PATRICK TOMLINSON ASSOCIATES

DEVELOPING PEOPLE AND ORGANIZATIONS

THE IMPORTANCE OF INTEGRATION

1. Why Integration and Connection are so important in Well-being and the Healing of Trauma
Patrick Tomlinson (2018)

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WHY INTEGRATION AND CONNECTION ARE SO IMPORTANT IN DEVELOPMENT, WELL-BEING, AND THE HEALING OF TRAUMA (2018)

Integration has been central to my work for over 30 years. That is as a practitioner working with traumatized children and young people, as a leader and manager, as a consultant and as a writer. I think integration is vitally important, whether thinking about the developing individual, family, community and societal systems. It is also essential in a well-run organization. Most of what is included in this series on Integration was written in four blogs during 2015.

The Need for Integration: **1**. Integration and Connection in Well-Being and Recovery from Trauma; **2**. Leadership and Management; **3**. Integrating and Connecting – The Essence of Trauma Recovery Environments; **4**. Why we all Need an Integration Agenda

Since 2015 I have had the benefit of returning to a leadership position. This experience has been hugely reaffirmed the importance of integration. So, I have reorganized the material and added some. I have also been inspired by the way integration is emerging so strongly as a concept in the present. This is happening on both a micro and macro level. For example, in understanding the needs of the individual and the organization.

As well as my own thoughts on this subject, there are numerous references and links to videos and articles. There is plenty more to consider. A future blog may focus on the major challenges and resistances to Integration – what makes it so difficult?

Here are a few excerpts from the blogs that highlight the meaning and importance of Integration and Connection.

Child Development and Attachment Child development is centred on the integration of emotional and physical aspects of relating. For this to be achieved the primary caregiver must be reasonably integrated as a person, but also connected within a wider environment. Ideally, there are positive connections with partner, family, and community. These connections provide the holding environment within which the caregiver and infant connect physically and emotionally.

> *During infancy, the attunement and emotional regulation of the caregiver is central to the developmental process. Mirror neurons in the caregiver and infant connect with the detail of each other's feelings and behaviour. The infant's neurons fire, connect and become wired. This kind of connected being 'in tune' with the other is called attunement. (Stien and Kendall, 2004)*

Moreover, it has received influential support in the last two decades from neurobiological research. This has found that secure attachments produce a growth-facilitating environment that builds neuronal connections and integrates brain systems.

> *Secure attachment promotes neuronal connections, helping to strengthen and integrate key brain structures. (Stien and Kendall, 2004).*

Connection What enables an infant's mind, body and brain to develop is the connection with others. Throughout our lives, development takes place within a relational context. As Bessel van der Kolk (2014) says,

> *Most of our energy is devoted to connecting with others……We are profoundly social creatures; our lives consist of finding our place within the community of human beings.*

It could be said that human connection is the glue that enables integration to take place. Different parts become integrated through connection. For example, a person with an integrated sense of their identity can connect the different parts of their life. An integrated and coherent autobiographical narrative, which is such an important indication of mental health is one that is connected. Like a story with a beginning, middle and end, the different parts are joined together coherently.

> *Networks of connections provide a potentially stronger level of support and emotional containment. This powerful network is then internalized and integrated by the child as part of his internal model. A good support network is the single strongest protection against becoming traumatized (van der Kolk, 2014). The architecture of the brain comes to represent the architecture of the social environment.*

Integration A healthy person is an integrated person. If we think of the developing brain, we can think of neurons connecting and forming integrated neural pathways. We can think of different parts of the brain, connecting and functioning together in an integrated way. We can think of mind-body integration. Integration of our senses with our mind and conscious awareness. Integration with the world around us. From the beginning of life, integration is interwoven with attachment.

> *If we can connect our own ongoing need for integration to the tasks we are involved with, there is more potential for growth than through anything else we could put on the agenda. We only need to think about the many ways in which better integration might benefit our own life and work. If we are working on integration, development and achievement are likely outcomes.*

Separation and differentiation are central to the process of becoming integrated, so that healthy relationships are connected and separate at the same time. Siegel (2012) sums up the importance of this very well,

> *…a summary of the entire field of attachment in one sentence, secure attachment is based on integrative communication, honoring differences promoting linkages.*

Well-Being Before connections can be achieved, safety must be established. Only when the disconnected or unconnected person begins to feel safe will he be able to take the risks involved in connecting. Once the process of connecting begins the person is moving towards integration. The foundations of well-being can be considered as safety, connection, and integration.

Trauma Among many negative impacts on the brain-body system, trauma interferes with the integration of left and right hemisphere brain functioning. Rational thought cannot be accessed in the face of overwhelming emotion. Emotional and social disconnection can begin a spiral that leads to further isolation and alienation. On the other hand, emotional and relational connection creates a positive spiral. It leads to the conditions that bring about more connection.

Recovery If neural integration is as Dan Siegel (2006) says, 'at the heart of well-being' and trauma disrupts healthy development, then recovery is about completing the process of integration. A person or any living system that is integrated is one where the different parts work together in a functional way. For individuals, there is mind-body and sensory integration, and an effective balance where emotion and reason complement each other. The same analogy can be applied to social groups, such as families, teams, communities, and societies.

> *In the healing of trauma, just as in ordinary development 'it takes a village to raise a child'. Or as Perry and Szalavitz (2006) said, "What maltreated and traumatized children most need is a healthy community to buffer the pain, distress and loss caused by their earlier trauma. What works to heal them is anything that increases the number and quality of a child's relationships".*

The aim of recovery is to create connections that can be personally integrated. Connections can be thought of in relation to oneself, between internal and external worlds, in relationships with others, and the wider community. The level of connection that traumatized children need means that those who are involved in the therapeutic work must be highly attuned. Emotional attunement is receptive to connection and creates secure attachment.

> *Recovery from injuries perpetrated in a social context must occur in a social context. These centers, responsible for healing, must become therapeutic communities where recovering is more important than control, and compassion and empathy drive out fear and coercion. (Farragher and Yanosy, 2005)*

Therapeutic Models Strong models are ones where everyone whatever their role is involved in the process of integration and connection. For example, a therapist or carer might be doing what Dan Siegel recommends – working to improve the integrative functioning of a child's prefrontal neocortex. While the task of the organization leader might be about building integrative connections inside and outside of the organization.

> *Einstein's view that 'example isn't another way to teach it is the only way to teach',*
> *provides a good principle for how we approach the task. If integration is the aim of*
> *trauma recovery, then we must practice integration in every aspect of our work.*

Organizations and Communities All relationships and roles in the community were considered part of the healing environment. The role of the maintenance staff and domestic assistants were considered equally alongside the work of teachers, care workers, and therapists. This is one of the features of trauma-informed environments – everyone's role is important and therefore needs to be integrated into the whole system.

Those organizations that pay attention to the need for integration, which is far more difficult than getting one part rather than the whole to work well, are likely to become the most competent type of organization.

> Neural integration is not assisted – indeed is actively impeded – by unintegrated
> human services which are not only compartmentalised, but which lack basic trauma
> awareness. (Kezelman and Stavropoulos, 2012)

"I think the most important issue is learning to work together, actually, and building teams of people who understand how to do that in creative ways. Because we have all got to move out of the silos that have been put down for us by the public sector and they are often there in business, and learn how to join things up." (Mawson, 2012)
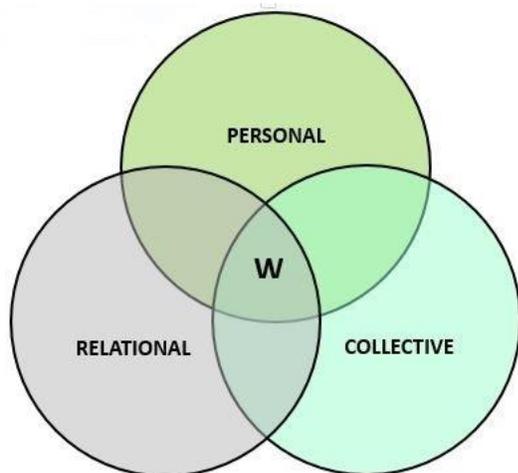
Leadership and Management For a service to be effective, management and therapy need to be integrated successfully. Good management is necessary for therapy to take place and sometimes good management is therapeutic. The same could be said about any kind of practice in the human services – it can only be truly effective in a well-managed context.

> *It can be argued that the key task of leadership is to provide the conditions in which*
> *organizational integration takes place.*

Vision is crucial to create an inspiring and important mission. So is doing the job at hand, however mundane or unpleasant it may seem. It is the integration of the two that is critical.

Micro and Macro In work with traumatized children both the micro and macro levels are important, but it is when there is a synergy between them that there is the greatest potential for recovery. For a child, this synergy would be like having a safe and attuned relationship with

a primary carer, within a healthy partnership between parents, within a caring extended family, within a safe and thriving community.

My first three parts on integration have moved between the micro-level of the individual brain to the macro-level of leadership, organizations, and society. While this might seem a little awkward, I think it is essential. We can't consider the individual as an isolate. We are all part of a wider system. As Prilleltensky (2006) has shown, well-being is about the integration of the individual, relational and collective levels.

Both the individual and the community are plastic, i.e. capable of recovery and growth, however difficult and traumatic their histories.

The network patterns of the outside world mimic a lot of the network patterns of the internal world (Johnson, 2010).

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INTEGRATION AND CONNECTION IN WELL-BEING AND RECOVERY FROM TRAUMA (2015)
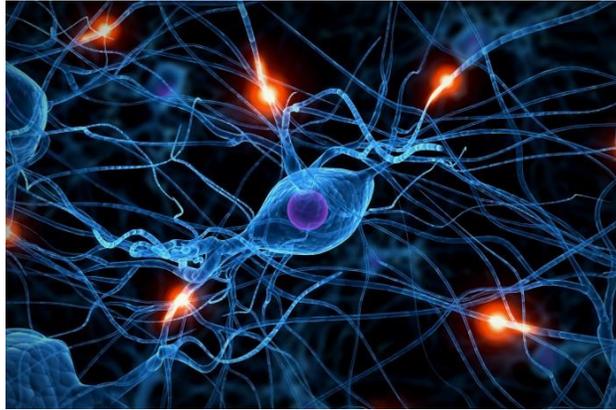
"The central idea of interpersonal neurobiology is that integration is at the heart of well-being". (Dan Siegel, 2006)

I am going to explore the relationship between integration and human connection. The relationship is critical to health and well-being. This is the case in ordinary human development and in the recovery from developmental disturbances, such as those caused by trauma in childhood. Siegel and Solomon (2003) state that effective therapy for trauma involves the facilitation of neural integration.

Before I begin, I think it is worth saying that the term recovery might not be the most helpful. In the sense I use it, recovery is about Integration. Kraybill (2015) prefers the term Trauma Integration,

> I share the view of trauma scholar Robert Stolorow, that trauma recovery is an oxymoron. (Stolorow, 2011. p. 61). Things are never really the same after trauma. So, what then to name the place that can be achieved, where trauma is no longer the center of experience and yet is acknowledged to be a part of ongoing reality? I call it Trauma Integration.

> Trauma integration is not once-and-done, nor is it linear. It is on-going and sometimes cyclic. If that sounds discouraging, the good news is that movement begets more movement. Achieving a sense of integration – even just once, for just a short while - establishes the possibility of breaking the script of old responses and opens the door to more new responses. Gradually, experience with new, integrated responses accumulates and the rewards are felt, emotionally, cognitively, physically and spiritually.

At the beginning of my career in 1985, the first concept I learnt about was that of 'Integration'. The use of the term was from Donald Winnicott, the child psychoanalyst and pediatrician who described integration as a central part of child development. According to Winnicott (1962), an

infant is born 'unintegrated'. Through the process of the infant's fragmented experiences being held together by the 'good enough' parent, he achieves integration and a distinct sense of being a whole person. This normally happens by the end of the first year or so.

Since then I have found the concept of integration to be helpful in many ways: to work with traumatized children; to the way organizations are run; to the way different services, professionals and other stakeholders work together; and to the way society functions. Winnicott (1945) first wrote about integration over 70 years ago, and now Dan Siegel (psychiatrist and pediatrician) uses the term from a neurobiological perspective. The concepts of Winnicott and Siegel may differ, but both put integration at the centre of development and well-being. The essence is similar.

Child development is centred on the integration of emotional and physical aspects of relating. For this to be achieved the primary caregiver must be reasonably integrated as a person, but also connected within a wider environment. Ideally, there are positive connections with partner, family, and community. These connections provide the holding environment within which the caregiver and infant connect physically and emotionally.

A healthy person is an integrated person. If we think of the developing brain, we can think of neurons connecting and forming integrated neural pathways. We can think of different parts of the brain, connecting and functioning together in an integrated way. We can think of mind-body integration. Integration of our senses with our mind and conscious awareness. Integration with the world around us. From the beginning of life, integration is interwoven with attachment. Referring to the importance of attachment in relation to the process of integration, Stien and Kendall (2004, p.7) state,

> Moreover, it has received influential support in the last two decades from neurobiological research which has found that secure attachments produce a growth-facilitating environment that builds neuronal connections and integrates brain systems.

What enables an infant's mind, body and brain to develop is connection with others. Throughout our lives, development takes place within a relational context. As Bessel van der Kolk (2014) says,

> Most of our energy is devoted to connecting with others……We are profoundly social creatures; our lives consist of finding our place within the community of human beings.

During infancy, the attunement and emotional regulation of the caregiver are central to the developmental process. Mirror neurons in the caregiver and infant connect with the detail of each other's feelings and behaviour. The infant's neurons fire, connect and become wired. This kind of connected being 'in tune' with the other is called attunement. Just as attunement facilitates development, a chronic lack of attunement prevents connections developing and disconnects those that have. Neuroscience has confirmed how vital attunement is to this

process. Bessel van der Kolk (2014) states that, "Donald Winnicott, is the father of modern studies of attunement". This significant and integrative statement helpfully connects the fields of psychoanalysis and neuroscience, and the past with the present.

It could be said that human connection is the glue that enables integration to take place. Different parts become integrated through connection. For example, a person with an integrated sense of their identity can connect the different parts of their life. An integrated and coherent autobiographical narrative, which is such an important indication of mental health is one that is connected. Like a story with a beginning, middle and end, the different parts are joined together coherently.

It is important to say that this joining together and becoming integrated, does not mean become merged without a sense of differentiation. Though, connection during unintegration (early infancy) may feel like being merged. For example, one infant in a group cries and within seconds they are all crying! But as integration develops, there is a growing connection alongside a growing sense of differentiation and separateness. Winnicott (1963) described the infant moving out of an initial primary merger with the mother, towards integration and separateness. The infant moves from absolute dependence towards independence. Dan Siegel (2012), also talks about integration as being differentiated but linked. He makes the important point that integration does not mean blended. Separation and differentiation are central to the process of becoming integrated. Healthy relationships are connected and separate at the same time. Siegel (2012) sums up the importance of this very well,

> …a summary of the entire field of attachment in one sentence, secure attachment is based on integrative communication, honoring differences promoting linkages.

Trauma and Recovery

Where there is a lack of connection during infancy, development is disrupted. As a result, the infant might not reach the developmental stage of integration. He could be described as unintegrated, fragmented or unconnected. The unintegrated traumatized brain is not functioning as a connected whole. Parts are fragmented, split off, shut down, not developed, dissociated, etc. Dissociation, which is a central feature of trauma, literally disconnects a person from himself and the world around him. The disconnection is a form of protection and it usually happens in terrifying situations from which there is no physical escape. As well as being disconnected from others, traumatized people are often disconnected from their own bodies. The body is a source of pain rather than pleasure. It also let the person down by not aiding his escape from trauma. Therefore, the body may be felt to be useless or a source of shame (van der Kolk, 2014).

Among many negative impacts on the brain-body system, trauma interferes with the integration of left and right hemisphere brain functioning. Rational thought cannot be accessed in the face of overwhelming emotion. Emotional and social disconnection can begin a spiral that leads to further isolation and alienation. On the other hand, emotional and relational

connection creates a positive spiral. It leads to the conditions that bring about more connection.

An unintegrated person can't disintegrate because there is nothing to disintegrate from. In the same way, an unconnected person cannot become disconnected.   However, an integrated person can disintegrate, and a connected person can disconnect.   An unintegrated and disintegrating person can appear similar but are actually very different in terms of what is needed for recovery. If a person is traumatized, it is important to determine the point that recovery must begin from. For example, is it necessary to build connections for the first time or to heal those that have been broken? The answer can be reached through an assessment and understanding of attachment relationships and developmental milestones. Dockar-Drysdale (1990) has referred to this as "returning to the point of failure" or as the Psychoanalyst, Adam Phillips (1988) says, it is a

> …return to the point at which the environment failed the child. He returns to find where what he hasn't got came from, to the gaps in himself.

Bruce Perry (2008) also talks about the need for developmentally appropriate experiences in his Neurosequential model. The brain develops in a hierarchical manner and in a sequence. The provision of appropriate developmental experiences is therefore vital to the recovery process.
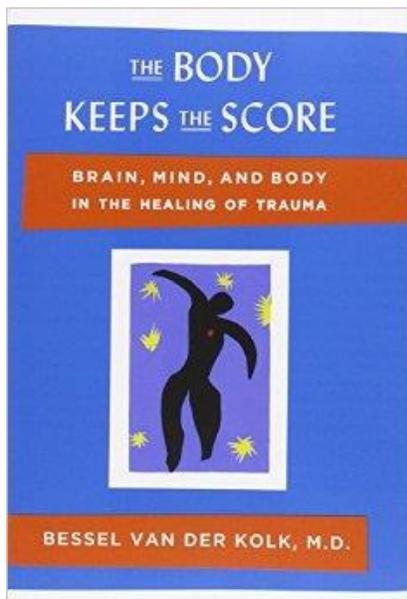
Regardless of the person's stage of development, the reality of trauma also means that the traumatic experience is not integrated into the personality. The trauma is disconnected from consciousness but remains present through disturbing and frightening physical sensations, flashbacks and nightmares. One of the aims of treatment is to enable connections to be made between these sensations and the events they are related to.

"Individuals who lack emotional awareness are able, with practice, to connect their physical sensations to psychological events. Then they can slowly reconnect with themselves." (van der Kolk, 2014).

The building of connections is central to recovery. This work can be considered on different levels: the individual's connection with himself, his own body, his thoughts, sensations and emotions (Dr. Caroline Leaf and others have referred to this as the integration of head, heart, and gut); his connection with others and the world around him; connections between the different parts of his history and identity.

I am highlighting the importance of connection, though the complexity of this work cannot be done justice here. Before connections can be achieved, safety must be established. Only when

the disconnected or unconnected person begins to feel safe will he be able to take the risks involved in connecting. Once the process of connecting begins the person is moving towards integration. The foundations of well-being can be considered as safety, connection, and integration.

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INTEGRATING AND CONNECTING - THE ESSENCE OF TRAUMA RECOVERY ENVIRONMENTS (2015)
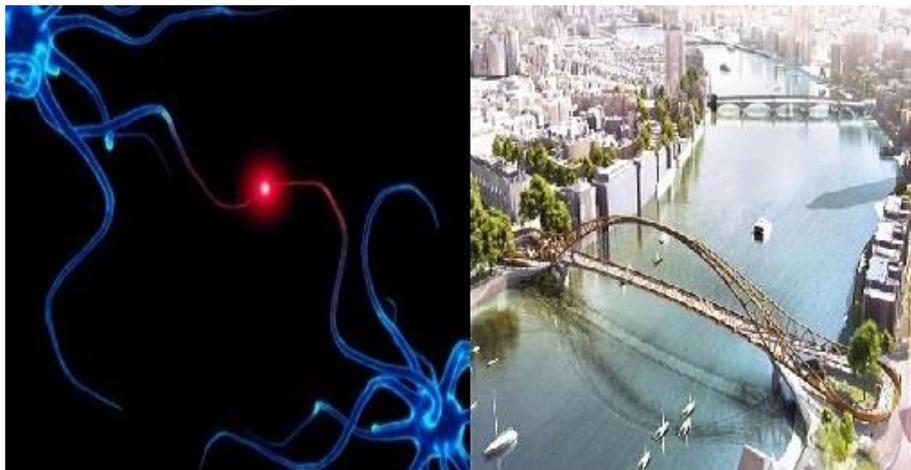
We as therapists are not really "shrinks"; we are "integrators". – Nelson et al. (2014)

In the previous two parts I have discussed: the concept of integration in child development; the need to integrate management and therapy; how integration as a concept spans over 70 years from the psychoanalytic tradition of Donald Winnicott to the neuroscience perspective of Daniel Siegel among others; and how connection is central to integration and our well-being. This part will consider the need for integrated and connected systems and environments for trauma recovery.

If neural integration is as Siegel says, 'at the heart of well-being' and trauma disrupts healthy development, then recovery is about completing the process of integration. A person or any living system that is integrated is one where the different parts work together in a functional way. For individuals, there is mind-body and sensory integration, and an effective balance where emotion and reason complement each other. The same analogy can be applied to social groups, such as families, teams, communities, and societies.

For children who are traumatized during the first year or so of life, integration may never have been achieved. For others who had healthier early development, the task may be about repairing disintegration brought about by trauma. Children who have suffered complex trauma need a healing approach that includes all aspects of their daily life. This is a total environment whole systems model. The same principle may also be relevant to many seriously traumatized adults. This is especially true when the trauma(s) took place in environments where disconnection, conflict and dysfunction were predominant. As Farragher and Yanosy (2005, p.100) said,

> Recovery from injuries perpetrated in a social context must occur in a social context. These centers, responsible for healing, must become therapeutic communities where

> recovering is more important than control, and compassion and empathy drive out fear and coercion.

The aim of recovery is to create connections that can be personally integrated. Connections can be thought of in relation to oneself, between internal and external worlds, in relationships with others, and the wider community. The level of connection that traumatized children need means that those who are involved in the therapeutic work must be highly attuned. Emotional attunement is receptive to connection and creates secure attachment. Referring to the plasticity of the brain, Nelson et al. (2014) state,

> …. the fundamental element in therapeutic efficacy is that therapist and patient successfully work together to create an integrated form of communication, which we propose is the essential experience that stimulates neuronal activation and growth of integrative regions of the brain.

The mirror neurons of a baby will begin to connect with an attuned caregiver from birth. The primary carer-infant relationship is of central importance as is the network of connections surrounding it. In the healing of trauma, just as in ordinary development 'it takes a village to raise a child'. Or as Perry and Szalavitz (2006, p.231) said,

> What maltreated and traumatized children most need is a healthy community to buffer the pain, distress and loss caused by their earlier trauma. What works to heal them is anything that increases the number and quality of a child's relationships.

Networks of connections provide a potentially stronger level of support and emotional containment. This powerful network is then internalized and integrated by the child as part of his internal model. A good support network is the single strongest protection against becoming traumatized (van der Kolk, 2014, p.210). The architecture of the brain comes to represent the architecture of the social environment.

> Secure attachment promotes neuronal connections, helping to strengthen and integrate key brain structures (Stien and Kendall, 2004, p.8).

I was fortunate in 1985 at the beginning of my career to find myself working in a therapeutic community where integration was the central focus of the work. Our task was specifically stated as to enable emotionally unintegrated children to achieve integration. John Whitwell (1989) who was the Principal when I arrived, clarifies what this meant,

> The therapeutic task, therefore, is to provide the conditions within which the boy can begin to form an ego-boundary and become capable of managing his internal world in relation to his environment. At a minimum, he should acquire: the skills needed for some degree of independence; some ability to recognise choices and make decisions; and some capacity to manage transactions with other people in his environment (Eric Miller and Richard Balbernie).

The model of the community's approach was also strongly based on the belief that the way the whole organization functioned was key to the children's development. All relationships and roles in the community were considered part of the healing environment. The role of the maintenance staff and domestic assistants were considered equally alongside the work of teachers, care workers, and therapists. This is a key feature of trauma-informed environments. Everyone's role is important and therefore needs to be integrated into the whole system.

Einstein's view that 'example isn't another way to teach it is the only way to teach', provides a good principle for how we approach the task. If integration is the aim of trauma recovery, then we must practice integration in every aspect of our work. To begin with, the adults who are working with such complex children and young people, need to have a robust level of personal integration and resilience. The team working with the child needs to be integrated and coherent. Different disciplines need to work together rather than compete. The whole organization - leadership, management, care, education, and therapy must work together. The relationships with other stakeholders, such as referring agencies, families, local government and community also need to be integrated. Achieving all of this is a daunting task, not least because traumatized people tend to create further disintegration and disconnection rather than integration and connection. Just as with experience, Integration is never a fixed destination it is always work in progress.

A lot of the work to do with integration is about making and sustaining positive connections. Connections with the children, with ourselves and our histories, with our colleagues, with external agencies and the local community. To help think about these different levels of integration I will return to the work of Andrew Mawson. He is a social entrepreneur involved in the regeneration of communities in the East End of London. As well as being a social entrepreneur it could be argued that Mawson is an integrator and connector. For example, in Bromley-by-Bow he integrated health and social issues. The Bromley-by-Bow medical centre became a place where people didn't just go to see a Doctor, but to join groups and meet. Neighbors from different ethnic groups began to talk to each other, sometimes for the first time in decades. Elderly patients joined art classes and other social groups. As people became connected the community began to develop and lift itself out of decade's long decline, deprivation and depression.

When the 2012 Olympics were awarded to Britain money was invested in developing a water city in London. After the docks and associated industries had closed, the old river and canal system of London that used to be the lifeblood of the community had become unused and derelict. Ironically the once vital water system now became a barrier that kept communities apart and isolated. Eric Reynolds, Founding Director of Urban Space Development, talking of the water city project says,

> A key part of what we've still got to do is create a sense of connection. Again, if you go up this wonderful river westward you will find bridge after bridge, after bridge, after bridge, after bridge………If you put a road in there is a tendency for stuff to happen. Now London has expanded because of those lifelines.

Andrew Mawson continues,

"If you join the dots, that is a new city. And if you connect science and technology in an integrated way into that, that's a very exciting opportunity for jobs and skills for people of East London over the next 25 years…………. The story is about recognizing these development nodes and understanding that if you fly into City Airport and look down from an airplane all you will see is water. And you will see the six and a half miles of waterways that connect the royal docks to all these development nodes."

A personal connection in this for me is that while I was working in a therapeutic service for traumatized children, I also spent an inspiring few days in Bromley-by-Bow. I am struck by the parallel of the importance of connection and integration on both the micro and macro levels. It is central to the micro-level of individual recovery from trauma and to the macro level of community regeneration. It is also interesting that the language of social entrepreneurship and neuroscience meet. Both the individual and the community are 'plastic', i.e. capable of recovery and growth, however difficult and traumatic their histories. Just as neural pathways develop in the brain and build a network of connections, the building of bridges in the water city symbolize a pathway to new growth.

Talking about the brain, Nelson et al. (2014, p.132) state that, "Integration enables the coordination and balance of different regions within a system". The same principle can be applied to other systems such as family, community, and organization. In work with traumatized children both the micro and macro levels are important, but it is when there is a synergy between them that there is the greatest potential for recovery. For a child, this synergy would be like having a safe and attuned relationship with a primary carer, within a healthy partnership between parents, within a caring extended family, within a safe and thriving community.

A significant part of my work in recent years has been in developing therapeutic models in residential and foster care for traumatized children. Strong models are ones where everyone whatever their role is involved in the process of integration and connection. For example, a therapist or carer might be doing what Siegel recommends – working to improve the integrative functioning of a child's prefrontal neocortex. While the task of the organization leader might be about building integrative connections inside and outside of the organization.

One of the main satisfactions for me in my work is in helping organizations create models that integrate different perspectives in a way that is culturally sensitive. In 2011, I co-authored a book with the Lighthouse Foundation who work with homeless young people in Melbourne, Australia. One review (McNamara, 2015) said,

In Australia, the most clearly articulated model of Therapeutic Residential Care is that offered by the Lighthouse Foundation (Ainsworth 2012; Barton, Gonzales and Tomlinson 2012) that owes much to the Cotswold Community in the UK.

Before I began working with Lighthouse they had already integrated into their model, some of the Cotswold Community's therapeutic approach, where I started in 1985. This is an excellent example of how different perspectives from different times and cultures can be successfully integrated. Another review of the book (Steckley, 2013) said,

> From the introduction through the final appendices, I was struck by the constant and integrated presence of thinking, feeling and reflection as integral to meeting the needs of young people, whether at an individual or organisational level.....This book offers vision and motivation to those with requisite courage to work towards a more humane system of care for children and young people……Elements of neurobiological and social ecological theories of development, the Sanctuary Model, organisational psychology, systems theory and even anthropology are also well integrated and usefully applied at relevant points throughout the book.

The very process of creating therapeutic models if they are to be of any use to traumatized children who need to become integrated and connected, also needs to be one of integration. My first three parts on integration have moved between the micro-level of the individual brain to the macro level of leadership, organizations, and society. While this might seem a little awkward, I think it is essential. We can't consider the individual as an isolate. We are all part of a wider system. Well-being is about the integration of the individual, relational and collective levels (Prilleltensky, 2006).

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INTEGRATION IN LEADERSHIP AND MANAGEMENT (2015)

Those organizations that pay attention to the need for integration, which is far more difficult than getting one part rather than the whole to work well, are likely to become the most competent type of organization (Tomlinson, 2015).

During the years of my work with traumatized children, I have moved between practitioner, and management and leadership-based roles - moving back and forth between the two. Sometimes I wonder which camp I am in but have realized that I am clearly in the one that is about joining the two together. This ties in with another lesson from many years ago. For a therapeutic service to be effective, management and therapy need to be integrated successfully. Good management is necessary for therapy to take place and sometimes good management is therapeutic. The same could be said about any kind of practice in the human services. It can only be truly effective in a well-managed context.

I am sure many of us are familiar with the dynamic of management and therapy being at odds with one another. The same with business and care, and leadership and management. For example, in one organization, the Executive Director felt frustrated with therapists who would often say that they needed 'space' rather than make time to listen to his emerging visionary ideas. And I am sure the therapists felt frustrated that his grand ideas didn't help much with the immediate realities of their work. Vision is crucial to create an inspiring and important mission. So is doing the job at hand, however mundane or unpleasant it may seem. It is the integration of the two that is critical. I had a vision when I joined a therapeutic community for traumatized boys, of doing 'therapeutic work', which would help them to get better. I wondered during the first few weeks why much of my work evolved around cleaning toilets, being shouted and spat at, and looking for 'missing' boys in the surrounding countryside. It took a while to fully understand that this was part of the therapeutic work necessary for the vision to be achieved. Thankfully those 'in charge' knew this very well, as well as what was needed to support the task at hand. The vision was grounded.

An important question is why 'splits' such as those described above tend to occur. One answer put forward is based on the concept of social systems developing as a defence against anxiety (Menzies Lyth, 1959, 1961, 1970). To briefly explain - the nature of the work task is inherently anxiety-provoking and involves emotional pain. The difficulty is defended against by creating a more simple and primitive solution. The reality of the task is replaced with a more bearable but split solution such as, "we would be able to do this better if it wasn't for 'management interference'", etc.

For instance, it is easy for leaders to have a grand vision and not have to worry about how it will be achieved. It is easy for managers to become focused on methods and practices regardless of

whether they help meet the desired vision or not. Leaders with grand visions tend towards charismatic. Managers focused on methods tend towards bureaucratic. Charismatic leaders may blame the stifling, red tape, bureaucratic managers for failure. Managers may blame the unrealistic and 'out of touch' leader.

It also makes everyone's job seem easier as only one difficult thing needs to be mastered, rather than the more complex integration of two difficult things. Organizations may fluctuate between the search for a heroic leader or a new management system, as if either might provide a magical solution. This might provide short-term relief but in the long-term, it is ultimately self-defeating and unsuccessful. The system as-a-whole is dysfunctional. In this example, what is needed for effective performance is not the splitting of management and leadership, but the integration of them, whether within the same person(s) or between people. The functions of leadership and management may be separated but they need to appreciate their interdependence and work together in an integrated way. The same can be said for management and therapy, and business and care.

Splits, which are based on unconscious reactions to deep anxieties and fears are especially likely in the human (or people) services due to the core nature of the task. For example, trying to provide a service to people in great need (sometimes literally a matter of life and death), when it never feels that enough can be done. This is compounded by harsh financial realities such as those in times of 'austerity'. The sense of 'impossibility' and 'hopelessness' is difficult to bear for everyone involved. Leaders can defend themselves by becoming distant from the reality of the work. Those more directly involved can blame leaders for not caring enough about people and too much about finances. And everyone may be avoiding the painful reality of deep changes that are required in the organization.

In recent decades, where every type of business and industry has had to deal with a rapidly changing and more complex world, the same kind of anxieties and fears are becoming common in most workplaces. How many people can say with confidence they expect their job to last for 3 years? A 'job for life' has left the employment landscape. The life span of jobs at all levels has reduced massively and this is just one of the insecurities affecting the modern-day workplace. Survival on an individual and organization level is precarious. Constant change in a complex and highly competitive market is the norm. Without good management, which is in effect good technology, people, methods, procedures and policies, an organization will fail to achieve its vision. Without visionary leadership that is motivating, inspiring, creative and stretching – performance will fall short in today's demanding environment. To do something well, on its own is not 'good enough'. There also must be an outcome that can compete with what anyone else can do at the same cost or less.

What is needed is an improved capacity to face the very real difficulties involved in the work task. This means being more in touch with complexity, fears, threats, and anxieties. To achieve this, it is necessary to have a culture with structures and processes that enable these difficulties to be acknowledged and worked with. This requires capability and time, and the difficulty of putting it in place cannot be overestimated. Short term thinking will see this as an extra cost

and use that as an excuse to avoid it. When space is created to think about the difficult realities involved – this will be hard work, with potential vulnerability and conflict for all involved. Therefore, it might feel as if the process isn't helping. There may be a tendency to give up rather than a determination to work through difficulties. This requires strong leadership, belief in the process and perseverance.

Those organizations that pay attention to the need for integration, which is far more difficult than getting one part rather than the whole to work well, are likely to become the most competent type of organization. It can be argued that the key task of leadership is to provide the conditions in which organizational integration takes place. The difficulty of this is captured very well by Friedman (2007) in the title of his book on Leadership, "A Failure of Nerve: Leadership in the Age of the Quick Fix".

I will finish with a brief example that captures much of what I have said. A few years ago, I was on a course in Strategic Leadership for Social Care. As part of this, I had the fortune to visit Bromley-By-Bow in London, which had been heralded as an example of community regeneration based on social entrepreneurism. The picture is of the Bromley-By-Bow Health Centre. It is in Bob's Park named after the local man who led the transformation of derelict wasteland into a green space, which has become an inner-city haven. The Health Centre is a model of integrated health care.

We met Andrew Mawson who was the church pastor, who had played a lead role in the regeneration of the run-down community. He seemed without doubt to be a charismatic, visionary leader. He talked about the stifling bureaucratic red tape and the need to break rules, to get anything done. In his book 'The Social Entrepreneur', he also describes how he was impressed by Paul Preston, the businessman who successfully brought the McDonalds chain to England. Mawson says, 'the devil is in the detail' and describes how Preston succeeded by first focusing on every practical detail in just one shop. Down to exactly where the milk came from and how long it took to be delivered. This shows an understanding from the top of how the reality of the work and what is required must be integrated with the vision. The question isn't so much about styles of leadership and management, whether it is either or, but about successful integration between the two.

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An interesting brief video with Andrew Mawson talking about social entrepreneurism and the challenge of creating something positive out of a nearly bankrupt economy as he put it.

> I think the most important issue is learning to work together, actually, and building teams of people who understand how to do that in creative ways. Because we have all got to move out of the silos that have been put down for us by the public sector and they are often there in business, and learn how to join things up.

Dr. Dan Siegel video - On Integrating the Two Hemispheres of Our Brains

WHY WE ALL NEED AN INTEGRATION AGENDA (2015)

http://mowatcentre.ca/the-integration-agenda/

I was motivated to write this part after a colleague, Liz Glencorse, referred to the 'Integration Agenda' in Scotland. This is a Scottish Government (2011, also see Brown and White, 2006) initiative to integrate Health and Social Care services. Further initiatives to develop the agenda followed and included housing (2013). Similar agendas have been implemented in other countries. The picture above is from a Canadian initiative. It has struck me how much the concept of integration has grown in influence.

As said, my first experience of integration as a concept was over 30 years ago in my first 'proper' job. It was about enabling traumatized 'unintegrated' children to become 'integrated'. This was based on the work of Donald Winnicott (1962), who stated that a child is born unintegrated and becomes an integrated person, usually during infancy. Unintegration is normally a short-term developmental stage. Traumatic experiences such as abuse, and neglect can impact on a child's development in such a way that integration isn't achieved. Disintegration, however, can happen at any time in a person's life. Temporary disintegration is sometimes considered healthy. For example, following a significant loss. It is only a problem when recovery becomes stuck or exacerbated by further difficulties.

Previously, I have referred to Daniel Siegel's views on the importance of neural integration in relation to our general well-being. I would argue that well-being in this context can be considered at the individual, relational and collective levels. It is the integration of these three that is really at the heart of well-being.

Of course, the detail of what integration means is variable, but the concept is increasingly recognized to be relevant on the micro and macro levels. This makes perfect sense. It is difficult to become or remain an integrated individual in an unintegrated environment. Earlier I mentioned Andrew Mawson the social entrepreneur, who worked on integrating health and social issues in inner-city London. This led to improved community well-being, where people began to achieve both individually and collectively. He continued this philosophy of 'learning how to join things up' in the Water City Project,

If you join the dots, that is a new city. And if you connect science and technology in an integrated way into that, that's a very exciting opportunity for jobs and skills for people of East London over the next 25 years………….

The psychologist, Isaac Prilleltensky (2006) has also made this point well.
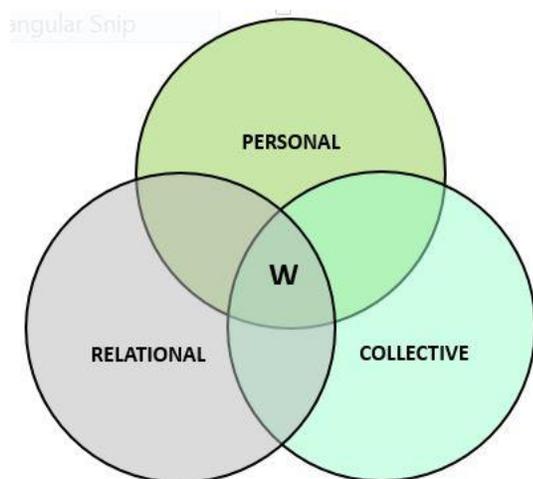
Psychological Wellness is a psycho-ecological concept. It highlights the importance of promoting favorable conditions that nurture the personal, relational and collective well-being of individuals.

Overall wellness can only be achieved through the combined presence of well-being in these three areas – the central space on the diagram represented by the W.

Steven Johnson, the best-selling author of seven books on the intersection of science, technology, and personal experience, also talks about the connections between the micro and macro. In his 2010 TED Talk, 'Where good ideas come from', he says,
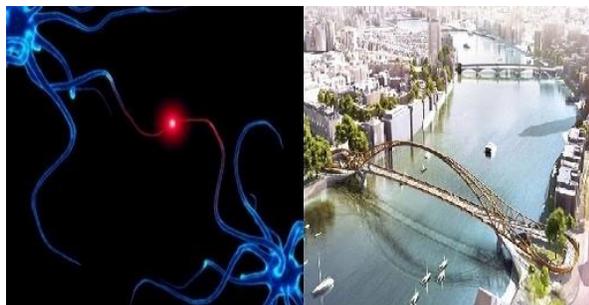
"The network patterns of the outside world mimic a lot of the network patterns of the internal world." He claims that great discoveries come more out of connections rather than isolated 'eureka' moments and encourages us 'to connect ideas rather than protect them'. Johnson claims that 'Chance favors the connected mind'. It could also be argued that it favors the connected community.

Inevitably I see the relevance of integration to my work in services for traumatized children and young people. Because traumatized children are often in a state of unintegration or disintegration, the task of integration is at the center of the work. Recovery from trauma involves integrating traumatic experiences into one's personal narrative. Bessel van der Kolk (2014, p.222), suggests that this may be the prevailing goal of therapeutic work,

…putting the traumatic event into its proper place in the overall arc of one's life.

For unintegrated children, first, this means there must be the development of a sense of self. Only from this position can experience become integrated. A child needs to know who he is before he can know what has happened to him. Development of self takes place through experience in a nurturing relational context, or as Dockar-Drysdale (1990) put it – The Provision

of Primary Experience. There are clear stages in the recovery from trauma just as there are in ordinary development. Kezelman and Stavropoulos, (2012) refer to the importance of phased treatment, first outlined by Pierre Janet in the nineteenth century,

> Phased treatment is the `gold standard' for therapeutic addressing of complex trauma, where
> - Phase I is safety/stabilisation
> - Phase II processing
> - and Phase III integration.

They also argue that the experience of the whole service, and not just the clinical intervention is part of the healing process,

> Neural integration is not assisted – indeed is actively impeded – by unintegrated human services which are not only compartmentalised, but which lack basic trauma awareness.

http://pixionary.blogspot.com/2011/04/cacophony.html

As integration is central to general well-being, I also hope that something can be understood of its wider relevance. Why is it important? On the micro-level of a human brain – the brain functions well when the different components are integrated (see Siegel video). For instance, effective decision-making takes pace when the emotional and cognitive parts of the brain are connected. The strength of intellect is undermined if it isn't integrated with emotion. We could use an orchestra as a metaphor – the brilliance of one part will be lost if all the parts are not successfully integrated. It is most important that the orchestra is in harmony, where differences complement each other.

The same can be seen in families, teams, organizations, communities, and societies. We know this well if we enjoy team sports. Without integration, any kind of development and achievement is likely to be undermined. As individuals, we need to constantly work on our own development, which includes our personal attributes, as well as how we relate and integrate with others.

However, integration doesn't mean merged. The distinction and difference of the constituent parts is what makes a strong whole. It is the way that difference is managed and connected that is important. For example, we could be living in a community where the neighboring community is different but connected; or where there is a wall separating the two. We know

which is healthier. Though there may also be healthy a degree of tension between the connected parts. The challenge for us is how to become better integrated. A good starting point is by putting integration at the top of our agenda.

My Scottish colleague who referred to the Integration Agenda, also remarked what a huge challenge this is. How hard it is to connect different parts and collaborate effectively. Again, this is true from the micro to the macro level. The challenge can be painful, individually, relationally and collectively. My first response to this question was one of deflation, thinking how impossible it is! However, it is the intent and struggle to move towards integration that is valuable. There is no such thing as a perfectly integrated state. Integration is ongoing, new experiences and circumstances constantly need to be integrated.

To bring this back to the unintegrated or disintegrated child. She is faced with a huge task and we know that it will be painful. We also know the potential benefits and the cost of not going on the journey of recovery. By working on the core issue of integration ourselves we provide a model alongside the child. It is the model of what is going on around the child that is most helpful to her. This includes the individuals that are closest to her, the relationships around her as well as the wider environment. If we are focused on integrating our own experiences, integrating better with our colleagues, between our departments, with the wider community and society – we are providing a model for health.

The way in which the concept of integration is becoming integrated in so many ways, is very exciting. I agree with the point made by Bessel van der Kolk's (2014, p.109), that "most research is me-search". We are most engaged when something has an important meaning to us. Bessel van der Kolk himself is a great role model for integration. In his work, he integrates, 'developmental, biological, psychodynamic and interpersonal aspects of the impact of trauma and its treatment'. His book, 'Psychological Trauma has been described as the first integrative text on the subject'.

If we can connect our own ongoing need for integration to the tasks we are involved with, there is more potential for growth than through anything else we could put on the agenda. We only need to think about the many ways in which better integration might benefit our own life and work. If we are working on integration, development, and achievement are likely outcomes.

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PATRICK TOMLINSON – CONTACT AND FURTHER INFORMATION

Web Site: www.patricktomlinson.com

Contact: ptomassociates@gmail.com

Patrick Tomlinson Associates Facebook: www.facebook.com/PatrickTomlinsonAssociates

Patrick Tomlinson Associates Facebook Group: www.facebook.com/groups/1269338589867954

Blog Site: http://patricktomlinson.blogspot.com

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