Collaborative Leadership

Building Trust

Participant's Guide

TurningPoint

Collaborating for a New Century in Public Health

Collaborative Leadership Skills – A Critical Component

Because collaborative interaction is challenging, it takes special skills to shepherd a group through this developmental continuum. Collaborative leadership is apparent in those who inspire commitment and action, lead as a peer problem solver, build broad-based involvement, and sustain hope and participation. Based on research with noted leadership experts and the public health practice community, the Turning Point Leadership Development National Excellence Collaborative identified a number of core collaborative leadership capacities in 2001. This National Excellence Collaborative, funded by The Robert Wood Johnson Foundation and made up of public health practitioners from around the country, has worked to better define, describe, and build the skills of collaborative leadership among those who participate in public health work.

Collaborative Leadership Practices

Clearly there are a number of critical skills and capacities collaborative leaders should possess. Many of the skills are not necessarily unique to a collaborative form of leadership and have already been described in the literature and developed into training curricula. The work of the Turning Point Leadership Development National Excellence Collaborative, however, has illustrated six key practices that are unique to the practice of leading a collaborative process. They are:

- Assessing the Environment for Collaboration: Understanding the context for change before you act.
- Creating Clarity – Visioning & Mobilizing: Defining shared values and engaging people in positive action.
- Building Trust & Creating Safety: Creating safe places for developing shared purpose and action.
- Sharing Power and Influence: Developing the synergy of people, organizations, and communities to accomplish goals.
- Developing People – Mentoring and Coaching: Committing to bringing out the best in others and realizing people are your key asset.
- Self-Reflection – Personal CQI (Continuous Quality Improvement): Being aware of and understanding your values, attitudes, and behaviors as they relate to your own leadership style and its impact on others.

Each of these elements is key to the collaborative process. They are not mutually exclusive but support each other and provide a comprehensive picture of the essential skills of a collaborative leader.

Assessing the Environment: This is the capacity to recognize common interests, especially the capacity to recognize and understand other perspectives. It is a fundamental quality of collaborative leadership. Collaboration seeks goal attainment around shared visions, purposes, and values. When he or she brings different points of views to an issue or problem, a collaborative leader facilitates connections and encourages group thinking that identifies clear, beneficial change for all participants. The goal is to set priorities and then identify barriers and obstacles to the achievement of priorities.

Creating Clarity: Having clarity of values is a quality that characterizes collaborative leaders. Whether it is commitment to a cause that transcends the self, the recognition of a spiritual reality or imperative, ethical and moral standards that provide guidance—whatever the source of the inner gyroscope—collaborative leaders seem to exhibit clarity of purpose, often about creating and sustaining a process. "Visioning and mobilizing," in relation to clarity of values, has to do with a commitment to a process or a way of doing things. Often "mobilizing" refers specifically to helping people develop the confidence to take action and sustain their energies through difficult times. Clarity leads to focus which leads to increased group energy (power). Often too little time is spent in the process of "informal exploring" to understand problems, thereby developing clarity. A shared vision can be inspiring.

Building Trust: The capacity to promote and sustain trust is often overlooked in the collaborative process. Leaders sometimes believe that, once individuals or groups are gathered together, a plan can be made easily and commitment obtained. If a collaborative leader fails to engender trust among participants, however, their involvement will wane, and the best ideas and innovative approaches will not be shared. In this context, the collaboration will have lost its capacity to draw the best ideas from those involved.

Sharing Power and Influence: The capacity to share power and influence is an uncommon trait among leaders. American society traditionally rewards individual achievement, but collaboration cannot be achieved through a solo effort. Participants in the decision-making process need to feel empowered in order to contribute fully. Too often it is only the head of an organization who receives public accolades, despite the fact that the success was only possible through the shared effort and wide range of experience of a large team of people. Rather than being concerned about losing power through collaboration, leaders need to see that sharing power actually generates power…that power is not a finite resource.

Developing People: This practice is best described as a genuine concern for bringing out the best in others, maximizing the use of other people's talents and resources, building power through sharing power, and giving up ownership or control. These are themes that relate to realizing and promoting the potential in other people. Coaching and mentoring creates power, which increases leadership capacities and builds confidence by encouraging experimentation, goal-setting, and performance feedback.

Self-Reflection: Collaborative leaders are personally mature. To be successful leading a collaborative process, individuals must use self-reflection to examine and understand their values and think about whether their behaviors are congruent with their values. At critical junctures in the collaborative process, through reflection, successful leaders make time to consider verbal and nonverbal communication within the group. They think critically about the impact their actions and words have on the group's progress toward achieving its goals. Great collaborative leaders have the ability to recognize the impact of their behavior and adjust accordingly.

The following pages provide background material for learning activities in which you will be engaged during this workshop.

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Module Purpose and Objectives

Purpose

Provide a forum in which to experience and discuss the importance of building trust and creating safety in collaborative leadership.

Learning Objectives

1. Increase the conceptual understanding of Building Trust and the interrelationship of the six Collaborative Leadership practices.

2. Identify skills and qualities associated with the collaborative practice of Building Trust.

3. Identify the characteristics of trust required in a collaborative leader.

4. Experience the development of trust and distrust in a group setting.

5. Examine how trust issues operate in authentic situations.

6. Explore the necessary elements of the trust building process as illustrated in authentic examples.

7. Explore approaches to building trust in historically disenfranchised communities.

8. Complete a personal learning plan to increase competency in building trust and safety using the outcomes of the self-assessment and awareness of resources for extended learning.

Collaborative Leadership
Building Trust
Self-Assessment Exercise

For each item, circle one rating under the "Behavior Frequency" column indicating your view of how often you exhibit that behavior. Your responses to this questionnaire are for your own use. You will not be asked to share your scores after you have answered. You will be asked to use your score and your responses to help you develop a personal learning plan.

BEHAVIOR FREQUENCY

	Behaviors	Seldom		Sometimes		Often		Almost Always
1	I build communication processes that make it safe for people to say what is on their minds.	1	2	3	4	5	6	7
2	I refuse to engage in "rigged" processes.	1	2	3	4	5	6	7
3	I protect the group from those who would wield personal power over the collaborative process.	1	2	3	4	5	6	7
4	I create credible processes for collaborating.	1	2	3	4	5	6	7
5	I ensure that processes for exercising collaborative leadership are open to all stakeholders.	1	2	3	4	5	6	7
6	I ensure that the processes for collaborative leadership are transparent to all stakeholders.	1	2	3	4	5	6	7
7	During the first stage of creating collaborative relationships, I establish the common ground among the stakeholders.	1	2	3	4	5	6	7
8	I approach collaboration by relying heavily on building trust among stakeholders.	1	2	3	4	5	6	7
9	I "walk the talk", i.e., I do what I say I will do.	1	2	3	4	5	6	7
10	I demonstrate to my peers that I believe that trust is the foundation for successful collaboration.	1	2	3	4	5	6	7

Your Score: Add all the circled behavior frequencies. Write the number in the box.

70 – 61 Excellent Score   40 - 21 Opportunities for Growth
60 – 41 Stronger Score   20 - 1   Important to Change Behavior

Written Comments:

What do you think are your strengths in building trust as a collaborative leader?

What do you think are your most important areas for improvement in building trust?

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Trust Account	
Deposits	**Withdrawals**

Source: Adapted from Covey, S. *The Seven Habits of Highly Effective People.*

Case Study #1: The Policy Coordinating Committee

The Institute had been working for a year or so in a distressed rural community developing projects with the assistance of its associated university and the local governments. The projects were meeting with a good degree of success because they reflected obvious, easily obtainable needs (cherry picking). However, underlying local government interaction were serious issues of mistrust. In addition, the local non-profit had just appointed their third executive director in as many years. The Institute's white personnel had a long, trusting relationship with a number of both black and white leaders in the community. However, the Institute, itself, had not established a broad-based, positive, trusting relationship with both the black and white leadership/non-leadership through formal channels.

In line with its stated commitment, the Institute was looking for ways to increase its level of activity in the community. The distressed community had a wealth of social and programmatic needs that could be addressed with technical assistance from the Institute and its university. It was felt that many local leaders appreciated the expertise and resources the Institute brought to the community. Therefore, the Institute saw an opportunity to organize a group of local leaders into a policy coordinating committee. Proposed members of the committee included the sheriff, a town mayor, a probate judge, and members of the clergy. The purpose of the group was two-fold: to coordinate outside technical assistance going into the community and to assist in repairing internal county relationships (race, governmental, etc.). The committee would be a core component to deliver Institute and university programs.

The Institute staff began a careful evaluation and consultation process to select the committee composition and membership. Seventeen community members were selected. Each of those selected received a phone call or personal visit explaining the purpose of the committee and their requested participation. The Institute sent letters inviting each of the seventeen potential members to the inaugural meeting. Five invitees actually showed.

Those that attended agreed that some forum was needed to address the community's issues. However, they did not see the Institute as being that forum. The prevailing attitude was that "we need to handle this ourselves." The new non-profit executive director informed the group that he was holding a meeting in a few weeks that would connect the community's problem with a responsive program. He and others suggested that the committee be put on hold until after that meeting. However, the non-profit program turned into a 'bust" when it became clear that the "responsive" program was educational accountability – an idea that was not discussed with the school system. Today, while the Institute continues to conduct projects and provide technical assistance in the community, no coordination body was ever formed.

The policy coordinating committee failed for many reasons, including:

- The Institute had no history with most members of the proposed committee or the community at large. Although Institute staff had earned trust with many members of the community's leadership, this trust was not yet attached to the new Institute, nor did trust transcend from local individual leader to local individual leader.

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- There was a very high level of mistrust between local residents and an even higher level of mistrust for "outsiders." This was most evident in issues involving the school system. In recent years, the school system was taken over by the state department of education. This act reinforced animosity of many residents towards outsiders.
- The lack of appropriate communications to prospective board members also derailed the committee. The Institute never conveyed a strong enough case about why the committee was needed. Nor did the Institute enlist a strong local leader to approach others and make a case for being a committee member.
- The community accepted the Institute as a provider of technical assistance – strategic planning, grantsmanship, marketing, design, etc. However, local perception may have shifted when the Institute tried to change its role from a service provider to leadership convener. Turf issues may have arisen when an outside entity decided to form its own committee in the community.

Even though the policy coordinating committee was a good idea, the concept lacked broad-based local participation in the development process – the idea wasn't theirs. Also, the Institute had overstepped its accepted role in the community. This was fatal considering the recent groundswell of mistrust for "outsiders."

Guide question:

What could the Institute have done to prevent this failure?

Case Study #2: Growth and Economic Development in South Carolina

South Carolina is facing a critical challenge. As one of the poorer states, South Carolina needs to grow economically. Along an interstate corridor and the South Carolina coast, growth is rapid and barely controlled. Environmentalists fear a loss in the quality of life (which is one of the primary reasons why people are moving to South Carolina). Economic developers fear regulations or controls on growth because they say it will stymie growth the state so desperately needs. Both sides are right.

A meeting was held between growth advocates and economic development promoters to discuss an underlying issue in the debate over growth and property rights. The details of this issue are complex and intriguing, but the overarching issue is as follows:

Governmental entities (planning commissions, etc.) and environmental groups believe there needs to be control over growth and expansion as a way to protect the greater good. They do not trust the economic development advocates to exercise the restraint necessary to protect the environment.

Growth advocates do not trust government and the environmentalists to understand the need for growth and fear they over-react to the issue.

A two-day meeting of both sides was suggested for the purpose of coming to agreement in principle on how to deal with the property rights issue.

The two-day discussion plus an overnight was planned so that both sides could interact and discuss the issues.

Guide question:

Imagine you are the convener of the two-day retreat. What would you do to increase trust between the two groups?

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Case Study #3: An African-American Beach Community

A coastal community featured the only historically African-American beach in the Southeast. As integration took hold and there was no longer an exclusive market for this community, it began to decline and is home to many vacant or dilapidated residential and commercial buildings, which have become havens for drug dealers. A divisive and contentious council leads the community. The property encompassed by the community represents the most undervalued property on the East Coast, yet it is surrounded by one of the country's most well known resort communities.

Many attempts to revitalize the community have been made by governmental and private interests. The community has rejected all of them. The rejections stem from a fear by residents that their property will be taken away from them or they will be paid less than its true value. Many also fear displacement.

Many of the "deals" for revitalization have included provisions addressing the concerns of those community members who want to participate or to be protected from displacement. This situation has gone on for 30 years and despite the continued decline of the community, no one seems to want change.

The resistance stems from a lack of trust based on the following factors:

- Most of the plans and projects for revitalization have come from white officials or developers. 99 percent of the residents, property owners, and community leaders in this community are African American.
- There is widespread distrust within the community based on a belief that some will fare better than others in the re-development process.
- Many of the property owners have inherited from their predecessors and feel an obligation to hold onto the land for their children, even though the value is declining and the environment, in terms of crime and drugs, is growing worse.

Guide question:

What would you do to increase trust between the community and the governmental and private interests so that community improvement could take place?

Telling your Own Story: Building/Breaking Trust

Instructions: Based on your own experience, develop one true story where community trust was either built or broken. Use the format below.

Who was involved?

What was the community issue?

What happened that built or broke trust?

What was the final outcome?

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Trust Building Checklist

(Examples)

- ❏ Practice focused listening

- ❏ Call each other by name

- ❏ Clearly identify the purpose for gathering

- ❏ Let people know what is expected of them

- ❏ Identify the time frame team will work within

- ❏ Balance *process* with *product*

- ❏ Ensure everyone has an opportunity to speak

- ❏ Use fair processes to get things done

- ❏ Have diverse representation of types of people

- ❏ Create working agreements

Source: Ayre, Clough, Norris, *Facilitating Community Change,* pp. 2-58.

The Blind Men and the Elephant

Not so long ago, a large gray elephant stood eating the lush greenery in the ancient walled garden of the Rajah's palace. He paused for a moment, and trumpeted loudly at the sight of six blind sages who were walking past in single file, each with his hand on the shoulder of the man before him.

"What made that sound?" cried the first sage.

The second replied, "I believe that is the sound of an elephant."

"What is an elephant?" asked the third.

"I am not exactly sure," said the fourth.

"I have never seen an elephant," said the fifth.

"Let us investigate," the sixth wise man boldly proclaimed.

The first blind man walked forward with fingers outstretched until he came to the side of the elephant. "How smooth and firm is this! An elephant is like a wall!"

The second wise man reached out and touched the trunk of the elephant. "How round it is and so flexible in its movement. The elephant is just like a snake!"

The third blind man walked directly into the elephant's tusk. "Ow! How sharp and pointed the elephant is! It is like a spear!"

The fourth blind man grasped the elephant's ear. He moved his hand along its surface, and jumped back as the elephant flapped its ear. " How wide and supple is the elephant! How cooling are its breezes! An elephant is like a fan!"

The fifth blind man went forward until he reached the elephant's knee. He reached around with his right arm. He reached around with his left arm. "How round and tall is the elephant. An elephant is like a tree!"

The sixth blind man strode up to the elephant's tail. He grasped it firmly and announced, "How thin and long the elephant is, very much like a rope."

The sages fell to arguing among themselves.

"The elephant is like a wall." "No, a snake!" "Not at all like a snake or wall – it is a tree!"

"Not a tree! An elephant is like a fan!" "It is a sharp spear!" "No, a rope!"

With billowing minds and bellowing mouths,

To opinions these blind men held fast.

While the elephant stood, quite undefined,

In his garden of ancient past.

Adapted from: Lillian Quigley. *The Blind Men and the Elephant.* New York: Charles Scribner, 1959, and Heather Forest. *Wisdom Tales from Around the World.* Little Rock: August House Publishers, 1996.

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Change the title to *The Eye of the Elephant** and re-tell the story from the elephant's perspective.

What does this tell us about working with communities and trust?

Source: Pauline Brooks, The Centered Project, CDC, www.scdhec.net/Centered/pathways.htm.

Stories About Trust

The Tuskegee Experiment

In 1932, the Public Health Service, working with the Tuskegee Institute, began a study in Macon County, Alabama, to record the natural history of syphilis in hopes of justifying treatment programs for blacks. It was called the "Tuskegee Study of Untreated Syphilis in the Negro Male."

The study involved 600 black men—399 with syphilis and 201 who did not have the disease. Researchers told the men they were being treated for "bad blood," a local term used to describe several ailments, including syphilis, anemia, and fatigue. In truth, they did not receive the proper treatment needed to cure their illness. In exchange for taking part in the study, the men received free medical exams, free meals, and burial insurance. Although originally projected to last 6 months, the study actually went on for 40 years.

Source: CDC, National Center for HIV, STD, and TB Prevention, www.cdc.gov/nchstp/od/tuskegee/time.htm

The Puerto Rico Pill Trials

After the success of preliminary trials for the Pill in 1954 and 1955, researchers were confident they had honed in on an oral contraceptive. But without large-scale human trials, the drug could never receive the FDA approval necessary to bring the drug to market. Given the strong legal, cultural, and religious opposition to birth control in America in the 1950s, the prospects for this crucial next step appeared dim.

Puerto Rico, one of the most densely populated areas in the world, supported birth control as a form of population control in the hopes that it would stem the territory's endemic poverty. An extensive network of birth control clinics already was in place on the island.

The island offered a pool of motivated candidates, and a stationary population that could be easily monitored over the course of the trials.

The researchers said that if they could demonstrate that "the poor, uneducated women of Puerto Rico could follow the Pill regimen, women anywhere in the world could, too". It was hoped that by showing that Puerto Rican women could successfully use oral contraceptives, it would quiet critics' concerns that oral contraceptives would be too "complicated" for women in developing nations and American inner cities to use.

The base for the first trial was a clinic at Rio Piedras, a brand new housing project complete with running water and sunny balconies just outside of San Juan. The Rio Piedras trials quickly got off the ground in April 1956. In no time, the trial was filled to capacity, and they expanded the trials to additional locations on the island.

The pharmaceutical company G.D. Searle provided the pills for the trial. The researchers selected a high dose of Enovid, the company's brand name for their synthetic oral progesterone, to ensure that no pregnancies would occur while test subjects were on the drug. Later, after discovering Enovid worked better with small amounts of synthetic estrogen, that active ingredient was added to the Pill as well.

Dr. Edris Rice-Wray, a faculty member of the Puerto Rico Medical School and medical director of the Puerto Rico Family Planning Association, was in charge of the trials. After a year of tests, Dr. Rice-Wray reported good news. The Pill was 100 percent effective when taken properly. She also informed the researchers that 17 percent of the women in the study complained of nausea, dizziness, headaches, stomach pain, and vomiting. So serious and sustained were the reactions that Rice-Wray told the researchers that a 10-milligram dose of Enovid caused "too many side reactions to be generally acceptable."

The researchers quickly dismissed Rice-Wray's conclusions. Their patients in Boston had experienced far fewer negative reactions, and they believed many of the complaints were psychosomatic. The researchers also felt that problems such as bloating and nausea were minor compared to the contraceptive benefits of the drug. Although three women died while participating in the trials, no investigation was conducted to see if the Pill had caused the young women's deaths. Confident in the safety of the Pill, the researchers took no action to assess the root cause of the side effects.

Source: American Experience, PBS, www.pbs.org/wgbh/amex/pill/peopleevents/e_puertorico.html.

WHO Builds an African Clinic.....Eventually

A physician told this story about her experience as part of a World Health Organization (WHO) team assigned to build a clinic for a village in Africa. When they arrived, the village chief asked if they would be willing to meet with the villagers before they began their work. When the meeting convened, the people of the village told them that although, yes, they needed a health clinic, they needed a road to the next larger town so they could trade their wares *more* than they needed the health clinic. The people asked the WHO team if they would help them build the road first. The team said yes. The road was built and the people then said, "Before we build a clinic, we think it is more important that we dig a well in our village so our women and children don't have to go so far to get water. "We think this will help improve our health," they said, "because there won't be as much illness." So the WHO team helped dig the well. Then the people built the clinic together with the team.

Source: Lee Kingsbury, Turning Point National Excellence Leadership Development Collaborative

Fundamental Concepts

Collaborative Leadership and Health: A Review of the Literature. Turning Point National Office, University of Washington, January 2002.
http://www.turningpointprogram.org/Pages/devlead_lit_review.pdf.

Collaboration and the Turning Point Initiative: Proceedings of a Conference on Leadership Development Held at the University of Denver, April 6, 2001.
http://www.turningpointprogram.org/Pages/devlead_expert_panel_full.pdf.

Turning Point. www.turningpointprogram.org. Collaborative leadership readings, Web links, products, case studies, and more.

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(http://www.cacsh.org/pdf/modelpaper.pdf)

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Winer, M. and Ray, K. *Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey.* Amerst H. Wilder Foundation. 1994.

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Web Resources

eric.web.tc.columbia.edu/families/TWC

www.ncrel.org/cscd/pubs/lead21

www.collaborativeleaders.org

www.pew-partnership.org

www.kettering.org

Community Toolbox. http://ctb.ku.edu/. The Community Toolbox's goal is to support your work in promoting community health and development. It provides over 6,000 pages of practical skill-building information on over 250 different topics. Topic sections include step-by-step instruction, examples, checklists, and related resources.

Working Together for Healthier Communities: A Framework for Collaboration Among Community Partnerships, Support Organizations, and Funders. Community Toolbox. http://ctb.ku.edu/tools/en/section_1381.htm.

Center for the Advancement of Collaborative Leadership Strategies in Health. www.cacsh.org . The Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine helps partnerships, funders, and policy makers realize the full potential of collaboration to solve complex problems related to health or any other area.

Free Management Library. Management Assistance for Nonprofits. http://www.managementhelp.org. Complete, highly integrated library for nonprofits and for-profits.

Building Trust and Safety

Ayre, D., Clough, G., and Norris, T. *Facilitating Community Change.* Grove Consultants International, 2000. http://www.grove.com, or 800-561-2500.

Kretzmann, J. and McKnight, J. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets.* ACTA Publications, 1993. Ordering information: 800-397-2282.

Larson, C. and LaFasto, F. *Teamwork: What Must Go Right, What Can Go Wrong*, Chapter 6: Collaborative Climate. Sage Publishers, 1989.

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Personal Learning Plan

Refer to your *Building Trust: Self-Assessment Exercise*. Look at your *Behavior Frequency* ratings for each item. List the three to five items with the lowest scores.

1.
2.
3.
4.
5.

These are areas you may want to focus on in your learning goals.

My learning goal(s) for the next six months:

Resources I will use (fill in specifics, if possible)?

  Reading

  Peer Support

  Journaling

  Coaching

  Training

  Other?

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