Emotional Dysregulation: Moving Beneath the Surface

By Carol Duffy and Patrick Tomlinson (2026)

Author's Note: As explained in the article, the process of writing it evolved over 2 years. Carol produced the first draft, and then Patrick's feedback led to a revision and additional material. The case material provided by Carol has been changed in detail for the sake of anonymity. Unless noted otherwise, whenever the first person is used, this is Carol's voice.

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Introduction

The title of this article began as a metaphor for something that looks simple from above but is far more complex underneath. While we were discussing the article, Carol described what happens when we see someone struggling in the sea: we throw out something for them to grasp. When they seem not to make use of this assistance, we are confused, because what we cannot see is that their foot is caught on a rock below. Sometimes the simple approach is exactly what is needed. At other times, it misses the point entirely and does not help, because it is not attuned to the issue beneath the surface.

This article is an attempt to think about emotional dysregulation in a way that holds the simple and the complex together. As with anything that becomes popular enough to turn into an industry, regulation may meet a real need while also making it harder to see what is deeper and potentially more complex. The over-simplification that is meant to help can itself become a problem.

Breathing techniques, for instance, have become a popular way of helping people calm themselves, yet we have found that they can just as easily trigger panic and dysregulation in some people. Trigger warnings, intended to protect and reduce dysregulation, have in some cases been found to do the opposite, putting people on edge rather than settling them.

We hope that therapists, foster carers, residential care workers, teachers, and everyone else who works with and cares for children who have experienced trauma will find something useful here — including, perhaps, a way of naming some of the shadows the mind keeps hidden.

What is Emotional Regulation and Dysregulation?

Emotional regulation can be understood as a way of regulating body and mind that is functional for our safety and wellbeing. But what looks regulated is not always functional, and what looks dysregulated is not always dysfunctional. There is a time to be still and quiet, and a time to be screaming or shouting. Judging an emotional state without appreciating its context is misguided and unhelpful. Stillness may look calm, but it may also be freezing in fear. Shouting, screaming, or flight may look aggressive and agitated, but may be exactly what is needed for safety, escape, or survival.

One of the challenges with the present-day focus on emotional regulation is that it can locate the source of the problem in the child rather than in the environment. It may, in fact, be healthy for a child to display dysregulation — and it may be the environment that needs to adapt, not the child. The pioneering educator A.S. Neill (1964) put it bluntly:

> I believe that in a strict school, it's all wrong; it is fear and discipline. The mere fact that kids who should be moving all the time are sitting on their asses for about 6 hours a day... It's all against human nature.

Bruce Perry (2004) makes a similar point on a larger scale:

> We are designed for a different world than we have created for ourselves. Humankind has spent 99 percent of its history living in small, intergenerational groups. A child's day brought many opportunities to interact with the variety of caregivers available to protect, nurture, enrich, and educate... The human brain is designed for life in small, relationally healthy groups. Law, policy, and practice that are biologically respectful are more effective and enduring. Unfortunately, many trends in caregiving, education, child protection, and mental health are disrespectful of our biological gifts and limitations, fostering poverty of relationships. If society ignores the laws of biology, there will inevitably be neurodevelopmental consequences.

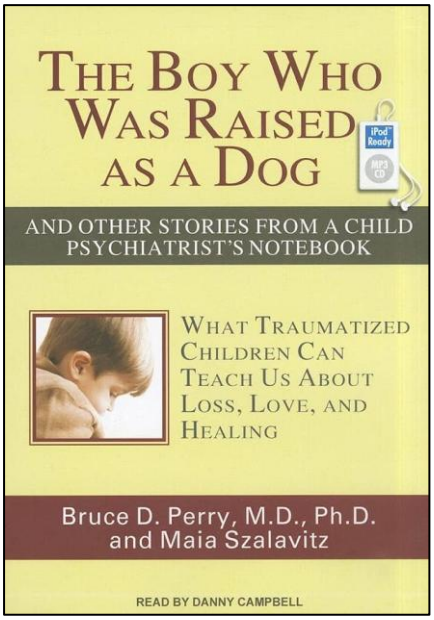
Emotional Dysregulation and Its Meaning

Writing this article on regulation has been a huge challenge, and one that has taken me (Carol) more than two years, largely because I kept disagreeing with myself. Every time I thought I knew what I wanted to say about regulation and trauma, I discovered that I did not. That struggle to "know" turned out to be important in itself. To truly know something means accepting that you do not know it fully. Insisting that one *knows* halts curiosity and eliminates the uncomfortable, necessary sense of uncertainty. To truly know, I have come to believe, means allowing your mind to stay open to a wide range of possibilities, and creating space for a reflexive, fluid way of thinking in which there is no room to be "the expert."

In the work of creative psychotherapy — particularly with trauma, neglect, attachment, and regulation — insisting that "you know" can be deeply limiting. I have attended countless training and CPD events on attachment, trauma, and the neurosciences, and read widely across the same territory for more than twenty years. I still do not know. But as my mentor Eileen Prendiville once said to me when I doubted my own instincts: "You have a very well-educated and informed gut, Carol."

Regulation and co-regulation are hard, guttural work — often visceral conversations between nervous systems, in which we truly listen to one another's stories, using our own affective experience as a guide toward deeper understanding and attunement. Only then can we reach a more authentic place of understanding — something close to what Peter Fonagy calls mentalization, the capacity to hold another's mind in mind (Fonagy & Target, 1997). This is where safe holding, regulation, and co-regulation become genuinely possible. To jump too quickly into *knowing* how to regulate another risks misattunement and further dysregulation, and no breathing technique or fidget toy in the world will protect against that.

As said, this work is hard, and we may be fearful and defensive as a result. What is happening in front of us may be difficult to witness, and we do not know what else might unfold. Listening and paying attention are especially difficult when what we see and hear is distressing, painful, and disturbing. Part of the mentalization process also requires us to be observant of our own thoughts and feelings. How calm are we? How emotionally available and receptive? How attuned or distracted are we? To provide co-regulation, we need to be regulated. Perry and Szalavitz (2006, p.244) put it well,



"Simply taking the time, before doing anything else, to pay attention and listen. Because of the mirroring neurobiology of our brains, one of the best ways to help someone else become calm and centred is to be calm and centred yourself – and then just pay attention. When you approach a child from this perspective, the response you get is far different from when you simply assume you know what is going on and how to fix it."

Patrick and I discussed the nuance of regulation and co-regulation at length while imagining this article, and he framed the dilemma this way:

> If we push something into a mouth to regulate — the proverbial and preverbal soother — what are we stopping from coming out that needs to be heard?

Regulation and co-regulation are hot topics right now, and it is hard to open a social media app without finding a newly qualified "expert" advising the best way to regulate or co-regulate, calm a nervous system, or soothe someone using this "best" or "perfect" tool. This is not to say

these approaches are unhelpful or without merit — they are helpful. But I fear they miss something: the space for a story to be told about what is truly causing the dysregulation. What story or disruptive experience has generated such distress, and how important is it that this story be heard, acknowledged, and validated?

The term dysregulated often gets used in describing the work with a young person who has suffered trauma. The word is often used without explanation. Often, it would be more helpful to simply state what the child did, such as he screamed, or he shouted and slammed a door.

Clinically, dysregulation usually refers to an internal reaction, a nervous system reaction. This could include heightened felt anxiety, like a panic attack, an emotional outburst, or uncontrollable sobbing. It could also include a less obvious response such as dissociation or internal freezing. It is usually the louder, disruptive type of dysregulation rather than the quiet sort that gets referred to. This may be because the louder, disruptive type usually causes some kind of external trouble and the main wish is to reduce the trouble. The dissociated, emotionally frozen child may pass by unnoticed. And that may be exactly their wish, as a survival strategy.

As with other calming interventions — pacifiers for infants, medication for the ever-expanding categories of "mental disorders" — the question is whether they are a means to an end or an end in themselves. What follows after the calming? Is the work done? We have to notice defensive responses that help us avoid the pain of a child's story, because sometimes that story verges on the unthinkable, and it is no wonder we might retreat to what is simpler and less painful.

We describe the importance of regulating ourselves and our children, and programmes that promise a "how to" of regulation are being bought and sold at a rate I have never seen before. The language around children's and adults' mental health is now saturated with talk of how to "regulate" ourselves and others and how to avoid dysregulation.

Are we skipping the story we need to hear and moving straight to "regulating the nervous system" without first taking the time to understand what that nervous system, and the person who houses it, actually needs? It may not be the story we expect, but it will be the story they need us to hear.

This can be understood as a matter of the relationship between mind and body. As Bessel van der Kolk makes clear in *The Body Keeps the Score* (2014), what cannot be held in the mind may instead be felt in the body, and only once a person's story is integrated into the mind are their symptoms likely to shift meaningfully. So if we treat a child's distress purely as a need for nervous system regulation, we may be doing no more than a surface-level calming — helpful as that may seem.

For a traumatised child to integrate their experience, that experience and the feelings tied to it may first need to find a home in the mind of another — someone who can feel/empathise with

the pain, tolerate it, and begin to think about it. This may be a desperately important, largely unconscious need. If we cannot hold a child's story and pain in our own minds, and focus only on regulating the nervous system, the child may come to feel that their experience is too awful and too unbearable to think about it. If we frame their behaviour as a nervous system issue too quickly, we may fail to meet their hope that someone might want to understand and bear the overwhelming pain of their story.

None of these points means emotional regulation is unimportant. It may well be necessary before we can think deeply about what lies beneath the dysregulation. The problem arises when regulation and co-regulation come to be seen as "the work" itself, with the job considered done once the child returns to a regulated state. If we focus mainly on the nervous system, we risk missing the clues that would allow the child, and us, to make sense of their traumatic experience — and only then can that experience move out of the body, where it is felt as physical symptoms, and find its home in the mind.

The Nervous System and the Mind

Human beings are complex. We tend to develop into thinking, storytelling, connecting, meaning-making people, with both conscious and unconscious processes at work in us. We have basic needs tied closely to survival, and, as Maslow (1943) described, higher-level needs — for example, the need to make a meaningful contribution to others, an idea developed further in Isaac Prilleltensky's work on mattering (Prilleltensky, 2020). We can plan in ways that are protective and developmental, and we can also respond instantly to an immediate threat or opportunity.

Our nervous system is primed for survival and safety, as well as for movement and social connection. It regulates our body and helps integrate its many biological functions. It informs our mind and what we think, and what we think and feel in turn shapes our nervous system. Some of this is easy to see and think about; some of it is not. Neither the nervous system nor the mind is always within our conscious control.

However much we know about the body, we cannot locate the mind. Our own mind is clear to us, yet where it exists and what unfolds within it does so in its own way. We cannot control what we dream about, and no technology can tell us what a person is dreaming, only that a brain scan shows the mind resting, active, or excited — not about what. The exact nature of the mind continues to be debated across neuroscience, philosophy, and spirituality.

In both mind and body, we have conscious and unconscious processes. We may have a sudden thought with no idea why, or a dream that seems to make no sense — yet paying attention to these can reveal something useful. In the body, we usually know what is happening, but there are times when the body and nervous system override our conscious thoughts entirely.

Neuroception and Danger

One example is neuroception: Stephen Porges' term for the nervous system's capacity to detect threats and move us into immediate action without conscious thought (Porges, 2011). In other

words, it is the nervous system identifying threats to safety, as well as opportunities for enhancing safety and well-being. Dana (2018, p.35) summarizes,

> Neuroception results in the gut feelings, the heart-informed feelings, the implicit feelings that move us along the continuum between safety and survival response. Neuroception might be thought of as 'somatic signals that influence decision making and behavioural responses without explicit awareness of the provoking cues' (Klarer et al., 2014, p.7067).

Anyone who has been in real danger will recognise this primitive survival mechanism. Neuroception and what happens because of it can be a good example of healthy dysregulation. When we are in danger, neuroception takes charge and overrides our thought processes. I (Patrick) experienced a vivid demonstration of this. I was on a beach in Israel where a group of soldiers had set up a temporary camp. Suddenly, I heard a loud bang behind me. Before I knew it, I was sprinting and ended up about 30 yards down the beach. I was safely in the sea before I stopped to turn around. Thankfully, no one was injured. There had only been a minor explosion of a cooking gas canister and nothing more sinister.

I remember wondering how I moved so quickly and so far without even thinking. If not for the context, anyone observing me would see someone relaxed suddenly becoming frantically dysregulated. In this case, the temporary dysregulation served me well. Any effort to calm me or co-regulate me, without awareness of the context, not only would have been futile, but it would also have been an unhelpful distraction.

Unfortunately, extreme hypervigilance or dissociation, due to trauma, sets off triggers that are not based in the present reality. The perceived event existed in the past. Therefore, this kind of dysregulation, while understandable, becomes unhelpful and potentially harmful. For example, a child in a classroom suddenly jumps out of their seat and starts shouting. The child might be predicting that something bad is about to happen, but it isn't, and the whole class becomes disrupted. If this becomes a repeated pattern, it is likely that the class becomes fearful, distracted from their work, and the child becomes excluded. This is also a context where a classroom assistant can be helpful to co-regulate.

So, we are faced with what we do not know and what is hard to make sense of — and especially when we feel threatened, we tend towards whatever feels simplest, most certain, and most likely to reduce that threat. This is where an exclusive focus on regulation can become unhelpful.

Alex

A young person I shall call Alex came to me (Carol) for therapy some years ago, referred following extra-familial child sexual abuse. The family was traumatised and bewildered that this could happen to them, despite how careful and vigilant they had always been, and how devoted to their children's wellbeing and safety. They referred Alex to therapy in an eager, almost desperate attempt to undo the harm. I imagined the core work would involve themes of

betrayal, fear, and traumatic sexualization. Instead, these themes occupied only a fraction of our time together.

Alex presented narratives of bombs going off, destroying villages and connected networks. Through role play, they eventually enacted a highly charged moment: entering a hiding space as an innocent, benign character, then suddenly and unexpectedly emerging as a terrifying monster. These scenarios recurred for some time, in various forms — the looping, repetitive, self-generating quality that a dysregulating narrative can take on. The theme that produced the most significant dysregulation was not the abuse itself, but its impact on the family.

Attempts at regulation and psychoeducation — “this is not your fault,” “you are not to blame,” “try this regulation technique” — were received at best partially, and more often not at all, until the story beneath the dysregulation was first accepted as Alex’s truth. Someone needed to meet it with a curious mind, not a fixing or rescuing one. Alex never used words to tell me this directly. The story emerged through our exchanges, in what it did to my own thoughts and feelings. Thinking about what I felt in my body, I began to understand something of Alex’s confusion: how someone who had once seemed so innocent and benign could suddenly become something monstrous and destructive.

This was, of course, Alex’s own experience of someone who had seemed safe and trustworthy turning into something else entirely. But it felt like it went deeper than that. My informed gut told me the dysregulating narrative had spread beyond the origins of the trauma itself, as is often the trajectory of trauma. Alex felt responsible for “blowing up and destroying” their family as they had known it. They had taken on the feeling of being the Monster, and of having caused something far worse than what had happened to them. This is what needed to come into the therapy room — quite different from what their parents, and initially I, had expected would need to come.

This example speaks to the importance of staying curious and open to what is truly needed by others. Alongside regulation, repair, and restoration, what was needed was the capacity to hold something extremely painful in mind — to be attuned and receptive to what was unthinkable, and therefore unintegrated, for Alex. This terrifying Monster needed to be seen, met, and validated before any real regulation could happen. Alex was now facing it with a regulating, mindful other — one who was also feeling, in their own nervous system, something of the terror and confusion attached to it. Rather than simply feeling it, I was able to observe those feelings and think about what they might be telling me about the child. Through curiosity, play, and the capacity to stay with the dysregulation, what lay beneath was allowed to reveal itself, and a far more authentic and transformative opportunity arose. The Monster could be witnessed, thought about, and tamed.

One could argue that this is the essence of soothing and regulation, and I would agree — but it is not what is being mass-marketed.

Riley

I have promoted the importance of regulation throughout my career. But I now wonder whether the concept is being misrepresented, and whether we are skipping over the need to listen deeply to others through their behaviour and through our own thoughts and feelings in response. If we focus solely on regulating the nervous system, we risk missing the human being who houses it. I think the Disney/Pixar film *Inside Out* portrays this beautifully.

In one pivotal scene, Riley tells her parents: "I... I know you don't want me to, but... I miss home. I miss Minnesota. You need me to be happy, but I want my old friends and my hockey team. I wanna go home. Please don't be mad."

Riley is beseeching her parents not to reject her or suppress her true feelings. Her dysregulation was hard on her, her parents, their relationships, and her life outside the home — but it could not simply be regulated away. She could not just feel better. Her dysregulated state needed permission to exist and be accounted for; it had something to say. Each of Riley's emotional personas grappled with how to bring her back to being a fairly "regulated," and above all "happy," little girl full of Joy. Her parents tried the same, discounting her sadness and grief, and distracting her with regulating opportunities — a new hockey team, new friends, false positivity, and discipline when all else failed.

These attempts at regulation did not just dysregulate her further; they also denied her the fullness of her human experience during a genuinely hard time. In some ways, her situation could not be made better, not at first. She needed to be heard. She needed to tell her story. She had a right to her experience — and that experience was, entirely reasonably, dysregulation.

We provide movement breaks and calming corners to help regulate children in classrooms. Perhaps we should also listen to what children's nervous systems are telling us and reckon with the possibility that the environment itself — not the child — is not conducive to learning and wellbeing. Why do children need a calming corner in their classroom at all? Should we not be asking whether the classroom and curriculum themselves are calm, and biologically respectful of what children need? Sixty-two years after A.S. Neill made his case against "fear and discipline" in strict schools, the time allowed for play, recess, and movement in some schools

has been reduced to an all-time low. This cannot be healthy, and it must contribute to dysregulated states, along with frustration and a sense of alienation.

Connection and Co-regulation
Winnicott (1960, p.39) wrote:

> I once said: 'There is no such thing as an infant', meaning, of course, that whenever one finds an infant one finds maternal care, and without maternal care there would be no infant.

The baby does not exist in isolation; it exists only in the context of its relationships and environment. Perhaps, in the same way, there is no such thing as "regulation" in isolation either — only a connection, or an attempt at one, between two people, which may often feel deeply dysregulated at first. Tolerating that, rather than trying to escape or dissolve the dysregulation too quickly, allows an authentic narrative to emerge: a story that must be told, validated, and given meaning.

This need to be held in mind begins at birth. Margot Waddell (2002) describes the infant's need for "two minds" from the very start — the risk being that physical care is provided competently but without a mind attending to the baby's experience. Being held in mind in this way appears to be as essential to development as being fed or kept warm. Winnicott's (1964, p.59) own preference reflects exactly this priority. Describing a crying baby, he wrote:

> Anyway, babies who seldom cry are not necessarily, because of their not crying, doing better than babies who cry like billy-o, and personally, if I had to choose between the two extremes, I would bet on the crying baby, who had come to know the full extent of his capacity to make a noise, provided the crying had not been allowed too often to go over into despair.

Waddell (1989) also makes the important point about the difference between doing and being, doing to and being with. She talks about the dangers in social care work of becoming mindlessly busy in doing things for those we work with. She calls this 'mindless servicing' as opposed to getting alongside those we work with and making ourselves emotionally available. Waddell elaborates that "servicing nearly always implies action, with very particular overtones" whereas serving "may constitute not doing anything". However, as she explains, "not doing anything does not constitute doing nothing", and "There is a 'world' of difference between 'standing by' and 'being a bystander'".

By doing this in our work with children, we can provide a model of how difficult feelings can be held and thought about, rather than simply calmed so that we can move on. This is one of the risks with too much focus on regulation; it can become a quick fix driven by difficulty in containing anxiety. Emotional containment means pausing to think rather than reacting. This kind of thinking and processing can be emotional as well as cognitive, much as an infant might

experience at a pre-verbal stage. It can also be conscious and unconscious. As soon as we pause, some kind of helpful processing is more likely.

Dilys Daws (1989), in her excellent book, *Through the Night: Helping Parents and Sleepless Infants,* gives helpful guidance on how this way of thinking can help parents who have trouble with their infant settling and sleeping at night. If the baby cries and the parent responds too quickly and anxiously, the baby may be less likely to learn how to regulate their own feelings. They may also pick up on the parent's anxiety that maybe the feelings are too difficult for the infant to manage. This can lead to further dysregulation. The challenge for the parent is always in making the judgement when to step in and when to wait.

I wonder if this is the truer meaning of regulation, and particularly of co-regulation: sitting with and sometimes tolerating distress, finding a way towards feeling better, or towards being better able to bear the pain together. This is not to say we should stop educating people about regulation — I would not be working if that were true. But I suggest we can do better. We can invite the creative, playful approach that was biologically intended from our earliest development, in the way Erikson's (1950) account of psychosocial development shows us: each stage marks a crisis that cannot be skipped, but that can be mastered.

There is no simple approach to regulation. It is nuanced, subtle, and individual — and so, too, is our innate need for dysregulation. It can bring us to our outer edges and move us beyond the limits of our window of tolerance, and in doing so, widen that window. We are supposed to experience dysregulation — not to the point of feeling, as Alex did, like a monster, but to a level that allows us to progress, develop, and grow. Seen this way, dysregulation is not simply a malfunction; it is another primary function, there to tell us something important or to propel us to a further stage of development. And in those cases where someone is left feeling like a monster, perhaps what is needed is someone who can see and hear this, meet the monster, and find it a safe home in mind, where it can be thought about and, eventually, mastered.
As the film *Inside Out* (2015) helpfully illustrates, children have strong emotions — these are just five of them.

Each of these emotional states plays a pivotal role; none is simply a supporting character. Each helps us function, and just because a less comfortable one may occupy the driving seat from time to time does not mean we will veer off course. Its route matters as much as any other's, and to block it risks denying our true human experience.

Being dysregulated is not necessarily a problem — it may also be part of the pleasure of being human. The word itself can easily become pathologised; sometimes simply using it makes something more of an experience than it needs to be. Winnicott (1964, p.63) put this plainly when describing a baby's strong emotions:

> A baby in a rage is very much a person. He knows what he wants, he knows how he might get it, and he refuses to give up hope.

This frames strong feelings from a healthy perspective. If the response to that rage is focused on stopping it, rather than thinking about what the baby needs, the rage may worsen — or the baby may eventually give up hope that the environment will respond and adapt to their needs. The real, emotional self then retreats and becomes compliant by adapting to the needs of the environment instead. This is how what Winnicott calls the false self develops, and the fully alive self becomes hidden. Relating this to trauma, Bessel van der Kolk (2024) has said in an interview on the meaning of trauma:

> Pierre Janet, who was the first great student of trauma, said it beautifully. Being traumatized is an illness of not feeling fully alive in the present. A cure is feeling fully alive right now.

If we think of cure as becoming more alive, we might also think of becoming dysregulated as part of that cure. Carl Rogers (1980, p.89) wrote something similar:

> I realize that if I were stable and steady and static, I would be living death. So I accept confusion and uncertainty and fear and emotional highs and lows because they are the price I willingly pay for a flowing, perplexing, exciting life.

At what point does a high or a low become something we call dysregulated? Does our focus on regulation and dysregulation make us less able simply to sit with emotion as part of life — and should we, perhaps, be less quick to try to "regulate" it away?

I have also found myself wondering whether the increasing marketing of regulation is inadvertently underestimating our capacity to tolerate stress and other difficult feelings, and our human need for them. We may be at risk of pathologizing what Rogers called life's typical confusion, uncertainty, and fear, when in fact these are a fundamental part of the human condition. If we see them only as something to be resolved, we lose the opportunities and doorways they open into a fuller, more enriching human life — and we risk undermining our own resilience in the process.

Patrick suggested to me that if we can think, then we are not entirely dysregulated. This helped me organise my own thinking further. When I work with trauma, there are moments when I feel my own nervous system is close to collapse, and I hear caregivers and teachers describe the same. Yet the capacity to think has remained. If someone still has access to their higher brain processes, they are not entirely dysregulated.

I watch my clients direct their own play and storylines, and even when the plots involve monsters and appear dysregulating, they are safely engaged in the play — and so am I. The story in the play may be uncomfortable and uneasy, but it is moving, emerging, revealing itself: telling the story of a life lived. Witnessing this, I may feel all kinds of difficult, uneasy, uncomfortable things. Perhaps dysregulation is not the right word for my own condition in those moments. Perhaps coming alive is a better description — hopeful and fearful at once, becoming potent and expressive: demanding, shouting, running.

Perhaps, then, the invitation of this article is to be more curious about the dysregulation. Be aware there are layers beneath, and to know it better — to sit with it, together, for as long as it takes. We need to be open to what might be beneath the cry and not only calm the surface noise.

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Carol delivers training widely, facilitates many workshops, and has published videos and blogs online. Carol has published chapter contributions on the many therapeutic benefits of play and playfulness and the process of therapy. Carol developed a model called the R.R.I.G.H.T. Play Therapy Techniques to promote trauma informed and trauma responsive practices.

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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 as 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 in a therapeutic community for young people and has experience as 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 several countries, Patrick 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
- Non-Executive Director

Websites:
Patrick Tomlinson Associates: www.patricktomlinson.com

CAST (Character Assessment & Selection Tool): www.castassessment.com

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