyone was happy with, and then sort of come up with a way that that would be communicated.

In this example, the leader described dedicating a substantial amount of time to using process in order to facilitate finding common ground. Literature on the domain of process acknowledges how the conditions of the process, such as allocation of time, will influence the outcomes (Johnson et al., 2006). The examples provided by exemplary leaders might suggest how dedicating adequate time and resources as a part of process creates the conditions for more effective problem solving. The relationship between the domains of process and problem solving was also made evident by the overlap in the themes found under each domain, including that of empowering or engaging stakeholders.

While the ways exemplary leaders described using process ranged from formal to informal, the common themes identified were engaging stakeholders in identifying problems and generating solutions, fostering a culture of dialogue, and allocating time

and resources for ongoing development. Engaging stakeholders in identifying problems and generating solutions was the aspect of the domain of process referenced the most by exemplary leaders. Two key artifacts were collected that reflected respondents' utilization of these key aspects of process to find common ground. One of the artifacts was an overview describing the process of developing an alternative to the criminalization of persons with mental illness using a restorative approach, which was largely accomplished through leading a multiagency task force with stakeholders from all agencies and systems involved. The second key artifact demonstrating the utilization of process was the decision-making tool that one respondent described using in order to get stakeholder input for strategic planning. The tool outlined the rating-scale criteria and identified the following categories for evaluation: organizational alignment, financial viability, culture and values alignment, internal capacity, projected and potential impact, and opportunity costs and potential barriers. The analysis of all of the data suggests that when utilizing process, or systematic patterns of behavior, to achieve a goal, exemplary leaders were concurrently engaging in other aspects of conflict transformation behaviors including communication, emotional intelligence, and ethics.

Summary

Twelve exemplary leaders participated in this phenomenological qualitative research study and shared their lived experiences of establishing common ground and producing breakthrough results in the mental health field. All leaders acknowledged and described experiences involving transforming conflict to find common ground. All leaders were also able to provide firsthand accounts of utilizing each of the six domains of conflict transformation behaviors: collaboration, communication, emotional

intelligence, ethics, problem solving, and process. Among the six domains of conflict transformation behaviors, there was a slightly higher rate of references made to utilizing collaboration, communication, and process. While it was found that the frequency with which each of these subthemes was referenced by leaders in the sample varied, the dispersion of references across all domains shows that respondents, as a whole, described utilizing aspects of all six domains of conflict transformation as a broad strategy for finding common ground. Through analysis of participant responses, two to three subthemes were identified under each of the domains of conflict transformation (see Table 12).

Table 12

Emergent Themes Within the Six Domains of Conflict Transformation

Theme	Subthemes	Frequency
Collaboration	Facilitating teamwork	35
	Honoring shared interests, values, and agreements	28
Communication	Establishing a norm of authentic communication	36
	Systematizing sharing of information	16
	Developing a common language	11
Emotional intelligence	Using self-awareness and social awareness to identify strategies for facilitation	28
	Recognizing role of emotions	19
Ethics	Placing client needs first	35
	Understanding experiences of those being served	15
Problem solving	Empowering stakeholders	28
	Accurately identifying problems	21
Process	Engaging stakeholders in identifying problems and generating solutions	30
	Fostering a culture of dialogue	19
	Investing time and resources into initiatives	13

In summary, there were nine major findings discovered in this study describing the lived experiences of exemplary leaders in establishing common ground and producing breakthrough results in the mental health field by engaging in elements of the six domains of conflict transformation behaviors:

1. The primary conflict drivers experienced by exemplary leaders in the mental health field were differences in philosophy and a lack of resources.
2. Exemplary leaders in the mental health field described focusing on a collective vision and aligning resources when transforming conflict and finding common ground.
3. Key aspects of collaboration utilized by exemplary leaders in the mental health field were facilitating teamwork and honoring shared interests, values, and agreements.
4. Key aspects of communication utilized by exemplary leaders in the mental health field were developing a common language, establishing a norm of authentic communication, and systematizing sharing of information.
5. Key aspects of emotional intelligence utilized by exemplary leaders in the mental health field were recognizing emotions and using their self-awareness and social awareness to identify appropriate strategies for facilitation.
6. Key aspects of ethics utilized by exemplary leaders in the mental health field were understanding the experiences of those they served and placing client needs first.
7. Key aspects of problem solving utilized by exemplary leaders in the mental health field were accurately identifying problems and empowering stakeholders.
8. Key aspects of process utilized by exemplary leaders in the mental health field were investing time and resources into initiatives, engaging stakeholders in identifying problems and generating solutions, and fostering a culture of dialogue.

9. Exemplary leaders in the mental health field utilized aspects of the six domains of conflict transformation in concert when transforming conflict to find common ground and produce breakthrough results.

CHAPTER V: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Overview

This chapter includes a brief summary of the purpose of this study, research questions, methods, population, and sample followed by major findings, conclusions, implications for action, recommendations for further study, and final remarks.

Summary of Research Study

The purpose of this phenomenological study was to discover and describe how exemplary leaders establish common ground and produce breakthrough results in the mental health field by utilizing the six domains of conflict transformation behaviors. The six domains of conflict transformation behaviors identified for this study were collaboration, communication, problem solving, process, emotional intelligence, and ethics. The central research question of this study was, “What are the lived experiences of exemplary leaders in establishing common ground and producing breakthrough results in the mental health field by engaging in elements of the six domains of conflict transformation behaviors?” There were six research subquestions organized in accordance with the six domains:

1. *Collaboration*—How do exemplary leaders in the mental health field use collaboration to establish common ground and produce breakthrough results?
2. *Communication*—How do exemplary leaders in the mental health field use communication to establish common ground and produce breakthrough results?
3. *Emotional intelligence*—What aspects of emotional intelligence do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?

4. *Ethics*—How do exemplary leaders in the mental health field use ethics to establish common ground and produce breakthrough results?
5. *Problem solving*—How do exemplary leaders in the mental health field use problem-solving strategies to establish common ground and produce breakthrough results?
6. *Process*—What processes do exemplary leaders in the mental health field use to establish common ground and produce breakthrough results?

The population for this study included leaders of public, nonprofit, and for-profit organizations serving adults and children living with mental illness, developmental or behavioral disabilities, and/or substance use disorders. The first set of participants for the study sample were solicited based on receiving award recognition by a U.S. national organization that works with 2,800 member organizations, which collectively serve over 10 million adults and children living with mental illnesses and addictions. Additional participants were considered for this study based on peer recognition identified through purposeful sampling and the use of snowballing. The sample for this study consisted of 12 leaders in the mental health field in the United States who were distinguished as exemplary based on meeting a minimum of five of the following six criteria: (a) evidence of successful relationships with stakeholders; (b) evidence of breaking through conflict to achieve organizational success; (c) 5 or more years of experience in leadership in the mental health field; (d) having written, published, or presented at conferences or association meetings; (e) recognition by their peers; and (f) membership in associations or groups focused on their field. The exemplary leaders who participated in this study met all six of these criteria.

The primary method for collecting data for this research study was through one-to-one interviews. With the permission of interview participants, each interview was recorded and transcribed for coding and analysis of themes. Additionally, supplemental artifacts related to the leaders' work within the six domains were also gathered. Through the interview process, research participants provided qualitative data about how they engaged in each domain of conflict transformation behavior and provided examples based on their lived experiences as exemplary leaders in the mental health field. The qualitative research design applied in this study facilitated the discovery of themes and patterns among data from exemplary leaders with firsthand experience transforming conflict to find common ground in the mental health field.

Major Findings

The phenomenological methodology used for this study facilitated the discovery of themes among data from exemplary leaders in the mental health field with firsthand experience transforming conflict, finding common ground, and producing breakthrough results. Exemplary leaders provided qualitative data on their utilization of six conflict transformation behaviors. The domains of conflict transformation addressed in this study were collaboration, communication, problem solving, process, emotional intelligence, and ethics.

Central Research Question

What are the lived experiences of exemplary leaders in establishing common ground and producing breakthrough results in the mental health field by engaging in elements of the six domains of conflict transformation behaviors?

The general question addressed to study participants was,

As a leader in the mental health field, can you share a time when you were faced with a conflict in your organization and you developed common ground with stakeholders in order to break through the conflict? Please tell me about the conflict and what you went through to break through that conflict.

As a result of this question, several key findings were surfaced. These exemplary leaders in the mental health field described two types of conflict commonly encountered.

Finding 1: The primary conflict drivers experienced by exemplary leaders in the mental health field were differences in philosophy and a lack of resources. Study participants identified that the types of conflicts they faced were predominantly driven by a lack of resources, differences in philosophy, and organizational change.

Intersection between organizational change and lack of resources. Theories of organizational change indicate how transformative processes cause disequilibrium or disruption to the status quo, which can in effect cause individuals to feel a sense of loss of the familiar and fear of the unknown (D. L. Anderson, 2012). This means that change in an organization is a natural trigger for conflict. Exemplary leaders in the mental health field included in this study identified an intersection between organizational change and a lack of resources as key drivers of the types of conflict they faced. A lack of resources and organizational change were independently described by these leaders as sources of conflict, but several references were made delineating the relationship between these two drivers of conflict. For example, participants identified how changes in funding, concerns about financial viability, or elimination or reduction of services formerly provided by other institutions drove organizational changes, which led to the occurrence

of conflict situations. There were other types of organizational change described by participants that were not necessarily related to a lack of resources, such as changes in legislation that impacted organizational goals or operations and integration of departments.

Philosophical differences at the heart of conflict. According to the literature, wherever important differences exist, there is potential for destructive intergroup conflict (Blanch et al., 2015; Darlington & Feeney, 2008; Fisher, 2006). The exemplary leaders in this study also expressed that conflicts experienced in the mental health field were often rooted in philosophical differences as they pertained to intergroup and intragroup conflict. An example of intergroup conflict was law enforcement asking a treatment center to disclose when a client comes to the center, which counteracted the agency's efforts to maintain a sense of safety for their clients. Another example depicting intergroup conflict derived from philosophical differences involved a social service institution demanding that a mental health organization readmit a client in spite of the client's refusal to engage in a reentry-and-resolution process. A third example of intergroup conflict occurred when a mental health organization adopted an evidence-based practice for probation youth but then found that the model was antithetical to the philosophy of the agency. These leaders also consistently described intragroup conflict occurring when constituents held differing views or priorities. Research supports that conflict occurring as a result of philosophical differences is expected given that the very nature of conflict is defined as difference between cognitive, emotional, or behavioral dimensions (Mayer, 2012).

Finding 2: Exemplary leaders in the mental health field described focusing on a collective vision and aligning resources when transforming conflict and establishing common ground.

Focus on collective vision. Exemplary leaders expressed that focusing on a collective vision helped transform conflict situations and find common ground in a range of situations. Darlington et al. (2004) presented how there is opportunity inherent in focusing on a collective vision: “Parties who see different aspects of a problem can explore their differences and search for solutions beyond their own vision of what is possible” (p. 1176). In some instances, exemplary leaders identified situations where establishing a collective vision was accomplished by simply coming together around common interests when there were efforts that had otherwise been occurring in siloes or when institutional objectives seemed to be conflicting. An example of this was that one of the mental health agencies approached the local jail or police agency and offered to provide specialized training because there were interests across sectors to reduce the use of psychotropic drugs and reduce the use of force when dealing with individuals who are in a mental health crisis. In the context of working together to provide health and human services, Littlechild and Smith (2013) affirmed that a cohesive vision is integral for establishing effective interprofessional practices. The exemplary leaders in the mental health field who participated in this study also consistently described how focusing on a collective vision over individual group or personal interests was effectively used to transform conflict during times of organizational change or making hard decisions.

Alignment of resources. Exemplary leaders in the mental health field featured in this study described how alignment of resources led to finding common ground by

creating opportunities for increased equity and efficiency when organizations worked together. Reflective of this finding is research indicating that sufficient resources are one of the key political supports needed to sustain successful collaboration (Darlington & Feeney, 2008). Something that was also noted based on accounts from exemplary leaders in the mental health field was how, when used in tandem, focusing on a collective vision and aligning resources facilitated finding common ground and served as a premise for innovation leading to breakthrough results.

Research Subquestions

The research subquestions for this study were designed in accordance with the six domains of conflict transformation behaviors: communication, collaboration, emotional intelligence, ethics, process, and problem solving. An interview script was used to ask a general question and follow-up questions addressing study participants' experience utilizing each domain.

Finding 3: Key aspects of collaboration utilized by exemplary leaders in the mental health field were facilitating teamwork and honoring shared interests, values, and agreements.

Facilitating teamwork. Exemplary leaders in the mental health field commonly described facilitating teamwork in a variety of ways. This included using team-building strategies to break down barriers and harnessing and fostering trusting relationships. Exemplary leaders also described thoughtfully composing teams to attend to team dynamics and empowering teams to influence changes in order to maximize the investment and involvement of stakeholders.

Honoring shared interests, values, and agreements. When reflecting about how they used collaboration to transform conflict, exemplary leaders also described experiences when they involved others by honoring shared interests, values, and agreements. They described how this aspect of collaboration facilitated the engagement of stakeholders in a mutually beneficial and accountable manner. It was also found that using shared interests, values, and agreements best supported achievement of agreed-upon goals when it was done in systematic ways.

Finding 4: Key aspects of communication utilized by exemplary leaders in the mental health field were developing a common language, establishing a norm of authentic communication, and systematizing sharing of information.

Developing a common language. Exemplary leaders in the mental health field expressed how they facilitated finding common ground by developing a common language. One example of this was that one of the study participants led his organization through a process of identifying and adopting core values so that, at all levels of the organization, stakeholders were using the same value-based language. Exemplary leaders in the mental health field commonly described how development of a common language facilitated the use of dialogue that was grounded in a commonly understood collective purpose.

Establishing a norm of authentic communication. Interview responses also surfaced that establishing a norm of authentic communication was a key aspect of utilizing communication to find common ground. Strategies described by exemplary leaders in the mental health field included active listening, making space for conversations, and being genuine and respectful in all forms of communication.

Participant responses indicated that establishing a norm of authentic communication held greater importance in using communication as a conflict transformation behavior than focusing on the logistics or organizational systems intended to promote effective communication, though it was noted that these aspects of communication are important as well.

Systematizing sharing of information. Lastly, exemplary leaders in the mental health field provided myriad examples of successfully using communication to find common ground by creating and utilizing systems for sharing information. They consistently described taking a proactive stance to designing methods and spaces to seek, gather, and share information. Exemplary leaders further considered how information would be shared among all stakeholders including community members, with other agencies engaging in intersecting work, and across departments and entities within the same organizations, regions, or arenas.

Finding 5: Key aspects of emotional intelligence utilized by exemplary leaders in the mental health field were recognizing emotions and using their self-awareness and social awareness to identify appropriate strategies for facilitation.

Recognizing emotions. Interview responses surfaced that exemplary leaders in the mental health field were cognizant of the role emotions played in given conflict situations. For example, leaders in the sample recognized how certain behaviors or actions were associated with fear. They reported that once the underlying emotions were acknowledged and addressed, shifts could be made toward addressing fear and creating an environment where differing ideas could be exchanged.

Using self-awareness and social awareness to identify strategies for facilitation.

Exemplary leaders in the mental health field described how they used self- and social awareness to manage a variety of situations involving conflict. Interview responses indicated that the use of self- and social awareness influenced a variety of leadership decisions ranging from self-conduct to making facilitation moves to avoid or transform conflict situations. In some cases, exemplary leaders even described using self- and social awareness to intentionally allow a conflict to arise in order to create an opportunity for growth. When working with diverse populations, using self- and social awareness further required exemplary leaders to employ cultural intelligence. They described recognizing how and when perceptions were a result of social or historical contexts and considering this factor in order to find common ground.

Finding 6: Key aspects of ethics utilized by exemplary leaders in the mental health field were understanding the experiences of those they served and placing client needs first.

Understanding the experiences of those being served. Interview responses surfaced an underlying ethical value of working directly with and/or personally identifying with the population being served before moving into a leadership role. It was also noted that these exemplary leaders in the mental health field commonly used inclusive processes to learn from the people whom their work was intended to serve. Although exemplary leaders commonly acknowledged understanding the experiences of those they served as an important aspect of utilizing ethics, prioritizing client-centered outcomes was referenced more than twice as much.

Placing client needs first. Exemplary leaders in the mental health field described taking action based on ethical standards that placed client needs first in a variety of conflict situations. In one example, a mental health director explained how she took action based on the ethical principle of causing no harm. Following this ethical standard, she made the decision to terminate the use of an intervention model the agency had recently adopted through a partnership. While she understood that this decision would likely negatively impact the relationship with the partner involved and may even result in financial loss, she still acted in the best interest of clients. Another study participant described prioritizing clients' need for privacy and thus declining requests made by law enforcement to disclose client information, knowing it would cause contention and push boundaries of the preexisting relationship with law enforcement and the courts. Overall, exemplary leaders described using these aspects of ethics to drive leadership choices including consideration of which types of services were being delivered and how, and whether those services and methods were ethical within the organizations' values.

Finding 7: Key aspects of problem solving utilized by exemplary leaders in the mental health field were accurately identifying problems and empowering stakeholders.

Accurately identifying problems. In order to accurately identify problems, exemplary leaders described using a range of strategies including actively listening, facilitating focus groups, zeroing in on concerns, and clarifying the problem. Accounts shared by exemplary leaders depicted the interplay between utilizing problem solving by beginning with accurately identifying problems and empowering stakeholders.

Empowering stakeholders. Exemplary leaders delineated how they empowered stakeholders throughout problem-solving processes including the stage of accurately identifying the problem. It was also found that when engaging in problem solving in instances where exemplary leaders produced breakthrough results, these leaders in the mental health field had shown trust in stakeholder knowledge and capacity to contribute. One example of the degree to which exemplary leaders invested trust in their stakeholders was provided by one of the directors, who described empowering an entry-level staff member to take a lead in designing a new facility while equipping that individual with the necessary resources for success.

Finding 8: Key aspects of process utilized by exemplary leaders in the mental health field were investing time and resources into initiatives, engaging stakeholders in identifying problems and generating solutions, and fostering a culture of dialogue.

Investing time and resources into initiatives. Exemplary leaders in the mental health field described how investing time and resources into initiatives promoted not only finding but further sustaining common ground. An example of allocating time and resources as a key aspect of process was how one leader described dedicating extensive time to meet with all stakeholders to ensure everyone involved in the project held a common understanding of the goal. These exemplary leaders also consistently described investing adequate resources to make finding common ground and achieving breakthrough results attainable and viable.

Engaging stakeholders in identifying problems and generating solutions. Exemplary leaders in the mental health field described how they engaged stakeholders in

identifying problems and generating solutions as an essential part of utilizing process. Examples of engaging stakeholders in identifying problems and generating solutions included actively soliciting stakeholder input to prioritize objectives and determine how meeting time was spent, using specific facilitation tools, and gathering data from stakeholders to drive decision making.

Fostering a culture of dialogue. Exemplary leaders described fostering a culture of dialogue as an important aspect of utilizing process that supported finding common ground. They expressed how when there was a culture of dialogue fostered within and/or across agencies, it was easier to shift attitudes and engage in dialogue productively during times of conflict. It was also noted that fostering a culture of dialogue helped study participants avoid conflict, especially as it pertained to listening.

Finding 9: Exemplary leaders in the mental health field utilized aspects of the six domains of conflict transformation in concert when transforming conflict to find common ground and achieve breakthrough results. Although study participants were asked to address how they utilized each of the domains of conflict transformation exclusively, responses indicated that their utilization of the six domains was not mutually exclusive. During interviews, participants frequently expressed that they found it difficult to extricate their use of one domain from another. An example of how this phenomenon was demonstrated is that participants consistently referenced aspects of communication, such as fostering a culture of dialogue, when describing how they utilized the other five domains of conflict transformation. They expressed that fostering a culture of dialogue supported engaging stakeholders in identifying problems and generating solutions (a key aspect of process) and accurately identifying problems (a key

aspect of problem solving). Another example is that interview responses indicated an intersection between the use of collaboration and ethics. These exemplary leaders in the mental health field consistently described honoring shared interests, values, and agreements (a key aspect of collaboration) to support understanding the experiences of those they served and prioritizing client-centered outcomes (key aspects of ethics). Other evidence to support this finding is that all study participants reported that they utilized all six of the domains, and the frequency of references found in the data was relatively evenly dispersed across all domains. Lastly, participants acknowledged the overlap that occurred within and across domains when describing their experience utilizing the six domains of conflict transformation.

Unexpected Findings

This study revealed several major key findings directly related to the purpose of the study, which was to discover and describe how exemplary leaders establish common ground and produce breakthrough results in the mental health field by utilizing the six domains of conflict transformation behaviors. In addition to these findings, two major unexpected findings were discovered.

Perception of Conflict as an Opportunity to Innovate

Study participants expressed that they did not necessarily perceive conflicts they experienced to be negative but rather saw opportunities to innovate when presented with conflict. They provided accounts of times when they were able to leverage conflict as a catalyst for identifying and developing innovative approaches for mental health care. When talking about finding an opportunity in the face of conflict, one of the participants explained how the conflict propelled collaboration, and as a result, “what we are seeing

today is major partnership between mental health and schools.” Another prime example of perceiving conflict as an opportunity for innovation was how one of the study participants led the establishment of the first mental health court in the United States, which influenced change on a national scale. Additionally, other participants described how, in response to the limitations caused by systems conflict, they led innovations such as starting their own businesses or organizations using music, comedy, or empowering a niche group and providing alternatives to traditional types of mental health services.

Proactive Engagement in the Six Domains of Conflict Transformation Behaviors

Exemplary leaders consistently described utilizing conflict transformation behaviors proactively. An example of this was how one study participant described doing a lot of walking meetings as an aspect of utilizing communication and process because he found them to be automatically neutralizing. He noted that he did not “pull that out only when there is conflict.” Another one of these exemplary leaders in the mental health field described how she proactively sought opportunities to draw connections back to the people when in meetings where policy was being discussed, which modeled a key aspect of ethics, even when there was no conflict at hand. Lastly, this same participant also gave an example of utilizing communication and emotional intelligence to shift the way mental health professionals engaged in network meetings, in ways as simple as saying, “Hi. How are you doing?” She explained that she saw it as the role of her agency to “shift the culture into something more human.”

Conclusions

Conclusion 1

Mental health leaders who use the six domains of conflict transformation to find common ground will be more likely to meet or exceed desired outcomes and will experience longer term success in their organizations.

The six domains of conflict transformation behaviors promote cooperative, creative, and solution-oriented thinking (K. Larick & P. White, personal communication, June 20, 2014). One hundred percent of exemplary leaders in the mental health field who participated in this study described personal experiences of producing breakthrough results by utilizing the six domains of conflict transformation behaviors. Their successful application of the six domains of conflict transformation on repeated occasions resulted in ongoing success. Based on the findings of this study, mental health leaders can increase their aptitude for attaining breakthrough results in their organizations by utilizing the six domains of conflict transformation to find common ground. Mental health leaders who adopt these practices will then become more likely to experience longer term success in their organizations.

Conclusion 2

The convergence of the six domains of conflict transformation behaviors into an integrated set of skills will support mental health leaders to find common ground.

All of the participants in this study produced breakthrough results by applying the six domains as a set of behaviors. All the domains of conflict transformation behaviors were referenced within a narrow range of frequencies by exemplary leaders in the mental health field with firsthand experience finding common ground. This suggests that each of

the domains is of equal value as it pertains to finding common ground. It was also discovered that the six domains of conflict transformation behaviors were not mutually exclusive. Study participants utilized the six domains of conflict transformation behaviors in interconnected and intraconnected ways and sometimes found them to be inextricable. Utilizing the six domains of conflict transformation as a set of integrated skills is invaluable to all mental health leaders who are interested in finding common ground and achieving breakthrough results.

Conclusion 3

Mental health leaders who engage stakeholders in developing a collective vision and align that vision to allocation of resources will experience reduced levels of conflict.

Working toward a new collective vision is quintessential to finding common ground (Search for Common Ground, n.d.). Exemplary leaders in the mental health field included in this study commonly attributed their efficacy in transforming conflict situations to focusing on a collective vision and aligning resources. Research supports that having sufficient resources is critical to success when groups or individuals are attempting to conjoin efforts (Darlington & Feeney, 2008). The data yielded from this study support that focusing on a collective vision and aligning resources are both abetted by the six domains of conflict transformation behaviors. It was also found that these themes, which were generated from responses to the general script question, directly correlated with key aspects found within the domains of collaboration and process. Based on the findings in this study, mental health leaders will experience reduced levels of conflict if they engage stakeholders in developing a collective vision and align decisions about allocation of resources to that vision.

Conclusion 4

Mental health leaders who ground collaboration in organizational values that guide organizational purpose to honor shared interests will successfully navigate conflict and focus stakeholders' efforts.

Exemplary leaders in the mental health field recognize that to effectively utilize collaboration, they must proactively address the pitfalls associated with collaboration. Research supports that in many cases, efforts to utilize collaboration incite conflict (Fisher, 2006; Littlechild & Smith, 2013). Research has also indicated that there are prerequisites for ensuring the efficacy of collaboration, including building trusting relationships (Hughes & Urwin, 2013). Based on the findings of this study, it is pivotal for mental health leaders to ground collaboration in organizational values that guide organizational purpose to honor shared interests.

Conclusion 5

Mental health leaders who systematically and authentically communicate with all stakeholders using a common language will prevent and transform conflict and find common ground.

Communication can exacerbate or ameliorate conflict situations, and listening is a critical skill for transformational leadership (Culwick & Wallace, 2013; Johnson et al., 2006; Kegan, 1994; Kegan & Lahey, 2001; Krauss & Morsella, 2006; Rurkhamet, 2013). Results of this study are reflective of this dichotomy of communication as well as of its importance as it pertains to transforming conflict. The results of this study indicate that it is imperative for mental health leaders to develop a common language, establish a norm of authentic communication, and systematize sharing of information to best leverage the

domain of communication. These key aspects of communication will allow mental health leaders to prevent and transform conflict and find common ground.

Conclusion 6

In order for mental health leaders to create a positive and productive environment for managing conflict, they must recognize emotions and use their self-awareness and social awareness to choose the best strategies for facilitating stakeholders.

Emotional intelligence supports strong relationships, addressing conflict, and bridging differences (LeBaron, 2003; Morehouse, 2007). The literature also reflects a positive correlation between emotional intelligence and transformational leadership (Rurkhamet, 2013). The exemplary leaders in the mental health field featured in this study were cognizant of the role emotional intelligence played in transforming conflict situations and finding common ground. Based on the findings of this study, it is essential that mental health leaders recognize emotions and use their self-awareness and social awareness to choose the best facilitation strategies to create a positive and productive environment for managing conflict among stakeholders.

Conclusion 7

Mental health leaders who demonstrate a strong foundation of ethics through understanding the experiences of those they serve and placing client needs first will achieve more success than those who do not.

According to the literature, a culture's ethical values are what define the concept of leadership and provide a model of how human beings as moral agents should conduct themselves (Ciulla, 1995; Strike et al., 2005). Exemplary leaders in the mental health

field included in this study described their responsibility to act as moral agents in ways that were reflective of the values that were important to the communities they served. Based on the findings of this study, mental health leaders must understand the experiences of those they serve and prioritize client-centered outcomes if they are to succeed in finding common ground and produce breakthrough results in the mental health field.

Conclusion 8

Mental health leaders who focus on accurately identifying problems and empowering stakeholders in problem solving to find common ground will be more effective and more likely to produce breakthrough results.

According to the research, highly effective problem solving serves to “maximize the satisfaction of shared interests and create value by ‘dovetailing’ divergent interests” (B. Patton, 2005, p. 293). Exemplary leaders in the mental health field included in this study identified that accurately identifying problems and empowering stakeholders were key aspects of utilizing problem solving. These key aspects of the domain of problem solving promote both the identification and dovetailing of stakeholder interests. In order to effectively utilize the domain of problem solving to find common ground, leaders in the mental health field must accurately identify problems and empower stakeholders in the process.

Conclusion 9

Mental health leaders who use processes that support investment of time and resources into initiatives, engagement of stakeholders in identifying problems and

generating solutions, and fostering a culture of dialogue will be able to find common ground.

A major aspect of any leader's job is to use the domain of process to ensure that everyone works together toward a common goal (Pottruck, 2015). Results of this study indicate that exemplary leaders in the mental health field were able to find common ground by investing time and resources into initiatives, engaging stakeholders in identifying problems and generating solutions, and fostering a culture of dialogue. These key aspects of process are imperative to the success of mental health leaders' efforts toward transforming conflict, finding common ground, and producing breakthrough results.

Implications for Action

This section presents implications of this study and actions that should be taken to advance finding common ground and promote transformational change in the mental health field.

Action 1

Inclusion of the six domains of conflict transformation must be considered in the development of the next comprehensive mental health action plan adopted by the World Health Assembly of the World Health Organization (WHO).

The 2013-2020 action plan identified strengthening effective leadership and governance as one of four major objectives (WHO, 2013). The World Health Assembly must consider requiring the use of the six domains of conflict transformation as an integrated set of skills within this major objective to promote effective leadership and governance. The findings of this study support that introducing the six domains of

conflict transformation and requiring their use among leaders worldwide has the potential to impact transformational change and further efforts to promote mental well-being on an international scale. Incorporating the six domains into the effective leadership and governance objective would only be the first step. It would also be imperative for the comprehensive mental health action plan to address how leaders would be afforded opportunities for professional development specifically designed to support leaders with gaining command of all key aspects of the six domains of conflict transformation.

Action 2

Legislative action needs to be taken to require all mental health agencies that receive state and federal funding to adopt formal policies requiring the use of the six domains of conflict transformation.

Finding common ground is a key component of disrupting inequality for people with mental health needs and must be addressed by policymakers, federal and state commissions on mental health, and advocacy organizations to influence legislative action and federal mandates. Policies need to be written to prioritize finding common ground among institutions partnering to provide mental health services. Policies must require that leaders in the mental health field at national, state, and local levels receive training to execute all key aspects of the six domains of conflict transformation. Mental health policy also needs to address opportunities for additional allocation of resources to support finding common ground, such as awarding grants or funding attached to provisions of leaders utilizing the six domains of conflict transformation to promote finding common ground.

Action 3

Private foundation funding should be sought to establish a national institute for finding common ground in the mental health field.

Establishing a national institute for finding common ground in the mental health field is imperative for the needed transformation of mental health care. Establishment of a national institute would further the efforts of this study by propagating evidence-based best practices for leaders in the mental health field through advocacy, research and journal publications, speaking engagements, training and professional development, consultation, and technical assistance. This type of organization would provide critical expertise and demystify the phenomenon of exemplary leaders' ability to transform conflict to find common ground and achieve breakthrough results. A national institute for finding common ground is the ideal platform for developing curriculum and an advanced certification program in transformational leadership in the mental health field. A national institute would further be able to provide essential professional coaching and evaluation to support leaders in executing the six domains of conflict transformation in real time as conflict situations arise. A national institute could also play a critical role in further cultivating exemplary leaders through leadership award recognition.

Action 4

A proposal must be introduced to the National Council for Behavioral Health to develop a leadership development tool based on the six domains of conflict transformation behaviors to be applied in its Executive Leadership Program and Addressing Health Disparities Leadership Program.

A leadership tool that serves to assess areas of strength and areas for growth within the framework of the six domains of conflict transformation will help develop future exemplary leaders. Since finding common ground is made possible by a confluence of all of the domains, it is important to provide organizations and leaders with a means for assessing areas of strength and areas for growth within this framework. Development of such a tool is critical for hiring, evaluating, and developing leaders in the mental health field who will be able to effectively enact key aspects of the six domains of conflict transformation and facilitate finding common ground. Developing an assessment tool is an imperative step for leaders to be able to leverage the six domains of conflict transformation in order to advance overall outcomes in the mental health field.

Action 5

Organizations receiving accreditation, such as that through the Joint Commission, must be required to adopt finding common ground as a core value and demonstrate evidence of utilization of the six domains of conflict transformation.

It is imperative for finding common ground to be adopted as a core value and for the six domains of conflict transformation to be utilized in order for mental health organizations to receive top accreditation. Instating finding common ground as a core value is essential for transforming conflict among stakeholders within and across organizations. In tandem with the adoption of finding common ground as a core value, evaluative measures must be determined for assessing organizations' implementation of actions toward applying the six domains of conflict transformation. In order to meet these proposed requirements, mental health leaders must be afforded necessary opportunities and resources for professional development to increase their capacity to

effectively utilize the six domains of conflict transformation to find common ground and achieve breakthrough results.

Recommendations for Further Research

The following are recommendations for further research that would expand on the findings and conclusions drawn from this research study.

Recommendation 1

It is recommended that this study be replicated with the population and sample narrowed to county mental health directors.

The target population for this study included executive-level leaders of nonprofit organizations, governmental institutions, state and national associations, and private businesses serving adults and children with mental illness, developmental or behavioral disabilities, and/or substance use disorders in the United States. Conducting a replication of this study with the population narrowed to exemplary county mental health directors would create an opportunity to gain more in-depth and specific knowledge about how an important subset of leaders in the mental health field utilizes the six domains of conflict transformation.

Recommendation 2

It is recommended that a phenomenological study be conducted to explore how exemplary leaders in the mental health field use conflict as an opportunity to innovate.

One unexpected finding in this study was that exemplary leaders perceive conflict as an opportunity to innovate. A phenomenological study exploring this unexpected finding would deepen understanding of conflict transformation behaviors and could also surface whether a phenomenon exists related to finding common ground that was not

addressed within the framework of the six domains of conflict transformation. A phenomenological study of how mental health leaders use conflict as an opportunity to innovate would also allow for deeper understanding of how leaders' attitudes toward conflict influence finding common ground in the mental health field.

Recommendation 3

It is recommended that a phenomenological case study be conducted to address how exemplary leaders utilize aspects of the six domains of conflict transformation in their everyday practice.

Based on the unexpected finding that exemplary leaders proactively engage in the six domains of conflict transformation behaviors, it is recommended that a phenomenological case study be conducted. A case study would allow for a more in-depth analysis of how exemplary leaders utilize the six domains of conflict transformation as a regular part of their leadership habits and allow for a broader understanding of the intersection between proactively engaging in the six domains of conflict transformation and the efficacy when applied during times of conflict.

Recommendation 4

It is recommended that a multiple-case study be conducted that explores how mental health leaders use the six domains of conflict transformation to identify and address potential conflict.

Three types of conflict were identified as being the most prominent in the work of exemplary leaders in the mental health field. These data were surfaced through the general script question. A multiple-case study methodology would allow a researcher to follow exemplary leaders' processes of identifying and transforming conflict to expand

the depth of knowledge of how exemplary leaders utilize the six domains of conflict transformation to find common ground.

Recommendation 5

It is recommended that a mixed-method study be conducted to identify and describe how mental health leaders know when common ground has been reached and how they use the experience for the learning and growth of all stakeholders.

In this study, exemplary leaders acknowledged having firsthand experience transforming conflict to find common ground based on definitions provided by the researcher. A mixed-method study would enhance understanding of key characteristics of common ground in mental health and build a foundation for understanding how finding common ground can be replicated.

Concluding Remarks and Reflections

I have come to the frightening conclusion that I am the decisive element. It is my personal approach that creates the climate. . . . In all situations, it is my response that decides whether a crisis is escalated or de-escalated, and a person is humanized or dehumanized. If we treat people as they are, we make them worse. If we treat people as they ought to be, we help them become what they are capable of becoming.

—Johann Wolfgang von Goethe

As I come to the end of this research study, I realize the degree to which leaders have the power to create a climate where conflict can be transformed and where finding common ground is possible. If we know common ground can be attained and can demystify how it is accomplished by exemplary leaders, then we must take steps toward

adopting these practices in the mental health field so that conflict is no longer a pervasive hindrance to providing the quality of care people need and deserve. Access to mental health care continues to be raised as a human rights issue throughout the world. In the United States, today, conflict surrounds the restructuring of the healthcare system. This is a critical time for leaders across sectors to step forward. It is an especially critical time for leaders in the mental health field to step forward as advocates and peers representing the voices of people with mental health needs who may otherwise go underrepresented in the politics of the evolving healthcare system.

Learning from the exemplary leaders who participated in this study inspired hope for generalizing what it is that they did to achieve their phenomenal outcomes in the interest of providing equitable care. They clearly demonstrated passion, skill, and adeptness for positively impacting the lives of others and were well equipped for transforming conflict situations. They also demonstrated the ability to balance addressing the *human* factors of organizational change while attaining desired organizational outcomes.

This matters to me personally because I believe that everyone, regardless of disability or mental health need, should be afforded equitable opportunities for success. I also believe that all can succeed when they get what they need. Professionally, I have had the honor of working for a mental health agency that does whatever it takes to help children and families in the most difficult times of their lives. In my career, I have seen how lives can be transformed when common ground is achieved across sectors in a system of care. I have also witnessed the inverse. And when systems fail and conflict

interferes with meeting desired outcomes in our field, it is at the cost of impacting the trajectory of human lives.

I have encountered a number of personal struggles since embarking on this doctoral journey. A significant part of what drove me to persist and persevere through the completion of this dissertation was that the purpose of this study was so closely aligned with my core values of family, respect, and equity. I believe the findings and conclusions drawn from this study are an important contribution to advancing practices and outcomes in the mental health field, which in effect moves us one step closer to a more just world, and this is one way I can do my part.

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White, P. C., Harvey, T. R., & Kemper, L. (2007). *The politically intelligent leader: Dealing with the dilemmas of a high-stakes education environment*. Lanham, MD: Rowman & Littlefield Education.

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APPENDICES

APPENDIX A

Synthesis Matrix

APA REFERENCE	BACKGROUND CHALLENGES & CONFLICT	ROLE of LEADERSHIP	BEHAVIORAL DOMAINS of CONFLICT TRANSFORMATION						COMMON GROUND	FOUNDATIONS for RESEARCH DESIGN
			COLLABORATION	COMMUNICATION	EMOTIONAL INTELLIGENCE	ETHICS	PROBLEM SOLVING	PROCESS		
Ackerman-Anderson, L. S., & Anderson, D. (2001). <i>The change leader's roadmap: how to navigate your organization's transformation</i> (2nd ed.). San Francisco, CA: Jossey-Bass.	X	X		X				X		
Aguilar, E. (2013). <i>The art of coaching: Effective strategies for school transformation</i> . San Francisco: Jossey-Bass.		X	X	X	X	X		X		
Anderson, D. L. (2012). <i>Organization development: The process of leading organization change</i> (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.	X	X	X	X				X		
Anderson, L. A. & Anderson, D. (2010a). <i>Beyond change management: How to achieve breakthrough results through conscious change leadership</i> (2nd ed.). San Francisco, CA: Pfeiffer.	X	X		X						
Anderson, L. A. & Anderson, D. (2010b). <i>The change leader's roadmap: How to navigate your organization's transformation</i> (2nd ed.). San Francisco, CA: Pfeiffer.	X	X		X						
Bailey, D. (2013). Mental health. In B. Littlechild & R. Smith (Eds.), <i>A handbook for interprofessional practice in the human services: Learning to work together</i> (pp. 91-102). Harlow, England: Pearson.	X		X	X						
Bar-On, R. (2006). The bar-on model of emotional-social intelligence (ESI). Consortium for research on emotional intelligence in organizations. Retrieved from www.eiconsortium.org					X		X			

Barr, H. (2013). Change and challenge in interprofessional education. In B. Littlechild & R. Smith (Eds.), <i>A handbook for interprofessional practice in the human services: Learning to work together</i> (pp. 38-49).	X									
Blanch, A. K., Boustead, R., Boothroyd, R. A., Evans, M. E., & Chen, H. (2015). The role of conflict identification and management in sustaining community collaboration: Report on a four-year exploratory study. <i>Journal Of Behavioral Health Services & Research, 42</i> (3), 324-333. doi:10.1007/s11414-015-9462-y	X	X	X	X	X		X	X	X	
Bechelli, M.J., Caudy, M. Gardner, T.M., Huber, A., Mancuso, D., Samuels, P., Shah, T. & Venters, H.D. (2014). Case studies from three states: Breaking down silos between mental health care and criminal justice. <i>Health Affairs, 33</i> , (3), 474- 481. doi: 10.1377/hlthaff.2013.1190	X									
Becker, A. E., & Kleinman, A. (2013). Global health: Mental health and the global agenda [Review Article]. <i>The New England Journal of Medicine, 369</i> , 66-73. doi: 10.1056/ NEJ Mr1110827	X									
Beckhard, R. (1969). What is organization development? In Gallos, J. V. (Ed.), <i>Organization development</i> (pp.3-12). San Francisco, CA: Jossey-Bass. ED037623. Retrieved from http://psycnet.apa.org/psycinfo/2006-11027-001	X	X								
Boothroyd, R. A., Evans, M. E., Chen, H., Boustead, R., & Blanch, A. K. (2015). An exploratory study of conflict and its management in systems of care for children with mental, emotional, or behavioral problems and their families. <i>Journal of Behavioral Health Services & Research, 42</i> (3), 310-323. doi:10.1007/s11414-014-9448-1	X	X	X	X	X	X	X	X	X	

Bradberry, T., & Greaves, J. (2009). <i>Emotional Intelligence 2.0</i> . San Diego, CA: TalentSmart.					X					
Brown, B., Crawford, P., & Darongkamas, J. (2000). Blurred roles and permeable boundaries: The experience of multidisciplinary working in community mental health. <i>Health & Social Care In The Community</i> , 8, 425-435. doi: 10.1046/j.1365-2524.2000.00268	X	X	X					X		
Butcher, J. N., Mineka, S., and Hooley, J. M., (2007). <i>Abnormal Psychology</i> . Ed. Susan Hartman. 13th ed. Boston: Pearson Education, Inc.	X									
Carnevale, P. J. (2006). Creativity in the outcomes of conflict. In M. Deutsch, P. T. Coleman, & E. C. Marcus (Eds.), <i>The handbook of conflict resolution</i> (2nd ed.) (pp. 414-435). San Francisco: Jossey-Bass.	X		X				X	X	X	
Carrier, J. & Kendall, I. (1995). Professionalism and interprofessionalism in health and community care: Some theoretical issues. In P. Owens, J. Carrier, & J. Horder (Eds.), <i>Interprofessional issues in primary and health care</i> . Basingstoke, England: Macmillan.	X	X								
California Institute for Behavioral Health Solutions. (2013). <i>Advanced Recovery Practices: A Breakthrough Series Collaborative Report Final Report</i> . Retrieved from http://www.cibhs.org/sites/main/files/file-attachments/arp_final_report__w-o_appendices_13_7_11.pdf	X	X								
California Institute for Mental Health, Care Coordination Collaborative. (2013). <i>Advancing recovery collaborative charter</i> . Unpublished Work 2014.	X	X								
Citizens Commission on Human Rights (2015, November 28). Author [website]. Retrieved from http://www.cchr.org/about-us/mental-health-declaration-of-human-rights.html	X									

Ciulla, J. B. (1995). Leadership ethics: mapping the territory. <i>Business Ethics Quarterly</i> , 5(1), 5-28. Retrieved from http://libproxy.chapman.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,uid&db=buh&AN=5953981&site=eds-live		X					X				
Coleman, P. T., & Deutsch, M. (2006). Creativity in the outcomes of conflict. In M. Deutsch, P. T. Coleman, & E. C. Marcus (Eds.), <i>The handbook of conflict resolution</i> (2nd ed.) (pp. 402-413). San Francisco: Jossey-Bass.	X	X						X			
Costongs, C., & Springett, J. (1997). Joint working and the production of a City Health Plan: The Liverpool experience. <i>Health Promotion International</i> , 12, 9-19.			X				X				
Covey, S. R., Merrill, R. R., & Jones, D. (1998). <i>The nature of leadership: Franklin Covey</i> .		X					X				
Culwick, M. & Wallace, C. (2013). Learning disabilities. In B. Littlechild & R. Smith (Eds.), <i>A handbook for interprofessional practice in the human services: Learning to work together</i> (pp. 103-116). Harlow, England: Pearson.	X	X	X	X			X				
Daft, R. L. (2012). <i>Organizational theory and design</i> (11th ed.). Mason, OH: South-Western Cengage Learning Publishers.				X							
Darlington, Y., & Feeney, J. A. (2008). Collaboration between mental health and child protection services: Professionals' perceptions of best practice. <i>Children And Youth Services Review</i> , 30, 187-198. doi:10.1016/j.childyouth.2007.09.005	X		X	X			X	X			
Dedrick, R. F., & Greenbaum, P. E. (2011). Multilevel confirmatory factor analysis of scale measuring interagency collaboration of children's mental health agencies. <i>Journal of Emotional Behavior Disorders</i> , 19 (1), 27-40. doi:10.1177/1063426610365879.	X	X	X					X			

Darlington, Y., Feeney, J. A., & Rixon, K. (2004). Complexity, conflict and uncertainty: Issues in collaboration between child protection and mental health services. <i>Children And Youth Services Review, 26</i> , 1175-1192. doi: 10.1016/j.chidyouth.2004.08.009	X			X				X			
Deutsch, M., Coleman, P. T., & Marcus, E. C. (2006). <i>The handbook of conflict resolution</i> (2nd ed.). San Francisco: Jossey-Bass.	X	X						X	X		
Felker, B. L., Chaney, E., Rubenstein, L. V., Bonner, L. M., Yano, E. M., Parker, L. E., ... Ober, S. (2006). Developing effective collaboration between primary care and mental health providers. <i>The Primary Care Companion to the Journal of Clinical Psychiatry, 8</i> , 12-16.	X		X					X	X	X	
Fernandez, A., Moreno-Peral, P., Zabaleta-del-Olmo, E., Bellon, J. A., Aranda-Regules, J. M., Luciano, J. V., . . . Rubio-Valera, M. (2014). Is there a case for mental health promotion in the primary care setting? A systematic review. <i>Preventive Medicine, 76</i> , S5-S11. doi: 10.1016/j.ypmed.2014.11.019	X		X								
Fisher, R. J. (2006). Intergroup conflict. In M. Deutsch, P. T. Coleman, & E. C. Marcus (Eds.), <i>The handbook of conflict resolution</i> (2nd ed.) (pp. 176-196). San Francisco: Jossey-Bass.	X	X	X		X				X	X	
Franke, F., & Felfe, J. (2011). How does transformational leadership impact employees' psychological strain? Examining differentiated effects and the moderating role of affective organizational commitment. <i>Leadership, 7</i> , 295-316.	X	X			X						
Fried, J. (2015). Is Too Much Collaboration a Bad Thing? TED Radio Hour. NPR. Retrieved from http://www.npr.org/player/v2/mediaPlayer.html?action=1&t=3&islist=true&id=57&d=07-12-2013	X		X								

Foerschner, A. M. (2010). The history of mental illness: From skull drills to happy pills. <i>Student Pulse</i> , 2 (9). Retrieved from http://www.studentpulse.com/a?id=283	X									
Gomes de Matos, F. (2006). Language, peace, and conflict resolution. In M. Deutsch, P. T. Coleman, & E. C. Marcus (Eds.), <i>The handbook of conflict resolution</i> (2nd ed.) (pp. 158-175). San Francisco: Jossey-Bass.	X			X						
GuideStar USA. (2015). Mental Health. Retrieved from the GuideStar database.	X									
Hall, D. (2003). Child protection-lessons from Victoria Climbié. <i>British Medical Journal</i> , 326, 293-294.	X									
Hamme, D. (2015). <i>Customer focused process innovation: Linking strategic intent to everyday execution</i> . New York: Publisher.								X		
Hammick, M., Freeth, D., Copperman, J., & Goodsman, D. (2009). <i>Being interprofessional</i> . Cambridge: Polity Press.	X		X			X				
Hammond, S. A. (1998). <i>The thin book of appreciative inquiry</i> (2nd ed.). ISBN 0966537319: Thin Book Publishing Co.			X					X		
Hansen, M. (2009). <i>Collaboration: How leaders avoid the traps, create unity, and reap big results</i> . Boston: Harvard Business Press.	X	X	X				X	X		
Harvey, T. R., Bearley, W. L., & Corkrum, S. M. (1997). <i>The practical decision maker: A handbook for decision making and problem solving in organizations</i> . Scarecrow Press.		X		X				X		
Harvery, T. R., & Drolet, B. (2005). <i>Building teams, building people: Expanding the fifth resource</i> (2nd ed.). New York: Rowman & Littlefield Education.		X	X					X		

Heifetz, R. A., Linsky, M., & Grashow, A. (2009). <i>The practice of adaptive leadership : Tools and tactics for changing your organization and the world</i> . Boston, Mass: Harvard Business Review Press.	X	X			X						
Hellriegel, D., & Slocum Jr., J. W. (2004). <i>Organizational Behavior</i> (10th ed.): Thomson South Western.				X							
Health Insurance Portability and Accountability Act of 1996, Pub.L. No. 104–191, § 110, Stat. 1936 (1996).	X										
Hogan, M. F. (2003). <i>New freedom commission report: The president’s new freedom commission: Recommendations to transform mental health care in America</i> . American Psychiatric Publishing, 54 (11), 1467-1474. doi:0.1176/appi.ps.54.11.1467	X										
Holtzman, E. (2012). <i>A home away from home: Luxurious accommodations were the staples of America’s age asylums, which offered state-of-the-science treatment- for the rich only</i> . American Psychological Association, 43 (3). Retrieved from http://www.apa.org/monitor/2012/03/asylums.aspx	X										
Horowitz, J. (2007). <i>Making every encounter count: Building trust and confidence in the police</i> . <i>National Insitute of Justice Journal</i> , 256. Retrieved from http://www.nij.gov/journals/256/pages/building-trust.aspx									X		
Hubert, C., Reese, P., & Sanders, J. (2013, April 14). <i>Nevada buses hundreds of mentally ill patients to cities around country</i> . <i>The Sacramento Bee</i> . Retrieved from http:// www.sacbee.com	X										

Hughes, J. & Urwin, S. (2013). Working in partnership to develop local arrangements for interagency and interprofessional services: A case study. In B. Littlechild & R. Smith (Eds.), <i>A handbook for interprofessional practice in the human services: Learning to work together</i> (pp. 62-75). Harlow, England: Pearson.	X	X	X	X			X					
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Janis, I. L. (1982). <i>Groupthink: Psychological studies of policy decisions and fiascoes</i> (2nd ed.). New York: Houghton Mifflin.	X											
Jonhson, D. W., Johnson, R. T., Tjosvold, D. (2006). Creativity in the outcomes of conflict. In M. Deutsch, P. T. Coleman, & E. C. Marcus (Eds.), <i>The handbook of conflict resolution</i> (2nd ed.) (pp. 69-91). San Francisco: Jossey-Bass.	X	X	X					X	X	X		
Kaiser Permanente (2013). Community Health Needs Assessment for KFHOakland. (License No. 140000052). Retrieved from http://share.kaiserpermanente.org/wp-content/uploads/2013/09/Oakland-CHNA-2013.pdf	X											
Kecskes, I., & Zhang, F. (2009). Activating, seeking, and creating common ground: A socio-cognitive approach. <i>Pragmatics & Cognition</i> , 17(2), 331-355.											X	
Kegan, R. (1994). <i>In over our heads: The mental demands of modern life</i> . Cambridge: Harvard University Press.	X	X	X	X	X	X	X				X	
Kegan, R., & Lahey, L. L. (2001). <i>How the way we talk can change the way we work: Seven languages for transformation</i> . San Francisco, CA: John Wiley & Sons.	X	X		X								

Knapp, M. S. (1995). How shall we study comprehensive, collaborative services for children and families? <i>Educational Researcher</i> , 24 (4), 5-16. doi: 10.3102/001318 9X024004005	X									
Kouzakova, M., Ellemers, N., Harinck, F., & Scheepers, D. (2012). The implications of value conflict: how disagreement on values affects self-involvement and perceived common ground. <i>Personality & Social Psychology Bulletin</i> (6), 798.	X									
Krauss, R. M., & Morsella, E. (2006). Communication and conflict. In M. Deutsch, P. T. Coleman, & E. C. Marcus (Eds.), <i>The handbook of conflict resolution</i> (2nd ed.) (pp. 144-157). San Francisco: Jossey-Bass.	X			X						
Kressel, K., Forntera, E. A., Forlenza, S., Butler, F., & Fish, L. (1994). The settlement-orientation vs. the problem-solving style in custody mediation. <i>Journal of Social Issues</i> , 50, 67-84. doi: 10.1111/j.1540-4560.1994.tb02398.x	X	X						X	X	
Langman, P. (2008). The search for truth at columbine [document]. School Shooters .Info. Retrieved from https://schoolshooters.info/sites/default/files/search_for_truth_at_columbine_2.2.pdf	X									
Larick, K. & White, P. (2012, June). A series of lectures: Common ground. Brandman EDOL Immersion, Irvine, CA.	X	X	X	X	X	X	X	X	X	
LeBaron, M. (2003). <i>Bridging cultural conflicts: A new approach for a changing world</i> . San Francisco: Josey-Bass.	X	X			X				X	
Lencioni, P. (2002). <i>The five dysfunctions of a team: A leadership fable</i> . San Francisco: Jossey-Bass.	X	X	X					X		
Littlechild, B., & Smith, R. S. (2013). <i>A handbook for interprofessional practice in the human services: Learning to work together</i> . Harlow, England: Pearson.	X		X	X			X	X	X	

Lloyd, J. & Wait, S. (2005). Integrated care: A guide for policymakers [pdf file]. Report based on European Social Network Conference in Edinburgh. Retrieved from http://www.ilcuk.org.uk/downloads/Integrated%20Care%20-%20A%20Guide%20for%20Policymakers.pdf	X	X	X	X						
Mattessich, P., & Monsey, B. (1992). Collaboration: What makes it work. St. Paul, MN: Amherst H. Wilder			X				X		X	
Maxwell, J. C. (2010). Everyone communicates few connect; What the most effective people do differently. Nashville, TN: Thomas Nelson, Inc.				X					X	
McMillan, J. H., & Schumacher, S. (2010). Research in education: Evidence-based inquiry (7th ed.). Upper Saddle River, NJ: Pearson Education, Inc.										X
Mental Health America (2015). Mental illness and the family: Recognizing warning signs and how to cope. Mental Health America. Retrieved from http://www.mentalhealthamerica.net/recognizing-warning-signs	X									
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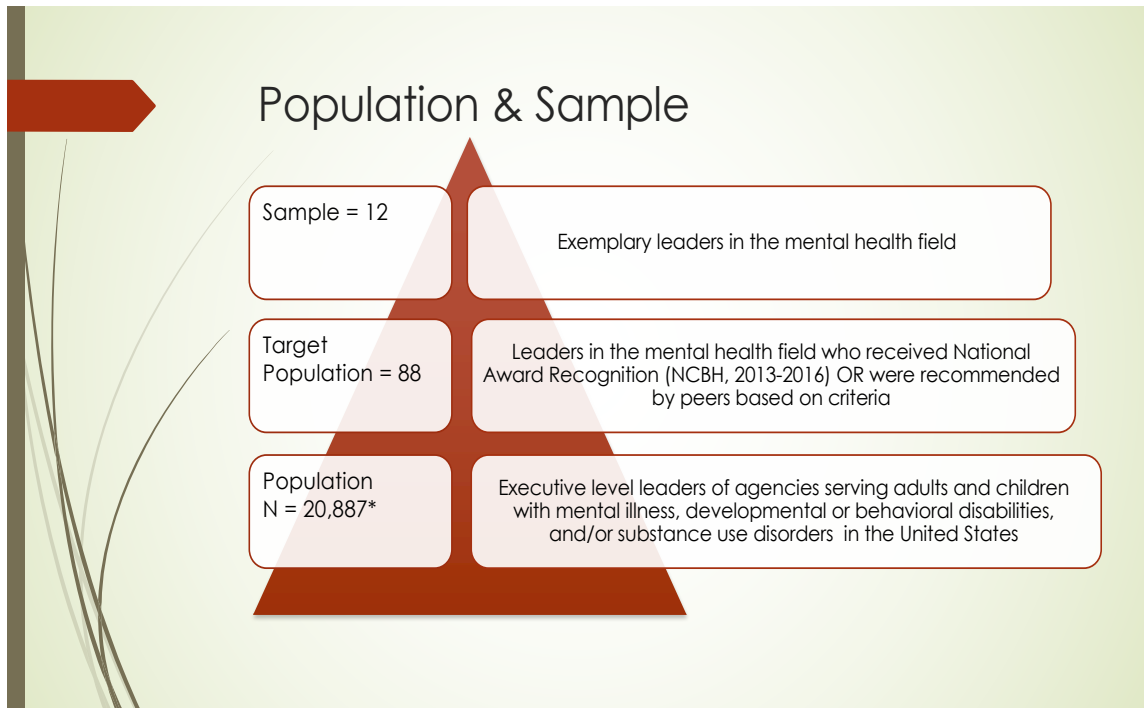
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Wyatt, W. (2014). Communication skills: The ultimate guide to improve your communication skills and get your ideas across. San Bernardino, CA: William Wyatt.		X		X						

APPENDIX B

Population and Sample



APPENDIX C

Participant Recruitment Flyer



**Exemplar Leaders needed for
Research Study!!!**

March 2016



**Recent Awards of Excellence in the Mental Health Field Distinguish
YOU as an Exemplar Leader**

What is the purpose of the study?

The purpose of this thematic research study is to discover and describe how exemplar leaders establish common ground and produce breakthrough results across fields by utilizing the six domains of conflict transformation: communication, collaboration, problem solving, process, emotional intelligence, and ethics.

What makes me a good candidate for the study?

You are an ideal candidate for this study have experience in the following areas: successful relationships with stakeholders, breaking through conflict to achieve organizational success, 5 or more years in the field, recognition by peers, membership in mental health or related associations, and written publications or presentations at conferences or events

What is the commitment?

If selected, participants will be scheduled for a 30-60 minute interview

About the Researcher

Tamarah Tilos started her path as a Mental Health Counselor before going on to become a Special Education Teacher. She is now an Unconditional Education Coach for Seneca Family of Agencies and a Doctoral Candidate at Brandman University.

Participants
will be entered
into a raffle for
a KINDLE
FIRE!

IF INTERESTED

Call: (510) 318-0073

Email: tilo5701@mail.brandman.edu

APPENDIX D

Interest Survey



Interest Survey

Thank you for your interest in participating in the study! Please answer the following questions.

* Required

Name: *

What is the name of your current organization? *

What is your current position in the organization? *



Demographic Information

How long have you been serving in a leadership role within your organization? *

How long have you been working in mental health in a U.S. organization? *

In how many mental health organizations have you worked? *

Please indicate which best describes your age category: *

Choose one

Please indicate your highest area of educational attainment: *

Please indicate area(s) of study:

As an exemplar leader, do you have the following characteristics?

Please check Yes or No.

Successful relationships with stakeholders *

- Yes
- No

Experience breaking through conflict to achieve organizational success *

- Yes
- No

Five or more years of experience in the mental health field *

- Yes
- No

Written, published, or presented at conferences or association meetings *

- Yes
- No

Recognition by peers in the field *

- Yes
- No

Membership in associations of groups focused on mental health *

- Yes
- No

Interest in Participation

Are you willing to participate in a 30-60 minute interview? *

If you select "Other" please indicate factors influencing your motivation to participate.

- Yes
- No
- Other:

Submit

Never submit passwords through Google Forms.

Powered by
 **Google Forms**

This form was created inside of Brandman University.
[Report Abuse](#) - [Terms of Service](#) - [Additional Terms](#)

APPENDIX E

Letter of Invitation to Subjects



Page 1 of 2 RESEARCH STUDY INVITATION LETTER (SAMPLE)

February 4, 2016

Dear _____:

You are invited to participate in a research study conducted by Brandman University. The main investigator of this study is Tamarah E. Tilos, Doctoral Candidate in Brandman University's Doctor of Education in Organizational Leadership program. You were chosen to participate in this study because you are an exemplar director of a mental health organization. Approximately 12-15 leaders of mental health organizations will be enrolled in this study. Participation should require no more than two hours of your time and is entirely voluntary. You may withdraw from the study at any time without consequences.

PURPOSE: The purpose of this phenomenological study is to discover and describe how exemplar leaders establish common ground and produce breakthrough results in mental health care by utilizing the Six Domains of Conflict Transformation Behaviors. Results from the study will be summarized in a doctoral dissertation.

PROCEDURES: If you decide to participate in the study, you will be invited to participate in a one-on-one interview using an on-line platform and asked a series of questions designed to allow you to share your experience as an exemplar mental health director and how you used the 6 Domains of Conflict Transformation (collaboration, communication, emotional intelligence (EI), ethics, problem-solving and process) to find common ground. The interviews will be audio-recorded for transcription purposes.

RISKS, INCONVENIENCES, AND DISCOMFORTS: There are no known major risks to your participation in this research study. The interview will be at a time and place convenient for you. Some interview questions may cause mild emotional discomfort if sharing your experience involves significant personal involvement.

POTENTIAL BENEFITS: There are no major benefits to you for participation, nonetheless a potential benefit may be that you will have an opportunity to identify future best practices of utilizing the six domains of conflict transformation for other mental health directors. The information from this study is intended to help to guide and norm best leadership practices to build common ground across sectors, as well as among stakeholders, and potentially shift long-term outcomes for individuals receiving care. Shifting long-term outcomes for individuals receiving care could also mean circumventing the greater negative societal impacts of mental health disparity.



Page 2 of 2 RESEARCH STUDY INVITATION LETTER (SAMPLE)

ANONYMITY: Records of information that you provide for the research study and any personal information you provide will not be linked in any way. It will not be possible to identify you as the person who provided any specific information for the study. You are encouraged to ask any questions, at any time, that will help you understand how this study will be performed and/or how it will affect you. For any questions please contact the principle investigator, Tamarah Tilos, at (510) 318-0073 or via e-mail at tilo5701@mail.brandman.edu. If you have any further questions or concerns about this study or your rights as a study participant, you may write or call the Office of the Executive Vice Chancellor of Academic Affairs, Brandman University, and 16355 Laguna Canyon Road, Irvine, CA 92618, (949) 341-7641.

Respectfully,

Tamarah Tilos, M.A. Special Education
Ed.D. Candidate, Organizational Leadership
22280 City Center Drive #4324
Hayward, CA 94541
(510) 318-0073
tilo5701@mail.brandman.edu

APPENDIX F

Research Participant's Bill of Rights



BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD

Research Participant's Bill of Rights

Any person who is requested to consent to participate as a subject in an experiment, or who is requested to consent on behalf of another, has the following rights:

1. To be told what the study is attempting to discover
2. To be told what will happen in the study and whether any of the procedures, drugs or devices are different from what would be used in standard practice.
3. To be told about the risks, side effects or discomforts of the things that may happen to him/her.
4. To be told if he/she can expect any benefit from participating and, if so, what the benefits might be.
5. To be told what other choices he/she has and how they may be better or worse than being in the study.
6. To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study.
7. To be told what sort of medical treatment is available if any complications arise.
8. To refuse to participate at all before or after the study I started without any adverse effects.
9. To receive a copy of the signed and dated consent form.
10. To be free of pressures when considering whether he/she wishes to agree to be in the study.

If at any time you have questions regarding a research study, you should ask the researchers to answer them. You also may contact the Brandman University Institutional Review Board, which is concerned with the protection of volunteers in research projects. The Brandman University Institutional Review Board may be contacted either by telephoning the Office of Academic Affairs at (949) 341-9937 or by writing the Vice Chancellor of Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA, 92618

Brandman University IRB

Adopted

November 2013

APPENDIX G

Informed Consent Form



Page 1 of 2 INFORMED CONSENT FORM

INFORMATION ABOUT: Finding Common Ground: Learning from Leaders who Have Utilized Conflict Transformation Behaviors in Mental Health Organizations

RESPONSIBLE INVESTIGATOR: Tamarah E. Tilos

PURPOSE OF STUDY: You are being asked to participate in a research study conducted by Tamarah Tilos, M.A., a doctoral student from the Brandman University Ed.D. Doctoral Program. This qualitative study is designed to allow for gathering of data using first hand accounts from exemplar mental health directors. The purpose of this phenomenological study is to discover and describe how exemplar leaders establish common ground and produce breakthrough results in mental health care by utilizing the Six Domains of Conflict Transformation Behaviors.

Through the combined efforts of the peer researchers in this thematic study, the outcomes may yield new and exciting information that can be duplicated by future researchers and ultimately generalized to the larger population.

Understanding how exemplar leaders use ethics, process, emotional intelligence, problem solving, collaboration and communication will provide structural insight on the application of conflict transformation behaviors. This study will further contribute to the field by addressing a gap in literature on the role of leadership, conflict transformation, and common ground in the mental health field. This study will also build on the body of knowledge of effective practices in inter-agency collaboration, and hone in on the need to more deeply understand how conflict transformation behaviors can be applied so consumers in need of care experience a continuum of services that are easily accessible and focused toward prevention and early intervention.

By participating in this study I agree to participate in a private one-on-one interview. The one on-one interview will last between 30 – 60 minutes. It may be conducted using an online platform called Adobe Connect and will be audio recorded. Completion of the one-on-one interview will take place during the month of March 2016.

I understand that:

_____ a) There are minimal risks associated with participating in this research. I understand that the Investigator will protect my confidentiality by keeping the identifying codes and research materials in a locked filing cabinet that is available only to the researcher. I understand the audio recordings WILL NOT be used by the researcher beyond the use as stated in initial scope of this research.

Participant # _____



Page 2 of 2 INFORMED CONSENT FORM

_____ b) The possible benefit of this study to me is that my input may contribute to understanding exemplary leadership behaviors for addressing conflict to find common ground and achieve breakthrough results in U.S. mental health organizations. The findings will be available to me at the conclusion of the study including results from available data and recommendations. I understand that I will not be compensated for my participation, but will be entered into a raffle for a Kindle Fire Tablet wherein an on-line random winner generator tool will be used to identify the prizewinner.

_____ c) Any questions I have concerning my participation in this study will be answered by Tamarah Tilos. She can be reached by e-mail at tilo5701@mail.brandman.edu or by phone at (510) 318-0073. I may also contact the researcher's dissertation chair, Keith Larick, Ed.D. by e-mail at larick@brandman.edu or by phone at (916) 212-5410.

_____ d) My participation in this research study is voluntary. I may decide to not participate in the study and I can withdraw at any time. I can also decide not to answer particular questions during the interview if I so choose. I understand that I may refuse to participate or may withdraw from this study at any time without any negative consequences. Also, the Investigator may stop the study at any time.

_____ e) No information that identifies me will be released without my separate consent and all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, I will be so informed and my consent re-obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Executive Vice Chancellor of Academic Affairs, Brandman University, at 16355 Laguna Canyon Road, Irvine, CA 92618, (949) 341-7641.

_____ f) I acknowledge that I have received a copy of this form and the "Research Participant's Bill of Rights." I have read the above and understand it and hereby consent to the procedure(s) set forth.

Participant Signature

Date Signed

Researcher Signature
Tamarah E. Tilos, M.A.

Date Signed

Participant # _____

APPENDIX H

Interview Protocol

General Question: As a leader in the mental health field, can you share a time when you were faced with a conflict in your organization and you developed common ground with stakeholders in order to break through the conflict? Please tell me about the conflict and what you went through to break through that conflict.

Collaboration

General Question

Set up: Collaboration can be a key component in transforming conflict within many organizations.

1. Can you share a story about a time when you used “collaboration” with internal stakeholders who were opposed to some direction in your organization, to find common ground and achieve breakthrough results?

Set up: The ability to involve others for mutually agreed upon goals is a major component of many leadership positions.

2. Can you share a story about a time when you used “collaboration” as the leader in your organization, to find common ground and achieve breakthrough results with external stakeholders to move through conflict?
3. In your experience as the organizational leader how has collaboration been a key element in finding common ground to navigate through conflict with stakeholders?

Follow-Up Questions

1. What were the specific aspects of collaboration that created breakthrough results?
2. What was the final result?

Communication

General Question

1. Can you share a story about a time when you used “communication” as the leader in your organization, to find common ground and achieve breakthrough results with stakeholders to move through conflict?
2. Please share an experience you’ve had as the leader of the organization, when “communication” was a critical aspect in finding common ground with stakeholders?

Follow-Up Questions

1. How did you use communication to transform the conflict into a more positive situation?
2. How did communication play a critical role?
3. What was the final result?

Emotional Intelligence

General Question

1. Please tell me about a time when emotional intelligence helped you to transform conflict and find common ground.

2. Was there a time when you used self-awareness or self-management to transform a particularly difficult conflict?
3. Was there a time when you used social awareness or relationship management to help you break through conflict?

Follow-Up Questions

1. How do you feel that being emotionally intelligent helped you break through conflict?
2. How do you feel those competencies helped you succeed in transforming the conflict?
3. What common ground were you able to achieve?
4. Can you describe how those competencies helped you succeed?

Ethics

Set up: As a leader, ethics intersects your job in a number of ways. This includes your personal ethics, the ethics of your stakeholders, and how ethics are related to the practice of the organization.

1. What have been the different types of ethical or moral dilemmas have you had occur during times of conflict with your primary stakeholders?
2. Most leaders face ethical dilemmas during their tenure. Can you share with me a time when you felt that your ethical values may have been similar or different from those in your organization?

Follow-Up Questions

1. What steps (processes) did you take to achieve common ground?

2. What was the most difficult part of this process?

Problem Solving

General Question

1. Tell me how you engage others in problem solving in order to achieve common ground.
2. Can you tell me about a conflict situation where you needed to achieve common ground and used problem solving skills to break through the conflict?
3. Which of the elements or problem solving strategies was most helpful in transforming the conflict to a more positive outcome?

Follow-Up Questions

1. How do you identify the underlying causes of the problem at hand?
2. How do you create a solution?
3. Please give me an example of when you have used this process.
4. What steps did you take to solve the problem?
5. How do you feel these skills helped you to transform the conflict into a more positive situation?
6. Can you describe the impact of those strategies on those involved in the process?
7. What impact did it have on you?

Process

Set up: As the leader within your organization, understanding and managing various processes is probably not as glamorous as most people are lead to believe, but they are necessary.

General Question

1. Can you talk about processes, and in particular, if you had any conflict and what processes that you used with those who were resistant or in conflict?
2. What processes have you utilized to transform or neutralize a heavy conflict situation so that parties can engage in constructive dialogue?

Follow-Up Questions

1. What process did you use to establish common ground?
2. I am interested to know your process on how you get people on your team to move beyond consensus to common ground?
3. What was the final result?
4. How important of a process is this to a leader within their organization?

APPENDIX I

Transcriptionist Confidentiality Form



Page 1 of 1

TRANSCRIPTIONIST CONFIDENTIALITY FORM

RESEARCH STUDY TITLE: Finding Common Ground: Learning from Leaders who Have Utilized Conflict Transformation Behaviors in Mental Health Organizations

DECLARATION OF CONFIDENTIALITY

I, _____, agree to serve as transcriptionist for the above titled research study. I understand that my role during the study is only to transcribe the audio for each one-on-one interview. I understand the importance of maintaining the confidentiality of study participants. Therefore, I will not share any information about the individuals participating in the above study that will connect them to any data gathered and transcribed during the one-on-one interviews or reported in the final dissertation.

Transcriptionist Signature

Date Signed

Researcher Signature
Tamarah E. Tilos M.A.
Doctoral Candidate

Date Signed

APPENDIX J

Intercoder Reliability

