

WHY WE ALL NEED AN INTEGRATION AGENDA PATRICK TOMLINSON (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.

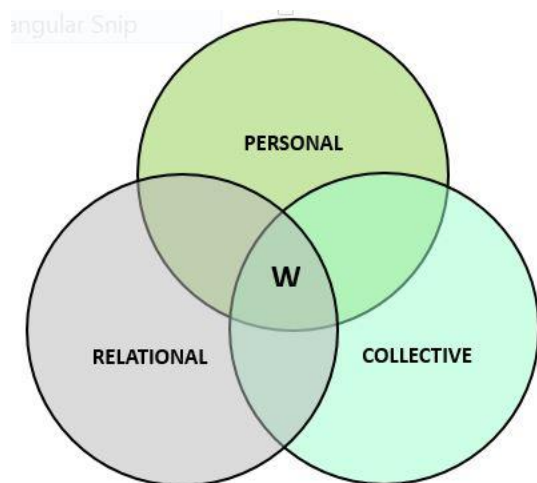
As said, my first experience of integration as a concept was over 30 years ago in my first ‘proper’ job. It was about enabling traumatized ‘unintegrated’ children to become ‘integrated’. This was based on the work of Donald Winnicott (1962), who stated that a child is born unintegrated and becomes an integrated person, usually during infancy. Unintegration is normally a short-term developmental stage. Traumatic experiences such as abuse and neglect can impact 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 concerning 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.

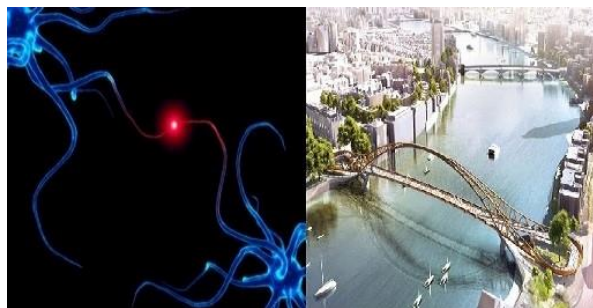


Psychological Wellness is a psycho-ecological concept. It highlights the importance of promoting favorable conditions that nurture the personal, relational, and collective well-being of individuals.

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 centre of the work. Recovery from trauma involves integrating traumatic experiences into one's 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, p.7) 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 (p.xxx) 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, 2009 video). For instance, effective decision-making takes place 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 development, which includes our 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 are 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.

It is exciting how the concept of integration is becoming integrated in so many ways. 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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DEVELOPING PEOPLE AND ORGANIZATIONS



Patrick Tomlinson Brief Bio: The primary goal of Patrick's work is the development of people and organizations. Throughout his career, he has identified development to be the driving force related to positive outcomes - for everyone, service users, professionals, and organizations.

His experience spans from 1985 in the field of trauma and attachment informed services. He began as a residential care worker and has since been a team leader, senior manager, Director, CEO, consultant, and mentor. He is the author/co-author/editor of numerous papers and books. He is a qualified clinician, strategic leader, and manager.

Working in many countries, he has helped develop therapeutic models that have gained national and international recognition. In 2008 he created Patrick Tomlinson Associates to provide services focused on development for people and organizations. The following services are provided,

- Therapeutic Model Development
- Developmental Mentoring, Consultancy, & Clinical Supervision
- Character Assessment & Selection Tool (CAST): for Personal & Professional Development, & Staff Selection

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