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NEW COURSE: HEAL
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ARLP NEWS YOU CAN USE TO MAKE THE WORLD A BETTER PLACE

This issue: ***Building excellence, repairing trust***



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EDITOR'S NOTE

Gratitude, and the Courage to Repair

November is the month we set aside to give thanks, and this year I am especially grateful for a partner that has shown what happens when a whole organization decides to get better at getting better.

This fall, **Peach Tree Health**, a federally qualified health center serving Butte, Sacramento, Sutter, and Yuba counties, earned a remarkable run of recognition: a 2026 Community Health Quality Recognition badge from the federal Health Resources and Services Administration for advancing health information technology, Great Place To Work® Certification, and nine honors in the *Appeal-Democrat*'s Best of 2026, including Best Clinic, Best Urgent Care, and Best Dental Office. Those honors belong to Peach Tree's providers, staff, and leaders, and to a CEO, Tracie Riggs, who chose to begin with her own leadership and the leadership of her executive team.

What I have watched at Peach Tree is comprehensive improvement. Not one program, but a connected system: executive advisory; a Feasibility Study that listened to leaders before anyone wrote a plan; a three-year strategic plan with clear owners and measures; Smart Teams that test changes on real problems; two Quantum Learning Leadership Institutes; and Communities of Practice where leaders learn from one another. Our **Profile in Excellence** tells the story of the nineteen months that built it.

Every one of those structures depends on something quieter: whether people can repair a working relationship after a hard moment. That is why this month's practice study is **HEAL**, ARLP's protocol for the person who was hurt. HEAL is the Victim's way out of the conflict loop. I first wrote it for frontline teams, and I have come to believe it matters most at the top. When a CEO corrects someone in front of the executive team, the repair, or the lack of one, teaches the whole organization how conflict works here.

At the end of this issue you will find our new self-paced HEAL course and an invitation to chief executives to begin where Peach Tree began, with Executive Strategic Advisory.

Before Thanksgiving, I have one small ask. Think of a working relationship that is in disrepair. Name the hurt to yourself, look honestly at your own part, and take one step toward the person. Repair is one of the best gifts a leader can give.

Warmly,



Alan Rogers, Ed.D.
Co-Founder & CEO



Rebekah Rogers, M.A., M.S.W., ASW
Co-Founder & President



November is
A month for gratitude

Thank someone who helped you repair something that mattered. Then go first on a repair of your own.

19
months of partnership with Peach Tree Health

5
Smart Teams launched on real problems

2
Quantum Learning Leadership Institutes

PROFILE IN EXCELLENCE

Peach Tree Health: One Connected System

How a regional health center built a year of recognition on leadership, listening, planning, and shared learning.

A health center on the rise

Peach Tree Health is a federally qualified health center (FQHC) with a simple mission: “Peach Tree Health exists to improve lives within the communities we serve.” It began as Peach Tree Clinic in 1991 and became an FQHC and nonprofit in 2001. Today it cares for more than 41,000 patients across more than 161,000 visits a year, through five community health centers in Linda, Yuba City, Live Oak, North Sacramento, and Chico, two Immediate Care locations, and a mobile dental clinic. Care is offered regardless of ability to pay.

In the summer and fall of 2026, recognition arrived in quick succession.

Recognition	From	What it reflects
2026 Community Health Quality Recognition: Advancing Health Information Technology for Quality	Health Resources and Services Administration (HRSA)	Use of health information technology to improve the quality of care, based on 2025 data. Announced September 2026.
Great Place To Work® Certified, 2026	Great Place To Work®	78 percent of Peach Tree employees say it is a great place to work, compared with 57 percent at a typical U.S. company.
Best of 2026: nine honors	*Appeal-Democrat* readers’ choice	First place for Best Clinic, Best Urgent Care, Best Dental Office, Best Dentist, and Best Optical Dispensary, plus four second- and third-place honors. Announced October 2026.

Table 1. Peach Tree Health’s 2026 recognition. Sources: pickpeach.org; greatplacetowork.com.

> *“This recognition reflects the work our whole team puts into making care easier to access and coordinate.”*
> Tracie Riggs, CEO, Peach Tree Health, on the 2026 HRSA recognition

Recognition like this has many authors. These honors came during a period of comprehensive improvement work at Peach Tree, including its partnership with ARLP, and they belong first to the people who care for Peach Tree’s patients every day. What follows is the story of the leadership system that has grown up around that work.

It began with the CEO

In April 2025, Tracie Riggs and members of her executive team began **Executive Strategic Advisory (ESA)** with ARLP, together with an executive **Community of Practice** where they could learn from one another. Each leader worked on the real decisions in front of them, in confidence, and set commitments they reported on each month. Over the following year, advisory widened to more of the leadership team, including directors and clinic managers.

From that start, each new line of work grew out of the one before it, as Figure 1 shows.

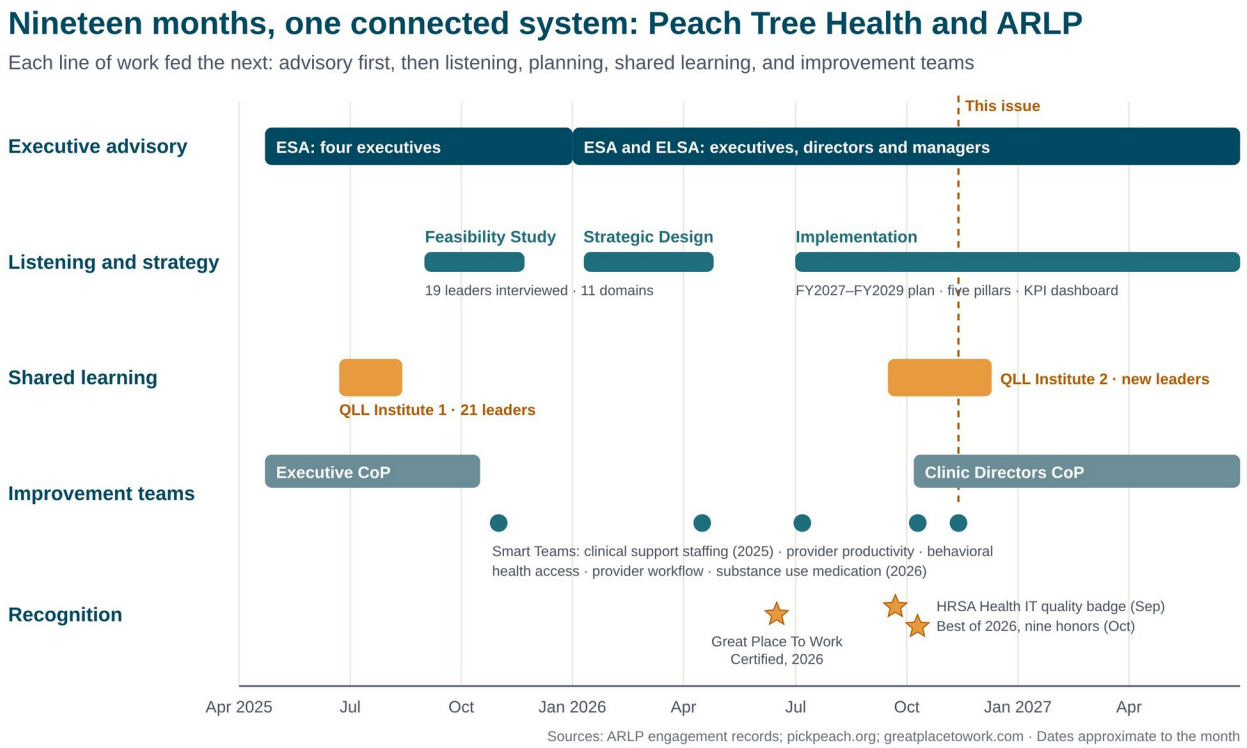


Figure 1. Peach Tree Health and ARLP, April 2025 to the present. Dates are approximate to the month.

Listening before planning: the Feasibility Study

Before anyone wrote a plan, we listened. In the fall of 2025, ARLP conducted a **Feasibility Study** for Peach Tree called *Windows of Opportunity*. We interviewed 19 members of the leadership team across 11 domains of organizational health, surveyed managers, and reviewed the organization's own documents. The study turned what leaders told us into 22 quality statements and 15 recommended actions.

The clearest message was about people: keeping, supporting, and recruiting a strong workforce, with the clinical support staff every clinic needs. Leaders also asked for more transparency and for consistent follow-through on policy. Those priorities became the foundation for everything that followed.

A plan with owners: Strategic Design and Planning

In early 2026, ARLP facilitated **Strategic Design and Planning** with Peach Tree's executive team, and the resulting Strategic Plan for FY2027–FY2029 was presented to the Board in the spring. The plan runs from July 2026 through June 2029 under a theme that says what the organization values: **"Our Patients, Our Employees, Our Family."** It is rooted in the Feasibility Study and in the voices of 145 staff members who answered an organization-wide survey.

The plan rests on **five pillars**, each led by an executive and measured by three key performance indicators:

- Organizational Health
- Patient Experience
- Fiscal Health
- Quality Improvement
- Governance

A three-year arc

Year 1, FY2027: Stabilize and Build

Year 2, FY2028: Strengthen and Grow

Year 3, FY2029: Sustain and Excel

From plan to practice: implementation and Smart Teams

Most strategic plans fail in implementation, not design. Peach Tree built the follow-through in from the start through **Strategic Plan Implementation**. Every two weeks, ARLP and Peach Tree's executive analyst review a KPI dashboard for all five pillars. Executive leads report on their pillars, and quarterly pulse checks for the Board begin this fall.

The plan's hardest problems go to **Smart Teams**: small, cross-functional teams that each take on one real problem, scope it with a Project Charter, and work it through ARLP's Continuous Improvement Cycle, testing small changes, measuring what happens, and reporting results to the leaders who sponsor the work.

Smart Team	Focus	When
Clinical Support Staffing	Support staffing for clinics, the Feasibility Study's top concern	2025
Provider-Led Productivity	An eight-week sprint across four sites, commissioned by the CEO	Spring 2026
Behavioral Health Access	Shortening the time from referral to a first behavioral health appointment	Summer 2026
Provider Workflow	Redesigning how provider work flows through the clinic day	Fall 2026
Substance Use Medication	Sponsored by the CEO and Chief Medical Officer	Launching November 2026

Table 2. Peach Tree Health Smart Teams, 2025–2026.

A shared language: two institutes and Communities of Practice

A plan only moves as fast as the people carrying it, so Peach Tree invested in a shared leadership language. Its first **Quantum Learning Leadership (QLL) Institute** ran from June to August 2025: 21 leaders, from the CEO and executive team to clinic managers, working through six modules together. This fall, a second institute is bringing a new group of Peach Tree leaders through six sessions at Basecamp in Marysville, finishing in December. On November 12, that cohort practiced HEAL, the repair protocol profiled in this issue.

Learning continues between sessions. Alongside the executive Community of Practice that began in 2025, a **Clinic Directors Community of Practice** launched in October 2026 and meets monthly, giving the leaders closest to patients a standing place to solve problems together.

Each ARLP service at Peach Tree builds the organization and the individual leader at the same time.

ARLP service	At Peach Tree Health	Organizational improvement	Leader development
Executive Strategic Advisory	Confidential one-to-one advisory for the CEO and senior executives, widening to directors and managers	Executive priorities translate into action across sites	Monthly commitments; support for hard decisions
Feasibility Study	*Windows of Opportunity*: 19 leaders, 11 domains, 15 recommended actions	An honest baseline before planning	Leaders heard, and named what matters
Strategic Design and Planning	FY2027–FY2029 plan: five pillars, an executive lead and three KPIs each	One plan, built from staff and leader voices	Executives own a pillar and its measures
Strategic Plan Implementation	Bi-weekly KPI dashboard reviews; pillar reports; quarterly Board pulse checks	Follow-through the Board can see	Leaders practice reporting results
Smart Teams	Five teams, from clinical support staffing to substance use medication	Real problems solved with data	Staff learn the improvement cycle by doing it
QLL Institutes	Two cohorts, 2025 and 2026, six modules each	A shared leadership language	Ubuntu, Close Reading, Reflective Quadrants, HEAL, and the improvement cycle
Communities of Practice	An executive CoP and, since October 2026, a Clinic Directors CoP	Problems solved across sites	Peers learn from peers every month

Table 3. How each ARLP service supports organizational improvement and leader development at Peach Tree Health.

What other CEOs can borrow

- ☐ **Start with your own leadership.** Peach Tree's CEO began with her own advisory, and her executive team began with her.
- ☐ **Listen before you plan.** A Feasibility Study gives the plan an honest baseline and gives leaders a voice in it.
- ☐ **Give every priority an owner and a measure.** Five pillars, five executive leads, three KPIs each, reviewed every two weeks.
- ☐ **Hand the hardest problems to small teams.** A Smart Team with a charter and a sponsor can test changes faster than any committee.
- ☐ **Build a shared language.** When every leader learns the same tools, they can coach each other instead of explaining them.
- ☐ **Make repair part of the culture.** The relationships that carry a plan will be tested. Teach people how to repair them.

I am grateful to Tracie Riggs and the people of Peach Tree Health for letting us share their story.

REFERENCES

1. Peach Tree Health. About us. pickpeach.org/about-us
2. Peach Tree Health. (2026, September 21). Peach Tree Health recognized for advancing health information technology for quality. pickpeach.org
3. Peach Tree Health. (2026, October 2). Peach Tree Health named Best of 2026. pickpeach.org
4. Great Place To Work®. Peach Tree Health certified company profile. greatplacetowork.com
5. Health Resources and Services Administration. Community Health Quality Recognition overview. bphc.hrsa.gov

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PRACTICE IN FOCUS

HEAL: The Way Out of the Conflict Loop

What the research says about ARLP's repair protocol, and why it matters most at the leadership table.

A moment at the leadership table

The scenario below is a composite drawn from many leadership teams, not from any one organization.

It is the Tuesday executive meeting. The CFO is presenting a staffing proposal she has worked on for weeks. The CEO, under pressure from the board, cuts her off halfway through: "We're not doing this. Next." The room goes quiet. Afterward, the CEO catches her in the hallway. "We good?" "It's fine," she says.

That evening she calls a peer on the executive team to vent. He agrees the CEO was out of line. Within a month, the CFO is bringing fewer ideas to the table, and her colleague is cooler toward the CEO too. Nobody has said a word about it in a meeting.

Every CEO has been on one side of this moment or the other. In the language of ARLP's Quantum Learning Leadership Institutes, the CFO has cast herself as the **Victim** and the CEO as the **Villain**, and she has found a **Lifeguard** to commiserate with. The conflict is now a loop.

The usual script, and why it fails

The loop runs the same way in almost every team. Someone experiences a conflict with a teammate and casts themselves as the Victim and the teammate as the Villain. The Victim finds a Lifeguard, a neutral party to commiserate with. The conflict remains unresolved, the relationship stays in disrepair, and the effects often grow worse, because the Lifeguard may become a new Villain to the original one. Each trip around the loop costs the team a little more of its cohesion.

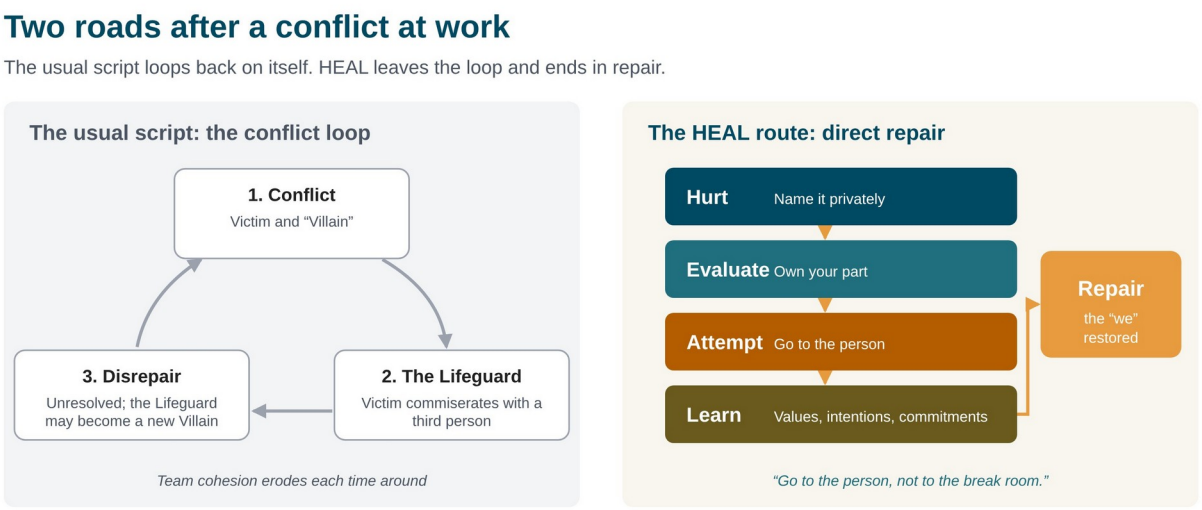


Figure 2. The usual script loops back on itself. HEAL leaves the loop and ends in repair.

Venting feels like relief, but the research says it keeps the loop turning. In a classic experiment, angered people who hit a punching bag while thinking about the person who angered them came away angrier and more aggressive than people who did nothing at all (Bushman, 2002). In a survey of 447 working adults, **co-rumination**, the excessive negative problem talk that Lifeguard conversations easily become, was tied to stress and burnout and undercut the benefits of social support (Boren, 2014).

HEAL in four moves

HEAL is ARLP's protocol for the person who was hurt, taught as part of conflict repair in Module 3 of our Quantum Learning Leadership Institutes. It changes the pattern a team runs, from venting to direct repair. Figure 3 shows the four moves in ARLP's own words.



Figure 3. The four moves of HEAL.

Here is what HEAL looks like for the CFO in our scenario.

1. **Hurt.** Before she says anything to anyone, she names the hurt to herself, privately and precisely: *I felt unseen, and diminished in front of my peers.*
2. **Evaluate.** She steps back and looks at her own part. She brought a proposal to the full team without pre-briefing the CEO, in a week she knew the board was pressing. Her options: let it go, keep venting, or go to the CEO directly.
3. **Attempt.** She goes to the person, not to the break room, and in person, not by text or email. She asks the CEO to acknowledge what happened, and she sets a boundary: when he disagrees with her work, she asks that he tell her first, privately.
4. **Learn.** She takes the upside and lands a commitment someone could see: she will pre-brief the CEO on major proposals before they reach the full team.

The CEO's half of the repair

HEAL is the hurt person's way out of the loop, but it is not theirs alone. One of the conflict agreements ARLP teams adopt reads: **"Assume the most resourced person leads in conflict repair."** At the leadership table, the most resourced person is almost always the CEO. Two more ARLP lines say what that repair looks like: **"Correct privately; credit publicly,"** and **"Give the credit back in front of the same people who saw it taken."**

The trust-repair research supports going first, and going specifically. After a mistake of competence, an apology repaired trust better than a denial (Kim et al., 2004). Saying nothing substantive, the "We good?" and move on, was a weak response either way, combining "the least effective elements of apology and denial" (Ferrin et al., 2007). And of the elements of an apology, acknowledging responsibility and offering to repair the damage mattered most (Lewicki et al., 2016). In health care teams, the leader's own inclusiveness predicted whether people felt safe to speak up and take part in quality improvement (Nembhard & Edmondson, 2006).

Why repair is a CEO-level issue

Executive teams need hard debate about the work. The danger is that task conflict turns personal. In a study of 70 top management teams, trust decided which way it went; the authors concluded that "trust is a key to gaining the benefits of task conflict without suffering the costs of relationship conflict" (Simons & Peterson, 2000). A meta-analysis of 116 studies found that task conflict was more positive for performance in top management teams than in other teams, and when it stayed separate from relationship conflict (de Wit et al., 2012). Relationship conflict, by contrast, is strongly linked to lower team performance and satisfaction (De Dreu & Weingart, 2003).

In health care, the stakes reach the patient. In a survey of 4,530 hospital staff, 71 percent linked disruptive behavior to medical errors (Rosenstein & O'Daniel, 2008), and The Joint Commission (2008) asks leaders to define acceptable conduct and manage behavior that undermines a culture of safety. In a simulation study, neonatal intensive care teams exposed to mildly rude statements performed worse on diagnosis and procedures (Riskin et al., 2015). The good news is that civility can be taught: health care units that took part in a structured civility intervention improved in civility, trust in management, job satisfaction, and absences (Leiter et al., 2011). As ARLP puts it to our health center teams: unrepaired conflict between staff is a patient-safety risk.

What the research says about each move

No study tests HEAL as a whole. Each of its four moves, and the reason the usual script fails, rests on published, peer-reviewed research. HEAL is ARLP's method; the research says why each move matters.

HEAL move	What the research found	Source
Leave the loop	Venting while ruminating increased anger and aggression; doing nothing worked better. Co-rumination with coworkers was tied to stress and burnout.	Bushman, 2002; Boren, 2014
Hurt: name it	Putting feelings into words reduced the brain's alarm response to negative images.	Lieberman et al., 2007
Evaluate: step back	Reflecting from a self-distanced perspective helps people make meaning of hard experiences without sliding into rumination.	Kross & Ayduk, 2011
Attempt: seek the apology	Across 175 studies, receiving an apology was strongly linked to forgiveness ($r = .42$), and continued rumination to less of it. Structured forgiveness interventions outperformed no treatment ($\Delta = .56$).	Fehr et al., 2010; Wade et al., 2014
Learn: take the upside, commit	Finding benefit in a hard experience was associated with less depression and more well-being (correlational). If-then plans had a medium-to-large effect on reaching goals ($d = .65$). Reviewing successes as well as failures improved later performance.	Helgeson et al., 2006; Gollwitzer & Sheeran, 2006; Ellis & Davidi, 2005
The leader goes first	Apology repaired competence-based trust better than denial; silence was weak. Acknowledging responsibility and offering repair mattered most.	Kim et al., 2004; Ferrin et al., 2007; Lewicki et al., 2016
The executive team	Trust kept task debate in top management teams from turning into relationship conflict.	Simons & Peterson, 2000; de Wit et al., 2012
Health care teams	Mild rudeness lowered clinical team performance; a civility intervention improved civility, trust, and satisfaction across health care units.	Riskin et al., 2015; Leiter et al., 2011

Table 4. HEAL's moves matched to published research. These are findings from the research literature, not ARLP's own results.

We are now gathering our first measures from leadership teams using HEAL, and we will report what we learn in a future issue.

Where HEAL is at work

This fall, HEAL is part of Quantum Learning Leadership Institutes in health centers and school districts, including Peach Tree Health's second institute. Participants watch a short film, close-read *The Huddle*, a two-part readers' theater about a hurt on a clinic team, and work through their own HEAL for one working relationship. Leaders who cannot join an institute can now learn HEAL on their own in our new self-paced course, HEAL: The Way Out of the Conflict Loop.

News you can use: try HEAL this week

Choose one working relationship that is in disrepair. Then, before your next conversation with that person:

- ☐ **Name the hurt in one sentence,** in writing, for your eyes only. Do you feel unsafe, unseen, unsoothed, or unsupported?
- ☐ **Ask the two Evaluate questions:** What was my role in this conflict? What are my options moving forward?
- ☐ **Go to the person, not to the break room.** Talk in person or by phone. Do not take a big conflict to text or email.
- ☐ **Land one commitment someone could see,** and tell the person what it is.
- ☐ **If you are the CEO,** and you corrected someone in front of others this month, go first. Correct privately; credit publicly.

REFERENCES

1. Boren, J. P. (2014). Co-rumination, social support, stress, and burnout among working adults. *Management Communication Quarterly, 28*(1), 3–25. doi.org/10.1177/0893318913509283
2. Bushman, B. J. (2002). Does venting anger feed or extinguish the flame? *Personality and Social Psychology Bulletin, 28*(6), 724–731. doi.org/10.1177/0146167202289002
3. De Dreu, C. K. W., & Weingart, L. R. (2003). Task versus relationship conflict, team performance, and team member satisfaction: A meta-analysis. *Journal of Applied Psychology, 88*(4), 741–749. doi.org/10.1037/0021-9010.88.4.741
4. de Wit, F. R. C., Greer, L. L., & Jehn, K. A. (2012). The paradox of intragroup conflict: A meta-analysis. *Journal of Applied Psychology, 97*(2), 360–390. doi.org/10.1037/a0024844
5. Ellis, S., & Davidi, I. (2005). After-event reviews: Drawing lessons from successful and failed experience. *Journal of Applied Psychology, 90*(5), 857–871. doi.org/10.1037/0021-9010.90.5.857
6. Fehr, R., Gelfand, M. J., & Nag, M. (2010). The road to forgiveness: A meta-analytic synthesis of its situational and dispositional correlates. *Psychological Bulletin, 136*(5), 894–914. doi.org/10.1037/a0019993
7. Ferrin, D. L., Kim, P. H., Cooper, C. D., & Dirks, K. T. (2007). Silence speaks volumes. *Journal of Applied Psychology, 92*(4), 893–908. doi.org/10.1037/0021-9010.92.4.893
8. Gollwitzer, P. M., & Sheeran, P. (2006). Implementation intentions and goal achievement. *Advances in Experimental Social Psychology, 38*, 69–119. doi.org/10.1016/S0065-2601(06)38002-1
9. Helgeson, V. S., Reynolds, K. A., & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology, 74*(5), 797–816. doi.org/10.1037/0022-006X.74.5.797
10. Kim, P. H., Ferrin, D. L., Cooper, C. D., & Dirks, K. T. (2004). Removing the shadow of suspicion. *Journal of Applied Psychology, 89*(1), 104–118. doi.org/10.1037/0021-9010.89.1.104
11. Kross, E., & Ayduk, O. (2011). Making meaning out of negative experiences by self-distancing. *Current Directions in Psychological Science, 20*(3), 187–191. doi.org/10.1177/0963721411408883
12. Leiter, M. P., Laschinger, H. K. S., Day, A., & Oore, D. G. (2011). The impact of civility interventions on employee social behavior, distress, and attitudes. *Journal of Applied Psychology, 96*(6), 1258–1274. doi.org/10.1037/a0024442
13. Lewicki, R. J., Polin, B., & Lount, R. B., Jr. (2016). An exploration of the structure of effective apologies. *Negotiation and Conflict Management Research, 9*(2), 177–196. doi.org/10.1111/ncmr.12073
14. Lieberman, M. D., Eisenberger, N. I., Crockett, M. J., Tom, S. M., Pfeifer, J. H., & Way, B. M. (2007). Putting feelings into words: Affect labeling disrupts amygdala activity in response to affective stimuli. *Psychological Science, 18*(5), 421–428. doi.org/10.1111/j.1467-9280.2007.01916.x
15. Nembhard, I. M., & Edmondson, A. C. (2006). Making it safe. *Journal of Organizational Behavior, 27*(7), 941–966. doi.org/10.1002/job.413
16. Riskin, A., Erez, A., Foulk, T. A., et al. (2015). The impact of rudeness on medical team performance: A randomized trial. *Pediatrics, 136*(3), 487–495. doi.org/10.1542/peds.2015-1385
17. Rosenstein, A. H., & O'Daniel, M. (2008). A survey of the impact of disruptive behaviors and communication defects on patient safety. *Joint Commission Journal on Quality and Patient Safety, 34*(8), 464–471. doi.org/10.1016/S1553-7250(08)34058-6
18. Simons, T. L., & Peterson, R. S. (2000). Task conflict and relationship conflict in top management teams: The pivotal role of intragroup trust. *Journal of Applied Psychology, 85*(1), 102–111. doi.org/10.1037/0021-9010.85.1.102
19. The Joint Commission. (2008, July 9). *Behaviors that undermine a culture of safety* (Sentinel Event Alert, Issue 40).
20. Wade, N. G., Hoyt, W. T., Kidwell, J. E. M., & Worthington, E. L., Jr. (2014). Efficacy of psychotherapeutic interventions to promote forgiveness: A meta-analysis. *Journal of Consulting and Clinical Psychology, 82*(1), 154–170. doi.org/10.1037/a0035268

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NEW · HEAL: The Way Out of the Conflict Loop

The protocol profiled in this issue. Learn the four moves of HEAL, close-read *The Huddle*, and work through your own HEAL for one working relationship in disrepair.

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AN INVITATION TO CEOS

Begin with Executive Strategic Advisory

Your own leadership practice comes first. ESA is also the doorway to everything else ARLP offers.

Every organization in this journal started the same way: with a chief executive who decided to work on their own leadership first. Executive Strategic Advisory (ESA) is ARLP's flagship one-to-one partnership for CEOs, superintendents, and senior executives at a strategic inflection point: a new role, rapid growth, a reorganization, a board transition, or a strategy that needs to move faster.

ESA is also how organizations gain access to the rest of the ARLP system. Everything we do is connected: the leader's growth, the leadership team's design, the institute that gives everyone a shared language, and the improvement teams that carry the strategy. When a CEO completes a successful first 90 days of ESA, the organization becomes eligible to apply for our other services.

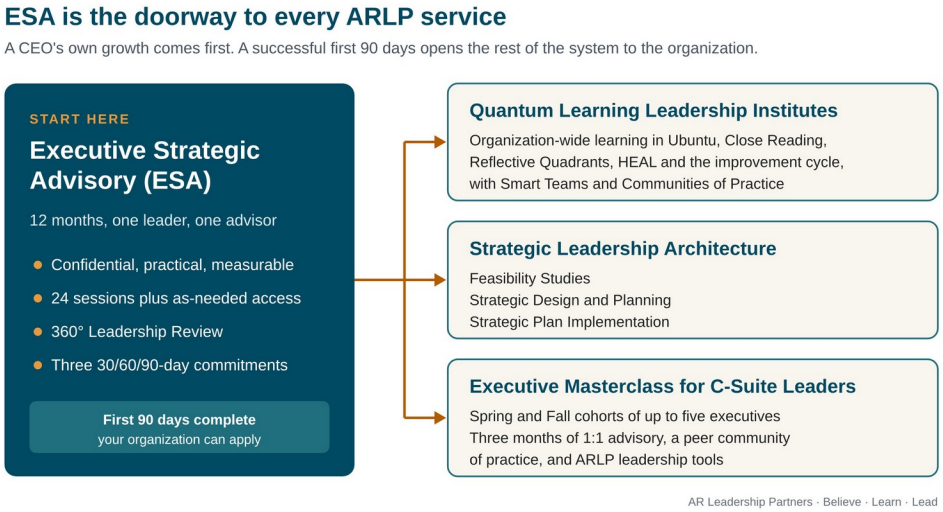


Figure 4. ESA comes first. A successful first 90 days opens Quantum Learning Leadership Institutes, Strategic Leadership Architecture, and the Executive Masterclass to your organization.

Service	What it does	Who it is for
Executive Strategic Advisory	Twelve months of confidential one-to-one advisory: a 360° Leadership Review, 24 sessions, as-needed access, and three 30/60/90-day commitments.	CEOs, superintendents, and executive team members
Quantum Learning Leadership Institutes	Learning in Ubuntu, Close Reading, Reflective Quadrants, HEAL, and the improvement cycle, carried into Smart Teams and Communities of Practice.	Leadership teams, managers, and frontline leaders
Strategic Leadership Architecture	Feasibility Studies, Strategic Design and Planning, and Strategic Plan Implementation.	Executive teams and boards
Executive Masterclass	Spring and Fall cohorts of up to five: three months of one-to-one advisory, a peer community of practice, and ARLP tools.	C-suite leaders sponsored through an ESA engagement

How to begin

1. Start a conversation	2. Fit conversation	3. Agreement	4. Induction
Book a time at calendly.com/al-arleadership, email al@arleadership.org, or call 916.284.5060.	A confidential conversation about your goals, your organization, and whether ESA is the right fit.	A one-year agreement confirms the scope, cadence, and start date.	Your first session sets routines, your three commitments, and the year ahead.

ESA is offered to a limited number of executives each year, and every engagement begins with a confidential conversation about fit.

AN INVITATION TO EVERY LEADER

Tell Us About Your Leadership Journey

Share your story

Every leader carries a story: the mentor who believed in you, the hard year that taught you the most, the relationship you had to repair. I would love to hear yours.

Book a 20-minute conversation and add a sentence about where you are in your leadership journey. With your permission, some stories may appear in a future issue of this journal.

calendly.com/al-arleadership/new-meeting

Bring ARLP to your team

If you are already an ESA client, talk with me about the next step for your organization:

- A **Quantum Learning Leadership Institute** for your leaders
- A **Feasibility Study** of the systems that matter most
- **Strategic Design and Planning**, then **Implementation**
- **Smart Teams** and **Communities of Practice** for improvement work
- A seat for a C-suite colleague in the **Spring or Fall Executive Masterclass**

The 12-month ESA journey

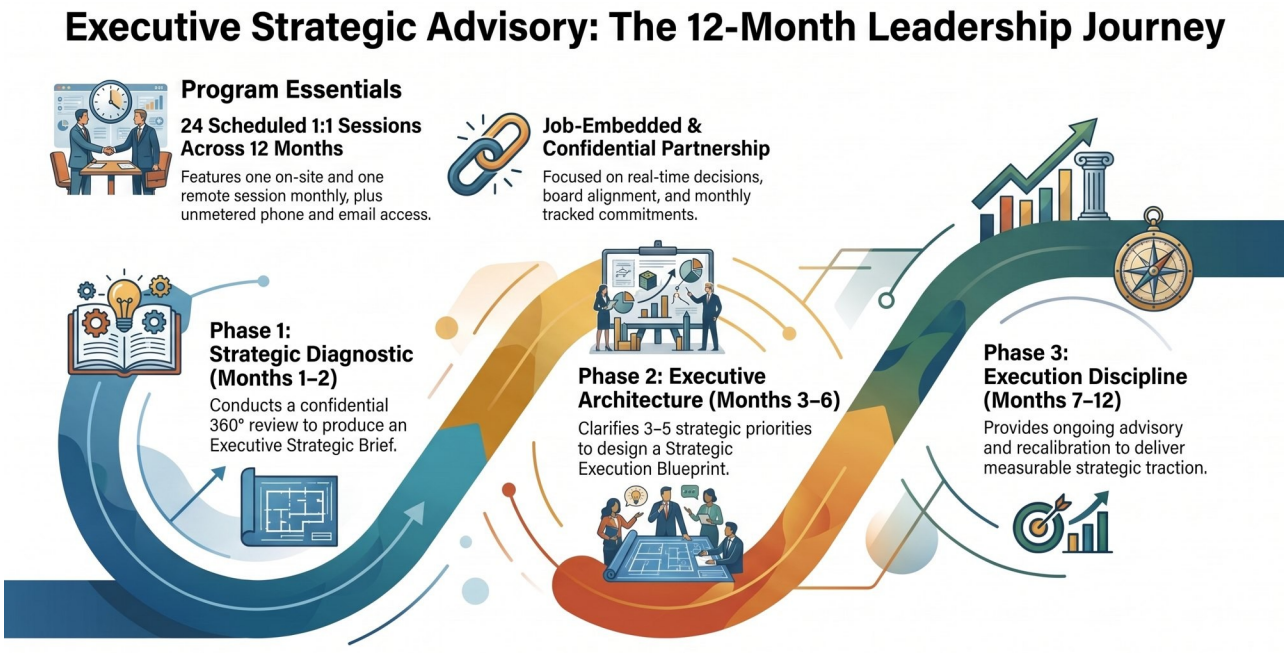


Figure 5. Executive Strategic Advisory moves through three phases, each ending with something concrete in hand.

AR Leadership Partners

LISTEN, READ, AND CONNECT WITH ARLP

Listen

This issue's companion is Episode 21, *Building Excellence, Repairing Trust*, on the ARLP Podcast: News You Can Use, on Apple Podcasts and Spotify.

Read

Find every past issue of this journal in the Journal of Effective Practices at arleadership.org.

Connect

Book a conversation to share your leadership journey, or take a course on your own schedule.

AR Leadership Partners serves executives in education, health care, and the public and nonprofit sectors with strategic advisory, leadership institutes, and communities of practice that build lasting capacity. We hope to see you soon at www.arleadership.org.

Warmly,



Alan Rogers, Ed.D.
Co-Founder & CEO
916.284.5060
al@arleadership.org

Dr. Alan "Al" Rogers brings more than thirty years of experience as a professor, consultant, superintendent, CEO, principal, and teacher. He developed Quantum Learning Leadership and the leadership and organizational improvement systems ARLP uses with health centers, school systems, and public agencies, including Peach Tree Health, UC Berkeley, Horizon Public Charter Schools, the Yolo County Office of Education, and Tuolumne County Administration.



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Rebekah Rogers is an Associate Clinical Social Worker who provides therapy under clinical supervision on her path to licensure as an LCSW. She is also a tenure-track faculty counselor at Columbia College, serving Disabled Students Programs and Services, Veteran Services, and EOPS, and teaches courses for social workers through the UC Davis Northern Training Academy. She spent twelve years as a social worker and supervisor in Tuolumne County. She holds an M.S.W. from Louisiana State University and an M.A. in Higher Education from Bowling Green State University.

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