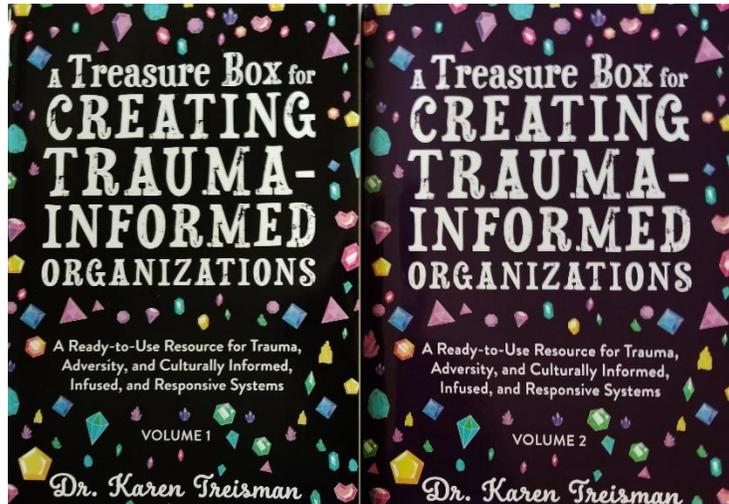


WHAT IS IMPORTANT IN LEADERSHIP OF TRAUMA SERVICES? Patrick Tomlinson (2021)



Thank you very much Dr. Karen Treisman for inviting me to write about leadership in services for people who have suffered trauma. I am delighted that this short piece is included in your epic publication – A Treasure Box for Creating Trauma-Informed Organizations: Volumes 1 & 2, Vol. 2, pp.64-66.

What are the qualities needed by a leader of a service that is about healing trauma? This is a difficult question, partly because the impact of trauma and responses to it are often outside of awareness. Therefore, they are difficult to identify. Stephen Porges uses the term Neuroception. He explains (2017, p.143),

Neuroception is the nervous system's evaluation of risk in the environment without conscious awareness.

As work with trauma is often centred around an implicit threat, our neuroception is alert to potential risks. One of the challenges is that our neuroception is informed both by what is happening now and what has happened in our past. A traumatized person is highly alert to situations in the present that have something in common with past traumas. This could be something as simple as a smell, a sound or a tone of voice. Overactive neuroception may perceive a threat when there isn't one. Or attention may be so focused on past traumas, that actual threats in the present which are different may not be noticed.

Possibly, the most essential quality a leader needs to establish in an organization culture is safety. No effective work with trauma can take place in an environment that feels unsafe to those in it. Safety is based on positive and healthy connections between people. Connection

takes place when people sense, often unconsciously, that a person is safe, reliable, and trustworthy. The importance of the leader role modelling these qualities cannot be overstated. This can be shown by the way the leader manages him or herself, and in every interaction with others.

In work where the clients are so hypervigilant and reactive, inevitably this can trigger reactions in the workers. Even a person with good neuroception will have 'blind spots'. They may sense a threat in something reminiscent of what happened in the past, rather than what is happening now. Or there may be a real threat and the worker is triggered into a state of fight/flight. If the traumatized client senses a lack of safety in the worker, reactions can escalate quickly. The leader in these work environments must deal with clients' reactivity, rejecting and sometimes hostile behaviour and how this can be transferred to the worker, and between workers. The leader may find that workers who feel unsafe, react to those around them. They may especially perceive authority figures to be a potential threat. It is a huge challenge for leadership, to manage this and act in a way that is calming and emotionally containing. Without this, there is a serious risk that the whole organization can become trauma reactive, dysregulated, and at risk of traumatization.

The leader needs to understand the dynamics of trauma and the impact it can have on individuals, groups, teams, and organizations. This understanding helps to make sense of what can seem bewildering, confusing and frightening. However, it is the leader's personal qualities that are most critical. The leadership consultant, family therapist and Rabbi, Edwin. H. Friedman (1999, p.182) claimed that,

Leadership begins with the management of one's own health" and "... a leader functions as the immune system of the institution or organization he or she 'heads'.

Friedman argues that an immune system's major purpose is to preserve the integrity of the organism and not only fighting off threats. In the organizational context, this means preserving boundaries, processes, and the capacity to think, rather than all energy being drawn towards the latest crisis, whether it be with a client or worker. While difficult matters do need dealing with, it must not be at the cost of building and developing strengths. In a strong culture where effective people and qualities are supported, there is improved containment and less tendency toward crisis. A good metaphor for this is a focus on health rather than illness. Build healthy functioning rather than focusing on dysfunction. A vulnerable immune system is often a greater risk to ill health than the strength of any 'virus'.

Being a healthy leader is not just about good self-care and physical health, it is also about self-differentiation and having clear expectations. The leader must be capable of remaining separate, but not uninvolved. Maintaining clear boundaries is especially important and difficult. Trauma often occurs in environments where boundaries are muddled and sometimes non-existent. The leader needs to have a calming non-anxious presence.

Traumatization happens when the capacity to be regulated is lost. It is overwhelming. A leader can either turn-up or turn-down levels of anxiety. There are occasions when anxiety may need to be raised – to be more alert and focused. Usually in trauma environments, the leader needs to be most able in calming down. Therefore, the capacity for self-regulation is vital in leaders who are involved with trauma. This quality is emotional and felt, rather than always understood cognitively. Hence it is not always easy to identify. A leader may have this quality as a person but will also need it to be strengthened by a supportive network in and out of work.

References

Friedman, E.H. (1999) *A Failure of Nerve: Leadership in the Age of the Quick Fix*, Church Publishing: New York

Porges, S.W. (2017) *The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe*, New York and London: W.W. Norton and Company

Treisman, K. (2021) *A Treasure Box for Creating Trauma-Informed Organizations: Volumes 1 & 2*, Jessica Kingsley Publishers: London

PATRICK TOMLINSON ASSOCIATES

DEVELOPING PEOPLE AND ORGANIZATIONS



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

His experience spans from 1985 mainly 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. 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 and Clinical Supervision
- ✓ Personal and Professional Development Assessment for Staff Selection and Development

Web Site – www.patricktomlinson.com

Contact – ptomassociates@gmail.com