



When Work Hurts:

**A Practical Workbook for Leaders in Wounded
Systems**

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PART I: Rethinking “burnout” as Cumulative Workplace Distress in Organizations

Executive Summary

Organizations have spent years treating “burnout” as an individual problem, solvable through resilience workshops and self-care campaigns, but the patterns emerging across industries tell a different story: people are being injured by the way work is structured, led, and experienced over time. What looks like burnout in leaders and staff is more accurately understood as Cumulative Workplace Distress (CWD), a slow, repeated erosion of wellbeing and identity caused by chronic exposure to psychologically injurious workplace conditions.

Psychologically, this maps to what clinicians describe as Level II trauma: not a single catastrophic event, but ongoing, relational and contextual harm that accumulates through repeated violations of safety, dignity, and moral integrity. In the workplace, Level II trauma emerges when people must continually suppress their values to meet demands, navigate unpredictable or punitive power dynamics, and absorb others’ distress without repair or meaningful influence over the system causing it. Over time, this chronic strain reshapes the nervous system, narrows the “window of tolerance,” and drives patterns like emotional numbing, hyper-vigilance, cynicism, and disengagement.

For leaders, especially physicians and managers in mission-driven, high-stakes environments, leadership itself becomes a site of trauma: they are asked to hold mission, metrics, and human suffering while lacking control, protection, or honest partnership from the systems they serve. This shows up in defended teams who externalize culture, leaders who feel done-to rather than agentic, and organizations stuck in prolonged “neutral zones” where trust is thin and every change feels like another wound rather than an opportunity.



Trauma doesn't just live in bodies; it lives in the stories people tell about work, who was silenced, who was punished, and who was protected.

D. Lord, PhD, 2026



The Archetype Trauma Series reframes these dynamics as systemic and relational, not personal weakness. Across the articles, the series explains the psycho-neuro-physio-social mechanics of chronic stress, illustrates what organizational and leadership trauma look like in practice, unpacks how trauma is now driving manager disengagement, and offers trauma-informed, developmentally grounded pathways for recovery, repair, and renewed capacity to lead. The call to action is clear: stop pathologizing distressed leaders and teams, recognize and name Level II trauma for what it is, and redesign the architecture of work so that people can heal, contribute, and grow over time.



1. Stop Calling It Burnout: Understanding Cumulative Workplace Distress

For years, organizations have talked about burnout as if it were a fleeting, individual problem, something that happens when people can't handle stress, take too few breaks, or forget to "practice self-care." But it's time to stop calling it burnout.

What we are witnessing is not burnout; it's years of Cumulative **Workplace Distress (CWD)**, a term described in the research of *Lord, Kodama, and Granzotti (2025)* to represent the slow, repeated, and deeply personal form of trauma that unfolds through prolonged exposure to harmful workplace conditions. CWD is not a momentary loss of resilience; it's a systemic outcome of how modern organizations are designed and led.

From Scientific Management to Systemic Damage

The modern workplace is still largely governed by principles of scientific *management*, a framework developed over a century ago to maximize efficiency, standardization, and control. These ideas made sense in the industrial age but have quietly eroded human wellbeing in today's knowledge- and service-based world.

Systems built on productivity metrics and rigid hierarchies have created an environment where people are treated as components rather than contributors. The result is disengagement, high turnover, and widespread emotional exhaustion that leaders often mistake for personal weakness rather than organizational failure.

As one executive once told me when I directed leadership development for a large healthcare system, "Burnout in our clinical leaders isn't my problem." That statement, though disheartening, perfectly captures the deeper issue: organizational trauma is often denied, minimized, or outsourced to individual "resilience" training rather than treated as the shared responsibility it is.

The Nature of Level II Trauma

CWD reflects what psychologists call *Level II trauma*. Unlike acute, event-based trauma, what we think of after a fire, accident, or episode of violence, Level II trauma is slow, insidious, and cumulative. It emerges through repeated exposure to environments that violate psychological safety, moral integrity, and professional identity.

The workplace becomes a site not of growth or purpose, but of chronic emotional injury. Over time, this manifests as:

- Compassion fatigue and moral injury
- Identity erosion (the loss of self through surface-level acting)
- Heightened cynicism, disengagement, and detachment
- Increased health problems and absenteeism

The tragedy is that these outcomes are preventable. They arise from systems that prize control over curiosity and metrics over meaning.

When Systems Fail to See the Human

CWD doesn't happen in isolation; it's cultivated by systemic blind spots that many organizations unintentionally reinforce. We see it in:

- **Bad management practices** that reward compliance over connection.
- **Lack of leadership development** that neglects the human side of leading.
- **A fundamental misunderstanding of leadership itself**, treating leaders as task managers instead of relational stewards.
- **Cultural inertia**, believing that the workplace still functions as it did in 1950.
- **Pop culture distortions** that glorify overwork and “grind” mentalities.

When systems fail to adapt, they perpetuate harm. Employees learn to hide distress, leaders normalize dysfunction, and organizations quietly hemorrhage their most talented people. The emotional toll is not just burnout; it's systemic trauma masquerading as individual weakness.



What we label burnout is often the visible scar of a deeper injury: years of cumulative workplace distress.

D. Lord, PhD, 2026



Rethinking Leadership and Accountability

If we are to address Cumulative Workplace Distress, we must reimagine leadership, not as positional authority, but as the practice of creating conditions where humans can thrive.

That means:

- Shifting from performance management to relationship *stewardship*.
- Redefining resilience as reciprocal *support*, not personal endurance.
- Integrating trauma-informed leadership frameworks into all levels of development.
- Holding organizations accountable for the psychological safety of their people.

We already understand the J-curve of change: performance drops before it rises, and if we don't support people in the dip, the initiative fails. Cumulative Workplace Distress is the human side of that same curve, a predictable bottoming-out of emotional capacity when we keep asking leaders to absorb more without redesigning the system around them. The question is no longer whether burnout exists; it's whether we are willing to treat that bottom of the J as our responsibility.

If we can redesign workflows, we can redesign support. If we can measure productivity, we can measure distress. The real call to action is simple: stop pathologizing the people in the dip, and start rebuilding the system so they don't have to climb out alone. CWD reminds us that human distress at work is not a side effect; it's a vital signal that the system itself is unwell. The solution begins not with another wellness initiative, but with rethinking the very architecture of work.

Author's note:

Cumulative Workplace Distress (CWD) is an emerging framework developed by Lord, Kodama, and Granzotti (2025) to describe the prolonged exposure to psychologically injurious workplace conditions that lead to chronic emotional trauma. Their research reframes "burnout" as a systemic and relational failure rather than an individual deficit.

2. Stress, the Nervous System, and the Making of Level II Trauma at Work

Stress sets off a whole-body chain reaction that prepares a person to survive a threat, but when that reaction is chronic it begins to damage physical health, emotional balance, and even long-term brain functioning. Drawing from your research, stress can be understood as a psycho-neuro-physio-social experience: thoughts and emotions trigger brain and hormonal changes that then reshape behavior and health over time.

How the stress response works

When a person perceives danger or intense pressure, the brain rapidly shifts control from the higher thinking centers to more primitive survival circuits, a pattern sometimes called an “amygdala hijack.” In this state, decisions and behavior are driven more by fear and urgency than by careful reasoning or long-term judgment.

At the same time, the body releases a potent mix of stress chemicals. This includes neurotransmitters and hormonal secretions that increase heart rate, sharpen focus, and prepare muscles for action, creating the classic fight-or-flight response. Even emotionally charged situations without physical danger can generate measurable biochemical changes, showing that the body responds to psychological stress much like it responds to physical threat.

What stress does to the body

Short bursts of stress can be useful, but persistent stress begins to wear down physical systems. Common physiological effects include increased blood pressure, elevated cortisol levels, weakened immune responses, and physical sensations such as anxiety, nervousness, and trouble relaxing.

Over time, this constant activation erodes the body-mind connection and makes emotional “reset” or recovery more difficult. People may notice more frequent illnesses, sleep disruption, tension headaches, digestive issues, or a general sense of feeling “wired and tired” at the same time.

How stress reshapes the brain

Chronic stress doesn't just change how a person feels in the moment; it can gradually change how the brain works. Repeated episodes of intense emotion without recovery time strengthen survival pathways and weaken the circuits involved in reflection, empathy, and flexible problem-solving.

This pattern can show up as emotional numbing, difficulty holding mixed or complex feelings about oneself or others, and a tendency to rely on denial or detachment to get through the day. Under pressure, people may react in automatic, rigid ways, snapping at


others, shutting down, or avoiding difficult conversations, even when those reactions clash with their values.

Stress, role demands, and identity


Stress is amplified when people are asked to perform in high-stakes roles with unclear expectations, constant visibility, or conflicting definitions of “success.” In these situations, individuals can feel isolated, inadequate, or like they are “failing” even while working hard and carrying significant responsibility.

When identity is strongly tied to performance or being seen as infallible, any mistake, or even the fear of making one, can become a major psychological stressor. Over time, this combination of pressure, ambiguity, and lack of support fuels burnout, emotional exhaustion, and a growing sense of disconnection from work, colleagues, and self.

When stress becomes harmful



Organizational trauma survives through story: the hallway legends, the ‘remember when’ moments, and the quiet warnings passed to every new hire.



D. Lord, PhD, 2026

Our research notes that prolonged exposure to high stress without meaningful support is linked to burnout, depression, substance use, and, in extreme cases, suicidality in high-demand professions. These outcomes are not signs of personal weakness; they are the predictable result of sustained psycho-neuro-physiological strain in environments that discourage recovery and help-seeking.

Protective factors include time and space for emotional regeneration, healthy role models, mentoring or coaching, and cultures that normalize feedback, learning, and imperfection. When individuals can process experience, stay connected to others, and recover between demands, the same stress that once felt purely damaging can instead become a catalyst for growth and more sustainable leadership over time.

3. When Leading Is Traumatic: How Organizational Wounds Break Our Capacity to Care

Leadership that feels like a threat

In 2026, many leaders don't experience leadership as a promotion; they experience it as a threat to their nervous system. Many managers describe lying awake after meetings replaying confrontations, dreading emails from senior executives, and bracing for the next accusation from colleagues or staff. In traumatized systems, leadership work itself becomes a site of repeated injury: public shaming, impossible demands without resources, union showdowns, social media pile-ons, and the quiet exile of anyone who names the dysfunction.

In those conditions, "burnout" is far too small a word. Burnout suggests overwork and depletion; many leaders are actually experiencing Cumulative Workplace Distress (Lord, et al., 2025) and, for physicians in particular, a layering of moral injury on top of an already intense clinical load.

Beyond burnout: calling it trauma

Organizational scholars are increasingly naming what you're living: leadership actions can cause psychological and emotional damage, and those in leadership roles can themselves be traumatized by their work. Trauma here doesn't only mean a single catastrophic event; it can come from repeated exposure to impossible, high-stakes situations with little control and little repair.

Nonprofit and healthcare settings are especially vulnerable because leaders are asked to carry mission, margin, and human suffering simultaneously. Over time, that looks like exactly what you're seeing in your case work and research: leaders who are technically in charge but feel utterly done-to, defensive teams who insist "we're not the problem," and groups who can talk about culture but can't imagine owning it.

How trauma shows up in leaders

Trauma doesn't just live in stories; it lives in bodies, decision patterns, and meeting rooms. Several patterns show up again and again:

- Narrowed window of tolerance. Managers arrive already close to the edge; a single challenging question can spiral into shutdown, over-explaining, or attack.
- Mis-encoding of threat. Reasonable accountability or inquiry is experienced as persecution: "Why are we doing this? We're not the problem."

- Collapsed agency. Leaders talk about themselves as conduits, “we’re waiting for the CEO,” “we don’t have any information to give our teams,” instead of as sense-makers and culture carriers.
- Eroded capacity to extend support. As we’ve named, the more trauma accumulates, the less likely people are to offer additional support to others; they go into self-protection and accusation.

Physician leaders often add another layer: they carry direct exposure to patient suffering, death, and ethical compromise, then step into roles where they must enforce policies that sometimes conflict with their clinical values. That’s a near-perfect recipe for moral injury and empathic distress, especially when organizational responses frame the problem as personal resilience rather than system design.

When the system is traumatized

Many leaders you work with are not only traumatized as individuals; they are leading traumatized systems. Organizational trauma can emerge from acute events (abusive executives, sudden leader departures, union showdowns) or from long-term exposure to chronic stressors (pandemic waves, relentless cost-cutting, secondary trauma from clients).

In one situation, leaders inherited years of financial strain, an abusive former leader, and unresolved labor conflict. The result was a leadership group that spoke of a “toxic culture” but responded to culture work with defensiveness, distrust, and a sense of being singled out. That is classic organizational trauma: people hold real wounds, but they have so little belief in repair that any intervention feels like another injury.

Healthcare organizations show similar dynamics: high burnout, staff departures, escalating patient expectations, and public scrutiny create systems where every meeting feels like triage. In that context, leaders naturally reach for control, blame, and policy rather than curiosity, shared power, and relationship, even as the literature on trauma-informed leadership emphasizes distributing control and reducing power imbalances.

What “trauma-informed leadership” actually asks of us

Trauma-informed leadership is not a soft add-on; it is a different way of understanding what leadership work is in a wounded system. Recent models emphasize four core behaviors: understanding trauma, regulating distress (your own and others’), empowering rather than controlling, and intentionally making space for emotional processing and healing.

For the leaders you support, this means at least three shifts:

- From performance to capacity. Instead of asking “Why won’t they just lead?” you ask “What has this system done to their capacity to lead, and how do we rebuild it?”

- From individual toughness to shared conditions. You move from resilience workshops to redesigning workload, decision authority, and psychological safety, especially for physician leaders whose autonomy and voice are strongly linked to burnout and recovery.
- From culture slogans to micro-repair. You stop expecting big retreats to reset everything and instead focus on repeated, small behaviors that demonstrate reliability, fairness, and honest sense-making.

Practical moves when leading is traumatic

When you walk into a room of a traumatized leadership team, or a distressed physician leadership cohort, you are walking into a nervous system, not just a meeting. Practical trauma-informed moves include:

- Normalize the experience, without collapsing into victimhood. Name that the system has been through trauma and that current reactions make sense in that light, while still insisting that leaders have agency in how people experience the next chapter.
- Slow down decisions, speed up feedback. Tools like Fist-to-Five create safer ways to register dissent and strength of support, and also give leaders a concrete record of shared commitments that can be revisited later.
- Centralize coordination, distribute control. Clarify a simple backbone for change (who is coordinating what, on what cadence), while sharing as much decision authority as possible with those closest to the work, exactly the pattern resilience and trauma-informed literature recommends.
- Build leader-only recovery spaces. Physician leaders consistently report that peer spaces where they can speak candidly about moral injury, fear, and doubt are a precondition for any sustainable behavior change back on the job.

These moves don't erase the trauma, but they widen the window of tolerance so that leaders can do more than merely survive their roles.

Rethinking “leadership development” in a traumatic era

If leadership itself is a site of trauma, then leadership development must become, at least in part, leadership healing. For physicians, that means explicitly naming moral injury and organizational betrayal, not just teaching time management and strategic planning.



When leaders are constantly bracing for impact, they don't become less caring, they become less able to show the care they still feel.

D. Lord, PhD, 2026



Its time to change: time for a new curricula:

- Teaching leaders to recognize signs of organizational trauma and their own nervous system responses.
- Integrating transitions frameworks (like Bridges) to legitimize the messy, defended neutral zone and guide teams through it.
- Re-framing “resistance” as a reasonable adaptation to past harm, and working with it rather than against it.

In other words, the work is not about making leaders tougher; it is about making organizations safer for leaders and the people they serve, and for allowing every employee to show up as their authentic self.

4. Leading in a Wounded System: How organizational trauma drains our capacity to care, and how to rebuild it.

A mid-sized, mission-driven, unionized organization needed support for a leadership team that described itself as operating in a “toxic culture.” The history included an abusive CEO, the cumulative stress of COVID, layoffs under a new executive director, and ongoing financial uncertainty. The CEO had outlined a 10-year vision, but leaders reported low collaboration, jaded staff, and little energy for “one more initiative.”

The consultant designed a two-part intervention using William Bridges’ Transitions (Endings, Neutral Zone, New Beginnings) integrated with trauma-informed principles and a set of recovery tools focused on spheres of influence, span of control, and energy/peer support.

- Session 1 focused on normalizing global and local trauma, naming endings, exploring the neutral zone, and identifying small beginnings.
- Session 2 aimed to shift into agency, inviting leaders to cocreate elements of the 10-year vision and map cross-departmental interdependence.

What actually showed up

The “good news” was that the team did step into a difficult conversation. They spoke about “toxic culture,” past harms, and current stressors. But the way they engaged revealed a system still deeply stuck in a defended neutral zone. Leaders, however, frequently externalized responsibility and located power elsewhere:

- “We don’t have any information to give to our teams; we’re waiting for the CEO to provide us with info.”
- “My staff is worried because we can’t pay a small bill; we can’t spend any money.”

When invited to consider who owns culture, the immediate response to, “Who owns the culture, you or employees?” was:

- “Well, they’ve unionized.”

Instead of reflecting on their own daily behaviors, leaders pointed to the union as the primary reason culture felt stuck, effectively using unionization as an all-purpose explanation and shield.

Defensiveness and victim language surfaced repeatedly:

- “Why are we doing this?”
- “Why are we starting this conversation with this team, we’re not the problem.”
- “I don’t see a direct connection to this work and the organization.”

In the room, passive-aggressive comments and indirect expression were common. Leaders spoke about “the culture” as if it were bad weather, something happening to them, rather than something they shape. When conversations sharpened, leaders tended to blend into the group instead of differentiating as steady, accountable adults.

Interestingly, when asked to consider the relationship between their COVID experience and the current state, most did not see a connection. The present pain was held as uniquely leadership-driven; cumulative trauma from the pandemic was compartmentalized and largely absent from their narrative.

Across both sessions, spontaneous helping behavior was low. Leaders showed little inclination to extend empathy to peers or to the CEO; everyone felt “out of extra.” This pattern aligns with research on chronic stress, empathic distress, and compassion fatigue: when people are saturated with threat and loss, their capacity to offer support tends to constrict, even when their values have not changed.



*Even after leaders change and policies shift, trauma lingers
in the narrative, what people believe is possible, safe, or
dangerous to say out loud.*

D. Lord, PhD, 2026

Archetype
Learning Solutions

The logo for Archetype Learning Solutions, featuring the word "Archetype" in a large, light pink, serif font, with "Learning Solutions" in a smaller, light blue, sans-serif font below it. A stylized orange flourish is positioned below the text.

Interpretation: a traumatized neutral zone

Three dynamics stood out.

1. Trauma had narrowed the capacity to help

Chronic and organizational trauma had pushed individuals and the group into self-protection. Under cumulative stress, empathy can flip into avoidance, irritation, or numbing; prosocial behavior declines because caring feels overwhelming, not rewarding. The leadership team’s low willingness to extend support, to staff, to each other, or to the CEO, was less a moral failing than a sign that their “well” was nearly dry.

2. Culture was externalized; leadership identity was unclaimed

Phrases like “the culture is toxic” and immediate references to unionization when culture was mentioned showed that leaders experienced culture as something outside themselves. By locating culture in “them,” the union, staff, history, “the CEO,” leaders avoided seeing their own daily behaviors (how they communicate,

respond, close loops, handle conflict) as core levers of culture. In the sessions, very few statements began with “we, as leaders, are choosing...”

3. **The system was stuck in a defended neutral zone**

Using Bridges’ language, the team was conceptually familiar with endings, the neutral zone, and new beginnings, but behaviorally they were lodged in a long neutral zone: high uncertainty, low trust, strong defenses, and a limited sense of agency. The dominant stance was, “Things happen to us, leadership, the union, finances, history, not with us.”

Recommendations (even without further external support)

Because the agency was unable to continue with external consulting, the consultant focused on small, repeatable moves that leaders could own themselves. Four clusters of recommendations were offered.

1. **Reclaim leadership ownership of culture**

Develop a concise **leadership team charter** naming 5–7 observable behaviors (for example: addressing issues directly, closing the loop, not disparaging staff, modeling respectful disagreement). This shifts the conversation from “the culture is toxic” to “this is how we behave as leaders in a unionized, financially constrained environment.”

Convene a **leaders-only “what we own” conversation** using circles of control/influence/context:

- What is genuinely constrained by union contracts.
- What is fully in leaders’ control (behavior, communication, follow-through, how decisions are explained).
- What sits in shared space to be negotiated.
This prevents “we’re unionized” from becoming an all-purpose alibi.

2. **Shift from pure victim narrative to shared agency**

Build a simple **re-framing habit** into leadership meetings: when an issue is raised in purely negative or “done-to” terms, pause and ask, “What part of this is ours to own or influence?” This does not deny real constraints; it trains the group to look for agency alongside limitation.

Introduce **short, structured debriefs** after challenging moments (major announcements, conflicts, difficult weeks) using a basic script: “What happened? What helped? What will we do differently next time?” This normalizes reflective practice and slowly reduces hyper-vigilance.

3. **Strengthen communication and reduce passive-aggression**

After each all-staff meeting, provide shared **post-meeting talking points**: what was said, what it means, and where questions should go. This reduces rumor and mixed messages and models more aligned, transparent communication.

Link these talking points explicitly to leadership charter behaviors (“We close the loop,” “We don’t speculate in hallways”), reinforcing that culture is enacted in small communication choices.

4. **Make the 10-year vision feel shared, not imposed**

In department meetings, run **mini vision exercises**: ask each team to name one specific way they contribute to the 10-year vision and one dependency they have on other departments. This turns an abstract plan into a web of mutual contributions.

Periodically communicate **“you said, we did”** examples where staff input has tangibly influenced the 10-year plan or near-term decisions. This begins to replace “their plan” with “our direction” and challenges the narrative of leadership as using the organization as a stepping stone.

Lessons for other organizations

This case surfaces several patterns that are widespread but often unnamed:

- As trauma accumulates, **mutual support erodes**. Leaders and staff do not automatically become more caring under strain; they often become more defended and less able to extend help, even when they deeply believe in the mission.
- In a unionized, high-stress environment, it is easy for leaders to treat unionization, finances, or history as the “reason” culture cannot change. **Unionization does not remove leadership’s responsibility for culture; it makes trustworthy, disciplined leadership even more critical.**
- Big, one-off events, even well-designed, trauma-aware workshops, cannot, on their own, move a system out of a defended neutral zone. **Progress depends on small, consistent behaviors and structures that slowly rebuild trust and restore a sense of shared agency.**

For practitioners, this case underscores a hard truth: when the well is empty, you cannot appeal to people’s better angels and expect them to step up for each other. You have to help leaders and teams **rebuild capacity**, through boundaries, clearer ownership, and honest communication, before expecting generosity and collaboration to flow again.

5. When Trauma Shows up as Disengagement: Why Management Engagement is Falling Fast

In 2025, for the first time, global engagement data showed that managers' engagement is falling faster than everyone else's. Gallup's State of the Global Workplace 2025 report found that manager engagement dropped from 30% to 27%, even as individual contributors held steady at 18%.

That's not just a morale story; it is a trauma story. Managers, and in healthcare, physician leaders, have been wedged between escalating executive demands and raw, often unprocessed distress from their teams, all while navigating restructures, tighter budgets, and new technologies they did not choose. When leaders are continually asked to absorb fear, anger, and loss without meaningful say in the conditions causing them, disengagement becomes a nervous-system adaptation: a way to numb out enough to keep going.

The data are blunt: managers are now reporting higher daily stress than the people they lead. In traumatized systems, that stress is amplified by organizational trauma patterns—defensive communication, low trust, and chronic crisis—which erode any sense that effort matters or that leaders can influence outcomes. Over time, that looks exactly like what you are seeing in the field: leaders who show up, but with less curiosity, less hope, and less willingness to extend themselves for others.

If we want engagement back, we cannot just coach leaders to “re-engage”; we have to treat disengagement as a symptom of unresolved trauma and redesign roles, decision rights, and support structures so that leading is no longer experienced as a series of wounds. Trauma-informed leadership isn't just a better way to care for teams; it is now the precondition for managers, and physician leaders, to find any sustainable reason to stay in the game.



*You can't yoga your way out of a system that is actively wounding you;
at some point, the work itself has to become part of the healing.*

D. Lord, PhD, 2026



6. When No One Is Watching: The Trauma of Being Unled

When “laissez-faire” means no one is home

Laissez-faire is often framed as a sophisticated, modern take on autonomy, “I hire adults; I don’t need to manage them.” Yet, in the research canon that actually studies leadership, laissez-faire isn’t a style at all; it’s the **absence** of leadership.

On the classic Blake–Mouton Managerial Grid, the low production/low people corner is labeled “impoverished” and is often equated with laissez-faire: do nothing, be seen rarely, avoid decisions. Bernard Bass went so far as to argue that laissez-faire is not even worthy of consideration as leadership, because it represents non-leadership, a failure to engage, decide, or take responsibility.

What really happens when no one is watching

When leaders disappear, physically, emotionally, or morally, the system doesn’t sit idle; it adapts. In that adaptation, we see the real legacy of “hands-off” leadership:

- Team members begin to neglect key tasks when they feel unheard or disregarded.
- Workarounds replace clear process; people invest energy in avoiding conflict, not solving problems.
- Small breaches of trust, policy, or respect become normalized because no one with authority intervenes.

Research by Withey and Cooper (1989) shows that when people feel they lack a voice, they respond with neglect and withdrawal. Later, Cuddy, Fiske, and Glick (2013) demonstrated that when relationships lack both warmth and competence, an easy match for the “impoverished” corner of the grid, people move into passive or even active sabotage.

When leaders are chronically absent, the organization becomes a quiet case study in these patterns. People learn that speaking up is pointless, excellence is optional, and boundaries are flexible for some but rigid for others.



*When autonomy crosses into neglect; self-governance
becomes adrift.*

D. Lord, PhD, 2026



Micro-traumas of being unled

In our ongoing trauma series, the story is often told as a single, large event. But organizational trauma is just as frequently the accumulation of micro-events: the unanswered email, the unresolved conflict, the policy violation no one addresses.

In one of our previous workplace stories, a forbidden romance becomes the worst-kept secret in the department. HR and leadership look the other way despite a clear no-nepotism policy, as if ignoring the obvious will make it vanish. Over time, people watch:

- Messes, literal and figurative, get left for others to clean up.
- Raises, opportunities, and forgiveness appear to be distributed based on closeness, not contribution.
- Emails from the manager grow sharper, more shaming, and less grounded in fact.

Each incident alone may seem “manageable.” Together, they create a predictable trauma pattern: eroded trust, plummeting morale, and a pervasive sense that the rules only apply to some. The injury is not just what happens, it’s that no one in authority chooses to see it, name it, or protect people from it.

The false comfort of “I trust my people”

Leaders often defend a laissez-faire stance with a noble-sounding phrase: “I don’t micromanage; I trust my people.” Trust and autonomy are essential, but they are not the same as abdication.

Healthy autonomy sits on top of:

- Clear expectations and shared definitions (what does “soon” actually mean?).
- Regular 1:1s where goals, metrics, and priorities are refined together.
- Visible engagement with both people and work, not a leader isolated behind an office door.

I’ve previously written about a CEO and VP who nearly ruptured their relationship over the word “soon.” In a context of stress and low engagement, “soon” became a Rorschach test; each projected their own meaning, and the absence of clarifying leadership turned a single word into a breach of trust. When no one is watching the words we use, or willing to add metrics, timelines, and clarity, the organization pays the price in confusion and resentment.

Why laissez-faire is not neutral

One of the most dangerous myths in leadership is the belief that doing nothing is neutral. It isn’t.

When leaders default to “do nothing”:

- Role stress and role compression increase, particularly in flattened organizations where clear development pathways have disappeared.
- Managers under pressure react from stress, not ego alone, sliding into punitive tactics, write-ups, and emotional blow-ups instead of coaching.
- Engagement scores fall, and stressed managers lead from their emotional memory center instead of their executive function, making poorer decisions and escalating conflict.

This is not an absence of impact; it is impact by neglect. In trauma language, this looks like chronic unsafety: people don't know what to expect, who will be protected, or whether anyone will intervene when boundaries are crossed.

What accountable leadership looks like

If laissez-faire is non-leadership, what does accountable leadership offer instead, especially when no one seems to be watching?

Accountable leaders:

- **Show up:** They are visible and accessible, not hiding in their offices or behind dashboards **Be present:** connect with your team members everyday, even one small friendly interaction is a powerful connector.
- **Watch body language:** this applies to both senders and receivers. A lot of unspoken messages are missed and when leadership is absent, someone is always at the ready to fill the void.
- **Name reality:** They address favoritism, policy violations, and low-level harm early, before it calcifies into culture.
- **Clarify words and expectations:** They replace “soon” and “we’ll circle back” with concrete timelines, SMART goals, and shared definitions.
- **Invest in relationships on purpose:** They intentionally create space for connection, conversation, and learning together, knowing that engagement is built relationally, not transactionally.

This is where the Archetype work on integration over “on-boarding” is so powerful. To integrate someone into an organization is to say: “You belong here. Here’s how we do things. Here’s what we expect, and what you can expect from us.” That is the opposite of laissez-faire. It is a commitment to presence.



When leaders retreat into absence, teams do not become “empowered”; they become unled, and the system quietly organizes around avoidance, workarounds, and, eventually, harm.”

D. Lord, PhD, 2026



A closing thought for leaders

When no one is watching, your organization is still teaching.

Every unresolved conflict, every silent response to obvious harm, every “soon” that never comes is a lesson about what, and who, actually matters. In that way, leaders are never truly hands-off. Their absence becomes the curriculum.

The question isn't whether you have a leadership style called “laissez-faire.” You don't. The real question is: *What are people learning about safety, fairness, and worth when you choose not to lead?*

Learning Solutions

7. Synthesis: From burnout fixes to healing work

From burnout fixes to organizational healing is a shift from treating symptoms in individuals to redesigning the ecosystem of work itself. Instead of asking “How do we make people tougher?”, it asks “What would it look like to design leadership, culture, and systems so that human distress is heard early, healed in community, and transformed into wiser practice over time?”

Most current responses to distress at work are tactical and individual: resilience workshops, mindfulness apps, wellness days, or coaching offered as a “fix” for people who are struggling. These can be supportive, but they leave the underlying architecture of harm untouched, workloads, decision authority, psychological safety, role clarity, and how leaders are formed and supported.

Organizational healing starts with a different premise: the system is part of the injury, so the system must be part of the repair. That means naming Level II trauma and cumulative workplace distress explicitly, treating distress signals as data about design flaws rather than personal failings, and making visible commitments to change how decisions, communication, and accountability work. Healing becomes an organizational competency rather than a private coping project.

Trauma-informed leadership development

Trauma-informed leadership development recognizes that many leaders are already over their emotional capacity when they arrive in the classroom or cohort. Development, therefore, must double as recovery and regulation space, not just skill transfer.

Key shifts include:

- Moving from “performance gaps” to “capacity and safety gaps” helping leaders understand their nervous systems, triggers, and defensive patterns, and teaching them to co-regulate instead of over-control.
- Integrating moral injury, organizational betrayal, and Level II trauma into the content, especially for physician and mission-driven leaders, so that their lived experience is named, normalized, and worked with.
- Designing peer spaces where leaders can speak candidly (leader-only labs, longitudinal cohorts, confidential circles) and practice micro-repair, feedback, and boundary-setting in a psychologically safe environment.

Structural redesign for safety and agency

No amount of insight will hold if the structural conditions continue to retraumatize people. Organizational healing requires redesigning key elements of the system so that safety and agency are built into the way work gets done.

Priority redesigns often include:

- Clarifying decision rights and span of control so leaders are not forced to absorb demands without authority.
- Reworking workload expectations, meeting cadences, and role design to create actual recovery space, not just rhetoric about balance.
- Building transparent, consistent communication patterns (shared talking points, “you said, we did” loops, predictable escalation paths) that reduce rumor, hyper-vigilance, and learned helplessness.
- Embedding simple practices (Fist to Five, temperature checks, structured debriefs) into governance so dissent, emotion, and uncertainty have legitimate channels.

Micro-repair and everyday practices

Healing is sustained not by one-time summits, but by repeated, observable micro-moves that demonstrate “we are doing this differently now.” Micro-repair practices are small, consistent behaviors and rituals that slowly restore trust, dignity, and a sense of shared agency.

Examples include:

- Leaders closing loops quickly and transparently when decisions impact people’s identity, workload, or security.
- Brief, structured debriefs after hard weeks, conflicts, or major announcements (“What happened? What helped? What will we do differently?”).
- Naming and repairing missteps in real time (“We dropped the ball here; here’s what we’re changing.”) so people see that harm is not ignored or defended.
- Regular cross-role and cross-department “bridge” conversations that reconnect siloed or adversarial groups.

Post-traumatic growth for leaders and teams

The goal is not to erase what has happened, but to metabolize it into wiser, more humane organizations. Post-traumatic growth at work looks like leaders who have a deeper sense of purpose and boundaries, teams that can have hard conversations without collapsing into blame, and organizations that treat distress as intelligence about the system rather than a nuisance.

Over time, a healing-oriented organization becomes better at:

- Spotting early signs of cumulative distress and acting before crises.
- Sharing power more wisely, especially with those closest to the work.
- Holding complexity, mission and margin, union and management, safety and performance, without defaulting to all-or-nothing thinking.

The **Archetype** ecosystem is intentionally designed to support this kind of growth end-to-end:

- **HelixMD** for physician and clinical leaders' recovery and development.
- **Archetype Learning Solutions** for leadership and culture programs that are trauma-informed at their core.
- **COMPASS** for practical, repeatable tools that make micro-repair and reflective practice part of daily work.
- ***When work Isn't enough*** a practice guide and simulation for businesses and community organizations to better understand how the trauma of poverty shows up at work.
- ***When work hurts*** a guide for understanding how trauma shows up at work and practical steps leaders can make to help a wounded organization.
- Thought leadership through **Forge** and other publications to shift the broader narrative from burnout fixes to organizational healing.

If your organization is ready to move beyond “burnout management” and into genuine healing work, the **Archetype ecosystem** offers an integrated path. Start with a focused diagnostic or leadership lab to name the patterns you're living, then pair that insight with structural redesign and simple, durable tools your leaders can actually use.

You don't have to choose between caring for your people and meeting your mission. By treating cumulative workplace distress and Level II trauma as systemic design challenges, not individual flaws, you can build a workplace where leaders and teams recover, grow.

Part II – A practical workbook for leaders in wounded systems

Promise to the user

This workbook helps leaders put words to what they're living, recognize cumulative workplace distress and Level II trauma in themselves and their systems, and take concrete, trauma-informed steps toward healing, without pretending they can "fix" everything alone.

The white space in this workbook isn't just a design choice; it actually changes how a reader's nervous system experiences the content.

How white space helps the nervous system

When a page is dense, tight text, little margin, few breaks, the brain reads it as more **demand**: more to process, more to remember, more chances to "miss something." That subtle demand can nudge people toward a mild threat state: shallow breathing, slight tension, a sense of "this is a lot." In a workbook that's *about* trauma and distress, that can unintentionally echo the very overwhelm you're trying to soften.

White space does three regulating things:

- **Signal of safety and pace.** Visually, space says, "You don't have to take in everything at once. There's room to pause." That lowers cognitive load and eases people out of urgency.
- **Room for the body to breathe.** When the eye isn't constantly jumping line to line, people naturally slow their reading and are more likely to take a breath, look away for a second, or reflect, small self-regulation moments built into the layout.



Healing begins when the stories in a system change from 'this is just how it is here' to 'this is what happened, and this is how we're doing it differently now.'

D. Lord, PhD, 2026



- **Invitation, not pressure.** Space around a prompt or quote communicates, "This is worth sitting with," instead of "Here's the next thing you must do." That tone is especially important for leaders already in survival mode.

How this applies to your work

For leaders in wounded systems, even a beautifully written page can feel like “one more demand.” A layout with:

1. shorter paragraphs
2. clear headings
3. occasional pull-quotes
4. and intentional white space around key exercises

creates a felt experience of **pace, choice, and permission to stop**, which is, in itself, trauma-informed. In other words, the design is modeling the kind of environment you’re advocating for: one that doesn’t crowd people, rush them, or treat their attention as an endless resource.



1. Seeing the Water: Understanding Cumulative Workplace Distress

What "When Work Hurts" Really Means

For years, organizations have talked about burnout as if it were a fleeting, individual problem, something that happens when people can't handle stress, take too few breaks, or forget to "practice self-care." But it's time to stop calling it burnout and it's time to break the cycle of pain in business.

What we are witnessing is not burnout; it's years of **Cumulative Workplace Distress (CWD)** (Lord, et, al., 2025), a term that represents the slow, repeated, and deeply personal form of trauma that unfolds through prolonged exposure to harmful workplace conditions. CWD is not a momentary loss of resilience; it's a systemic outcome of how modern organizations are designed and led.

The difference between stress, burnout, and Level II trauma:

- **Stress** is the acute, short-term response to demands or threats. It can be useful in small doses.
- **Burnout** is prolonged exhaustion and reduced effectiveness after sustained stress without recovery.
- **Cumulative Workplace Distress (CWD)** is chronic emotional injury from repeated exposure to psychologically harmful workplace conditions.
- **Level II trauma** is slow, insidious, and cumulative—not a single catastrophic event, but ongoing harm that violates psychological safety, moral integrity, and professional identity.

When work hurts, it's usually not a failure of character or commitment, it's a signal that cumulative workplace distress and Level II trauma have outgrown what any individual alone can fix.



Reflection:

- Where have I noticed that more effort or more "self-care" just isn't moving the needle anymore?
- What are the stories I tell myself when work isn't enough, about me, about my team, about the organization?

How Trauma Shows Up in Leaders and Systems

Trauma doesn't just live in stories; it lives in bodies, decision patterns, and meeting rooms. Several patterns show up again and again:

Common trauma patterns in leaders:

- **Narrowed window of tolerance** – Managers arrive already close to the edge; a single challenging question can spiral into shutdown, over-explaining, or attack.
- **Mis-encoding of threat** – Reasonable accountability or inquiry is experienced as persecution: "Why are we doing this? We're not the problem."
- **Collapsed agency** – Leaders talk about themselves as conduits, "we're waiting for the CEO," "we don't have any information to give our teams," instead of as sense-makers and culture carriers.
- **Eroded capacity to extend support** – The more trauma accumulates, the less likely people are to offer additional support to others; they go into self-protection and accusation.

Simple diagram concept: Survival brain vs. reflective brain at work

Table 1: How the brain responds under stress vs. safety

| Survival Mode (Amygdala Hijack) | Reflective Mode (Prefrontal Cortex) |
|--|--|
| React quickly, defend | Pause, consider options |
| Black-and-white thinking | Hold complexity |
| Blame or withdraw | Curious about root causes |
| "Us vs. them" | "We're in this together" |



Activity: Spot the Pattern

Read these short vignettes and identify which trauma patterns you see:

Vignette 1:

A director avoids scheduling a necessary performance conversation with a staff member for the third week in a row, citing "too many other priorities."

Vignette 2:

When the CEO asks for input on a new policy, the leadership team immediately says, "Well, we're unionized, so there's not much we can do."

Vignette 3:

A department jokes darkly in meetings: "Welcome to [Organization Name]—where good ideas go to die."



Reflection:

- Which trauma patterns do you see here? (Collapsed agency? Eroded support? Mis-encoding threat?)
- What feels familiar in your own experience?
- What's one small move this leader *could* make that would widen their window of tolerance or agency by 5%?

2. Mini Assessment: Your Experience in This System



Activity: Measuring your Distress

Purpose of This Assessment

This is not a clinical diagnostic tool; it's a mirror and a conversation starter. High scores don't mean "you're failing"; they mean "you've been carrying too much, for too long, and the system needs to change."

Signs of Cumulative Workplace Distress

For each statement, rate how true it feels over the past 3 months:

0 = Not at all true | 1 = A little true | 2 = Mostly true | 3 = Very true

A. Your Inner Experience

1. I often feel "out of extra" even before the day starts. ____
2. I notice myself bracing for emails, meetings, or messages from certain people. ____
3. I find it harder than before to feel genuine hope or excitement about my work. ____
4. I'm more irritable, numb, or checked-out than I used to be, even outside of work. ____
5. I replay difficult interactions in my head long after they're over. ____

B. How You're Leading

6. I avoid some necessary conversations because I don't have the emotional energy for the fallout. ____
7. I catch myself thinking "What's the point?" when new initiatives or changes are introduced. ____
8. I feel more like a messenger or shield than a leader with real influence. ____
9. I struggle to extend empathy to my team, even though I still care about them. ____
10. I talk about "the culture" or "the system" as if it's something happening to me, not something I help shape. ____

C. The System Around You

11. People in my organization are more likely to vent than to problem-solve together. ____
12. Past harms (leadership changes, COVID, layoffs, union conflict, etc.) still shape how people react today. ____
13. There is little space for honest disagreement without fear of backlash or shutdown. ____
14. We rarely pause to debrief hard moments; we just move on to the next fire. ____
15. When concerns are raised, they often disappear into a void or come back as blame. ____

26–45: High risk of Level II trauma patterns

This level of chronic strain is not sustainable for you and/or your team. Prioritize support (peer spaces, coaching, therapy as needed) and advocate for systemic changes, role clarity, workload, decision rights, and explicit repair work around past harms.



Reflection:

- What is no longer sustainable as-is?
- Who needs to know the truth about your experience?
- What support (coaching, therapy, peer space) do you need to explore?



Action Steps

Circle 2–3 items from the assessment that felt especially "true."

Put a **star** next to the one that scares you most.

Put a **heart** next to the one that feels most hopeful to address first.

If your score surprised you: You're not broken; you're giving your body and mind honest feedback about what it's been asked to carry. This is exactly the terrain that *When Work Hurts* and the Archetype ecosystem are designed to help you name, understand, and begin to heal.



What we label burnout is often the visible scar of a deeper injury: years of cumulative workplace distress that no amount of self-care can mend on its own.



3. Naming Your Story: How We Got Here

The Stories We Tell About Work: Why stories matter in wounded systems

Organizational trauma doesn't just live in policies or procedures; it lives in the stories people tell about work, who was silenced, who was punished, who was protected, and what happened when someone spoke up. Those stories are how the system remembers: this is what becomes *culture*. They shape what people believe is possible, safe, or dangerous long after specific leaders or events are gone.

In wounded systems, the dominant stories are often protective but limiting. They sound like:

- “This place eats good people.”
- “Nothing ever really changes here.”
- “If you speak up, you'll pay for it.”

These narratives are understandable; they formed to keep people safer in environments that were, at times, genuinely unsafe. But when they go unexamined, they keep everyone in a kind of frozen survival mode, even when some conditions begin to change.

Healing begins when the stories in a system change from “this is just how it is here” to “this is what happened, and this is how we're doing it differently now.” The goal is not to sugar-coat the past or pretend harm didn't occur. The goal is to tell a truer story—one that honors pain and also makes room for agency, repair, and a different future.



Activity: The Story We've Been Living Inside

You can complete this on your own or with a trusted colleague or team.

1. If our workplace were a story people tell over coffee, how would it begin?

- Try starting with: “Once upon a time, this was a place where...”
- Write 5–10 sentences that capture how people talk about “how things really work here.”

2. Who are the main characters in that story?

- Who is the hero?
- Who is the villain?
- Who is powerless or invisible?
- Who is watching from the sidelines?

3. What's the core message of this story?

- Complete this sentence: “Around here, the lesson is: .”
- Examples: “Don’t stick your neck out.” “Good ideas go to die.” “Leadership can’t be trusted.” “You’re on your own.”

4. How does this story protect people? How does it keep them stuck?

- In what ways does this narrative help people stay safe or avoid further harm?
- In what ways does it prevent honesty, risk-taking, or repair?

The point of this exercise is not to argue with the story or prove it wrong. It is to see clearly the narrative you and your colleagues may be carrying, often without realizing it.



Activity: Telling a Truer, More Hopeful Story

Now, you’ll write a second version of the same story, one that is honest about harm and also names real points of agency and change.

1. If we told our story to a new hire in a way that was honest *and* hopeful, what would we say?

- You might begin with:
 - “For a long time, this was a place where...”
 - “That hurt trust and made it hard to speak up.”
 - “Here’s what we’re trying to do differently now...”

2. What part of our history do we need to stop whispering about and start naming out loud?

- Is it a period of layoffs, an abusive leader, a union conflict, COVID losses, chronic understaffing, or something else?
- Write one or two sentences that name this plainly, without blame language.

3. **What is one concrete behavior or practice we can point to as evidence that the next chapter will be different?**

- Examples:
 - “We now close loops on decisions within X days.”
 - “We debrief hard weeks instead of pretending they didn’t happen.”
 - “We involve staff in decisions that directly affect their workload.”

4. **Draft a short “new story” paragraph.**

Use this structure as a guide:

“For a long time, this was a place where _____. That made it hard to and left a lot of people feeling. We can’t change that history, but we can tell the truth about it. Today, we are practicing and so that the next chapter looks and feels different, for us and for the people who join us.”

You can share this new story with your team, use it in onboarding (integration), or keep it as an anchor for your own leadership decisions. The more consistently you act in ways that match the new story, the more the old story slowly loosens its grip.

Micro-Practice: Listening for the Hallway Story

For the next week, simply listen for the stories around you.

- Jot down 2–3 phrases you hear repeatedly in meetings, emails, or hallways (for example, “That’s just how it is here,” “We’re unionized, so we can’t...,” “Good ideas go to die.”).
- For each phrase, ask yourself:
 - “What belief about this place is this reinforcing?”
 - “Is there a small, honest counter-story I can offer without gaslighting?”

When it feels appropriate, experiment with a gentle reframe such as:

- “You’re right, our history around X has been rough, and we’re also trying Y now so it doesn’t stay that way.”
- “That used to be true here a lot. Here’s one thing we’re doing differently this time.”

These small story shifts, repeated over time, are part of how leaders help a system remember itself differently.

Personal Leadership Timeline



Activity: "How My Nervous System Became a Leader"

Draw a timeline from "before leadership" to today. Mark key events: promotions, crises, conflicts, union drives, COVID waves, leadership changes, public controversies, etc.

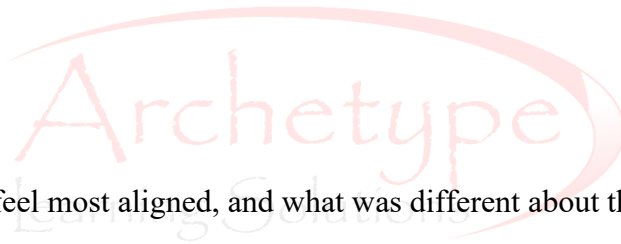
For each event, add a symbol:

- "+" for growth
- "-" for injury
- "?" for unresolved/ambivalent



Reflection:

- Where did I learn that it wasn't safe to speak up?
- Where did I feel most aligned, and what was different about the conditions?
- What patterns do I see repeating across different roles or organizations?



Organizational Trauma Map



Exercise: "What This System Has Been Through"

Part I: Name system-level events your organization has experienced:

Part II: Categorize each as:
Acute (big shock, single event)
Chronic (slow erosion over time)

- Mergers, layoffs, restructures _____
- Abusive or suddenly departed leaders _____
- Unionization drives or labor conflicts _____
- Scandals, public controversies, or social media crises _____
- Pandemic waves and associated losses _____
- Rapid growth without infrastructure _____

A note on mergers, layoffs, and restructures.

Unfortunately, mergers, layoffs, and restructures often result in the loss of positions and jobs. Impacted individuals are not just colleagues, they are often friends and they are 100% human with human emotions and needs. These are individuals with real bills like mortgage/rent, car payments, kids starting university, and much more. Too often organizational events like layoffs occur with little thought given to these needs or the needs of the remaining employees who feel the pain of the affected colleagues.

From the teams told in the moment to pack their stuff and go home, to the survivors who are told to get over it and back to work, survivors guilt is a very real thing that brings last guilt, sadness, and trauma.

4. Unionization: What Changes, What Doesn't

Unionizing as a Trauma Signal, Not a Betrayal

Unionization is often a collective boundary, a way for workers to protect themselves when they no longer trust the system to do so. It is not the end of leadership; it's a new chapter in how leadership and employee voice interact.

In traumatized systems, leaders often use unionization as an all-purpose explanation: "We can't do anything, we're unionized." But unionization does not remove leadership's responsibility for culture; it makes trustworthy, disciplined leadership even more critical.

Key reframes:

- Unionization is not a personal attack; it's information about *pain* in the system.
- A union contract constrains some things (wages, hours, working conditions) but does not control how *you* communicate, close loops, treat people with dignity, or model accountability.
- The question is not "How do we work around the union?" but "**How do we lead well in a unionized environment?**"



Reflection:

- When I first heard about unionizing (or the vote), what story did I tell myself?
- What might it mean to see unionizing as information about pain rather than a personal attack?
- Where have I been using "we're unionized" as an excuse for things that are actually in my control?

Circles of Control, Influence, and Constraint



Activity: Worksheet - What's Actually in My Control?

On a separate sheet, draw three concentric circles and label them:

- **Inner circle: In my control**
- **Middle circle: In my influence**
- **Outer circle: Constrained by contract or context**

List specific items in each circle. Examples:

In my control:

- How I communicate decisions
- Whether I close the loop on questions
- How I treat union representatives and stewards
- My tone and body language in difficult conversations
- Whether I model respect and follow-through
- Other:

In my influence:

- Advocating for policy changes
- Building relationships with union leadership
- Sharing employee concerns with senior leaders
- Creating space for honest feedback
- Other:

Constrained by contract/context:

- Wage scales and classifications
- Specific grievance procedures
- Mandated break times and shift structures
- Seniority-based promotion processes
- Other:



Reflection:

- Where have I been using "we're unionized" as an alibi for things that are actually in my control?

- Where do I need more education or partnership about the contract so I don't guess or catastrophize?



- What is one behavior I control that I could shift this week to rebuild trust?

- Put a star next to one items you're willing to experiment with this week.

5. Recognizing and Supporting the Wounded Employee

Even in a relatively healthy team, people don't arrive as blank slates. They carry the history and experiences of toxic cultures, abusive managers, layoffs, moral injury, and chronic overwork. Those experiences show up in how they read every email, interpret every silence, and respond to every change. In other words: you can be building a safer system and still have **wounded employees** who are trying to survive inside it.

The goal is not to pathologize them, but to recognize that some reactions are less about *you* or *this* organization and more about what their nervous system learned elsewhere. When you can see those patterns as protective adaptations rather than stubbornness or "bad attitude," you're better able to respond with clarity and care.

How wounded employees often show up

Here are some common patterns you might notice. One person can move among several of these, depending on the day and the stressor.

- **The hyper-vigilant skeptic**
 - Reads between every line of an email.
 - Asks, "What's the real agenda?" or "What aren't they telling us?"
 - Often has excellent radar for risk, but struggles to trust any stated good intent.
- **The detached "just here for the paycheck" employee**
 - Does the minimum required and avoids volunteering.
 - Rarely complains openly, but contributes to a quiet culture of disengagement.
 - May have been burned by investing deeply in previous organizations.
- **The over-accommodator**
 - Says yes to everything, picks up extra work, never pushes back.
 - Looks like a "star" until they crash.
 - Often carries a history where safety was tied to pleasing authority or never being the problem.
- **The hair-trigger reactor**
 - Has big reactions to relatively small changes.
 - May escalate quickly to, "This is just like when..."
 - Their nervous system is linking current events to past betrayals or harm.

- **The chronic resistor**
 - Nearly every new initiative is met with, “We tried that; it doesn’t work,” or “They’ll never follow through.”
 - What sounds like negativity is often grief and self-protection after years of broken promises.

None of these patterns mean the person is “the problem.” They are often evidence of someone who has been trying to stay safe in unsafe environments for a long time.

Distinguishing wounded behavior from simple performance issues

A helpful question for yourself is:

“Is this mostly a *can’t* (capacity, safety, trauma) or a *won’t* (choice, accountability)?”

Possible indicators you’re seeing woundedness more than simple non-performance:

- The employee can describe specific past experiences that sound harmful or chaotic.
- Their reactions are *bigger* than the current situation would seem to warrant.
- They can articulate that they want things to be different but feel stuck, afraid, or exhausted.
- When you respond with consistency and fairness over time, their behavior softens at least a little.

You still need to hold expectations and boundaries. The shift is in how you *interpret* what you’re seeing and what tools you reach for first.

First moves: how to help without becoming a therapist

You are not their clinician, but you can lead in ways that support healing rather than re-injury.

1. Name patterns gently and specifically

Instead of:

- “You’re overreacting.”

Try:

- “I notice that changes like this seem to land really heavily for you. Can you help me understand what this kind of situation has meant for you in the past?”

This invites story and context, not defensiveness.

2. Offer predictability wherever you can

Wounded employees are often scanning for the next shock. You can reduce that load by:

- Being clear about what you will decide and when.
- Letting them know what to expect from key processes (performance reviews, schedule changes, new projects).
- Following through on small commitments to rebuild trust in micro-doses.

3. Use “both/and” language

For example:

- “It makes sense that you’re wary, *and* I also want us to look at what’s actually true here, in this organization, right now.”
- “Your past experience was real and painful, *and* I don’t want that to be the only story you ever get to live at work.”

This validates history without letting it fully dictate the present.

4. Clarify what you can and cannot be

It’s okay, and healthy, to set limits:

- “I care about how you’re doing, and I want to support you as your manager. I’m not a therapist, but I can help with clarity, expectations, workload, and finding resources if that would be helpful.”

This keeps you out of rescuer mode while still offering real support.

A simple conversation template

When you suspect you’re working with a wounded employee, you might use a structure like:

1. **Observation:**
 - “I’ve noticed that when X happens, you often Y (withdraw, get very anxious, become very skeptical).”
2. **Care:**
 - “I’m not bringing this up to blame you; I’m bringing it up because I care about how work feels for you and for the team.”
3. **Curiosity:**
 - “Does this show up for you in other places too? Does it connect to other work experiences you’ve had?”

4. **Shared reality:**

- “Here’s what I can realistically offer in this role (clarity, consistency, support around workload), and here’s what I can’t (therapy, solving everything outside our control).”

5. **Next step:**

- “What’s one small shift we could each try that might make this a little easier?”

Safeguarding yourself and the team

Supporting wounded employees doesn’t mean tolerating harmful behavior indefinitely. You can:

- Hold clear behavioral expectations for everyone, *including* those who are wounded.
- Document patterns and your support efforts, both to protect the organization and to keep yourself grounded in facts.
- Seek your own support (peer consultation, HR, coaching) when situations feel stuck or emotionally heavy.



6. First Moves: Regulating Yourself, Then the Room

Your Own Nervous System



Activity: "Noticing My Tells"

What happens in your body when you feel threatened at work?

Common signs include:

- Tight chest or shallow breathing
- Jaw clenching or tension headaches
- Racing thoughts or going blank
- Heat rising in your face
- Stomach knots
- Sudden urge to flee, fight, or freeze

Your personal tells:

1. _____
2. _____
3. _____

Practice Menu (choose 1–2 to try this week):

60-second grounding before difficult meetings:

- Plant both feet on the floor
- Take 3 deep breaths (in for 4, out for 6)
- Name one thing you can see, hear, and feel

"Name, normalize, choose" script for self:

- **Name:** "I'm feeling defensive/numb/overwhelmed."
- **Normalize:** "This makes sense given what I'm carrying."
- **Choose:** "I'm going to slow down and ask one clarifying question instead of defending."

Post-meeting body scan:

- After a hard conversation, pause for 30 seconds
- Notice where tension lives in your body
- Breathe into that place before moving to the next task

Regulating the Room

Micro-practices to try:

Start meetings with a quick check-in question:

- "On a scale of 1–5, how much capacity do you have today?"
- "What's one word for how you're arriving?"

Pause heated conversations:

- "Let's pause for a second. What is everyone trying to protect right now?"
- "I'm noticing the energy in the room shifted. What just happened?"

Use "Fist to Five" to surface disagreement safely:

- After proposing a decision, ask people to hold up fingers (0 = strong no, 5 = strong yes)
- This makes dissent visible without requiring someone to speak first

Name and normalize hard feelings:

- "This is a tough conversation, and it makes sense that people have strong reactions."
- "We're all carrying a lot right now. Let's give ourselves permission to move slowly."

7. Micro-Repair: Small Moves That Change Culture

Closing Loops and Owning Impact

Organizational trauma survives through story: the hallway legends, the "remember when" moments, and the quiet warnings passed to every new hire. One of the fastest ways to interrupt that cycle is to close loops, to follow through on what you said you'd do, and to explain clearly when you can't.



Activity: Worksheet - Three Loops I Can Close This Week

List decisions or conversations where people are still wondering "what happened":

1. _____
2. _____
3. _____

Script examples for closing loops:

When you have an answer:

- "You asked about [X] last week. Here's what we decided and why: [brief explanation]. If you have questions, I'm available."

When the answer is "no" or "not now":

- "We looked into [X]. We're not able to move forward right now because [constraint]. I know that's disappointing. Here's what we can do instead: [alternative]."

When you don't have an answer yet:

- "I haven't forgotten about [X]. I'm still waiting on [Y]. I'll update you by [date], even if I don't have a final answer yet."

When you're needing clarity:

- I'm still uncertain about [X]. Can you help me understand?

Debriefing Hard Moments

Trauma builds when hard experiences go unprocessed. One of the simplest micro-repair practices is the structured debrief: a quick, honest conversation after a difficult event. Taking this after action review approach removes the blame-game often associated with debriefs.

Template: Structured Debrief (10–15 minutes)

Use this after challenging moments: major announcements, conflicts, difficult weeks, tense meetings.

1. **What happened?** (Facts, no blame)
2. **What hurt?** (What made it harder)
3. **What helped?** (What went well, even in a hard situation)
4. **What will we do differently next time?** (One concrete commitment)



Practice:

Choose one recent event and walk through the template yourself. Optional: repeat with your team.

Event: _____

What happened?

What hurt?

What helped?

What will we do differently?

8. Building a Trauma-Aware Leadership Identity

Drafting a Personal Leadership Covenant

You cannot yoga your way out of a system that is actively wounding you; at some point, the work itself has to become part of the healing. But you can choose how you show up, what you protect, and what you refuse to perpetuate.



Activity: My Leadership Covenant

Complete these prompts:

As a leader in a wounded system, I commit to:

1. _____
2. _____
3. _____

When I am under pressure, I will try to remember:

1. _____
2. _____

If I cause harm, I will:

1. _____
2. _____

Share this covenant with a trusted colleague, coach, or peer and ask them to remind you of it when you're struggling.

Small Steps and Big Consistency

In a wounded culture and even as wounded leaders, rebuilding trust can be difficult. Feelings have been hurt through possible betrayal and even perceived threats. Recovery is the work of leaders and managers, not the employees.

Leaders are not always those in formal roles. Anyone within the organization has the capacity to lead by taking the first steps. Cultural recovery and healing, however, is the work of managers or those with formal roles. Even though managers may not have had a direct role in the workplace trauma, they must be the ones to begin to rebuild the trust through enhanced, professional relationships.

How to Begin

Begin with small steps through micro-actions. A simple hello or question goes a very long way. In a recovering workplace, do not be deterred by resistance, that is a common human, self-preservation tactic. Here are a few examples of micro-practices you can try:

- Be the first to say hello
- Make an effort to remember everyone's name and greet them by name
- Provide a compliment
- Ask a friendly question to increase awareness and connection
- Thank employees for their hard work, dedication, or commitment
- Let them know you're glad they're part of the team
- Listen for the stories, and help reframe them
- Consider how you present information. Like the white spaces in this workbook, recognizing that sensory overload will not help team members in challenging cultures.
 - De-clutter slides, emails, and agendas
 - Clarify or call out the "ASK"
 - Provide easy to follow steps in complex situations
- Recognize and reward the right work rather than pointing out the wrong way
- Become the provider of the daily DOSE:
 - DOSE or Dopamine, Oxytocin, Serotonin, and Endorphins are the neurochemicals that create happiness and well-being. In the absence of these chemicals we often exhibit depression.



Activity: identify at least three micro-practices you can begin today and commit to for 30 days. In 30 days you add a couple of more to your toolbox.

Why micro practices matter

Our nervous systems, and our cultures, rewire around what we do most often, not what we say we value. Consistent micro practices (how we open meetings, how we close loops, how we repair after harm) are what actually drive neuroplastic change over time, not one off retreats or campaigns.

Here's a simple test:

If you can't imagine doing it weekly, it's probably not a healing practice for your system.

Consistency is the Big Key

As you first begin, this work may feel meaningless. I assure you that overtime and with a big consistent effort, it will pay off. And as more and more team members notice they will go in search of the a daily DOSE of happiness! This is known as neuro-plasticity, it is the process of re-wiring the brain – and it only takes 30 days. There's an even bigger benefit: you. Research has consistently demonstrated that as you spread happiness and cheer you will find that you are re-wiring your own brain as well.

Planning Your Next 90 Days

Healing begins when the stories in a system change from "this is just how it is here" to "this is what happened, and this is how we're doing it differently now."



Activity: Your 90-Day Trauma-Informed Leadership Plan

One thing I'll do for my own recovery:

One trauma-aware practice I'll normalize in my team:

One conversation about our system's history I will initiate:

One place I will ask for help:

9. Where to Go From Here

You Don't Have to Do This Alone

If your organization is ready to move beyond "burnout management" and into genuine healing work, the **Archetype ecosystem** offers an integrated path.

Start here:

- Bring the assessment and a few pages of reflection to coaching or peer spaces
- Use this workbook as a shared tool with your leadership team or physician leaders
- Explore structured support that meets you where you are

Archetype Ecosystem Resources

For physician and clinical leaders:

HelixMD provides lab-style spaces for physician and clinical leaders to process moral injury, cumulative workplace distress, and leadership trauma in community. This is recovery and development work, not a remedial fix for "failing" leaders.

For leadership teams and organizations:

Archetype Learning Solutions partners with executive and HR leaders to redesign leadership development, culture structures, and trauma-aware practices. We help you pair insight with structural change so healing is built into how work gets done.

For everyday tools and practices:

COMPASS offers templates, scripts, and reflection guides you can embed into meetings, 1:1s, and retreats, ready-to-use tools that reinforce trauma-informed habits in real time.

Engaging your Employees toolkit: 12 heart-centered strategies that are known best-practices for creating a culture of strong employee engagement...best of all, they are all free!

For thought leadership and ongoing learning:

Forge Magazine provides articles, case studies, and frameworks that shift the broader narrative from burnout fixes to organizational healing.

Final Reflection

What we label burnout is often the visible scar of a deeper injury: years of cumulative workplace distress that no amount of self-care can mend on its own.

When leaders are constantly bracing for impact, they don't become less caring, they become less able to show the care they still feel.



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You don't have to choose between caring for your people and meeting your mission. By treating cumulative workplace distress and Level II trauma as systemic design challenges, not individual flaws, you can build a workplace where leaders and teams recover, grow, and carry the work forward with more clarity, courage, and care.

While culture is often thought of as the responsibility of organizational leaders and managers, employees can lead through their actions as well. This is how we lead, through actions, not titles.

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Appendices

Beyond the fluff: the Art and Science of Reflective Practice

If you're skeptical about 'soft' practices, you're in good company; here's what the data actually say.

Deep personal reflection functions as a legitimate clinical intervention for leaders because it measurably shifts burnout, depersonalization, decision quality, and professional identity, not just "feelings." When it is structured and dose-controlled (timed, guided, and facilitated), its effect size is comparable to other accepted behavioral interventions in medicine.

Why reflection works: the non-fluffy mechanism of reflection

- Cognitive re-processing: Structured reflection forces individuals to surface automatic thoughts (splitting, all-or-nothing thinking, catastrophizing) and examine them against data, which reduces rigid, maladaptive appraisals over time.
- Emotional down-regulation: Mindfulness and reflective practices reduce emotional exhaustion and depersonalization and improve mood and stress responses, suggesting a direct effect on physiological arousal and affect regulation.
- Identity repair: Narrative and reflective work supports professional identity formation and re-alignment, which is central when a physician's sense of self has been eroded by chronic cumulative workplace distress (Lord, 2024) and increasing workload.
- Social reconnection: Small-group reflective formats increase collegiality and decrease isolation, both of which are known contributors to leadership fatigue.

Evidence leaders can respect

- A randomized clinical trial of facilitated small-group sessions for physicians (incorporating mindfulness, reflection, and shared experience) showed significant improvements in meaning in work and reductions in depersonalization, with effects sustained 12 months after the intervention.
- A scoping review of mindfulness interventions for physicians found consistent decreases in emotional exhaustion and depersonalization, with gains in vigor, self-awareness, compassion, and empathy.
- Faculty development programs using guided reflective or narrative writing with practicing physicians have demonstrated increased self-reflection and improvements in measured empathy scores.

- Group self-reflection formats (Balint-like groups) helped clinicians tolerate uncertainty, navigate difficult patient relationships, and address isolation and professional stress in more than two thirds of participants.

How reflection changes clinical behavior

- **Decision-making:** Reflective practice improves awareness of how emotions and cognitive habits influence diagnostic and treatment choices, leading to more deliberate, less reactive clinical reasoning.
- **Risk management:** By unpacking near misses, adverse events, and challenging encounters, physicians can identify pattern-level vulnerabilities rather than attributing events solely to external factors or personal failure.
- **Empathy and boundaries:** Reflective writing and discussion are associated with higher empathy scores while also helping physicians maintain more sustainable professional distance, reducing compassion fatigue.

What “therapeutic reflection” looks like in practice

- **Time-boxed and structured:**
 - 10–20 minutes per week of guided reflective writing on a specific prompt (e.g., a challenging encounter, a moment of meaning, or a case that “stuck”) with a simple framework: description, reaction, interpretation, and future action.
 - Scheduled small-group sessions (biweekly or monthly) with clear objectives, psychological safety agreements, and a trained facilitator who keeps the group anchored to practice and meaning, not venting. This is why coaches are so important in your leadership journey.
 - Additionally, “surface acting” is very common among clinicians. Surface acting is defined as an employee adopting an emotional-regulation strategy, exhibiting expected behavior for their role even when they do not genuinely feel it. It has been highly correlated with Cumulative Workplace Distress and job-related stress.
- **Anchored to outcomes:**
 - Each reflection ends with one concrete behavioral experiment (e.g., “Next time I notice this trigger, I will pause, name the pattern, and ask one clarifying question before responding”).
 - Periodic self-assessment using brief burnout or well-being scales can make changes visible and more “real” to data-oriented clinicians.

- Integrated with coaching:
 - Individual coaching that explicitly uses reflective questions (about values, identity, and narrative) has been linked to reduced burnout and improved well-being in physicians.
 - Online, individualized reflection-based interventions over several weeks have shown improvements in physician well-being, suggesting this work can be scaled and delivered flexibly.

Leader-voice framing

- “This is a targeted cognitive and emotional intervention, not journaling for its own sake; the goal is to change how your brain encodes and retrieves high-stress clinical experiences so they stop running in the background as unprocessed trauma.”
- “Think of this as QI on your own decision-making and professional identity: short, structured cycles of ‘plan–do–study–act’ applied to how you think, not just what you order.”
- “The dose is small but consistent: minutes per week of structured reflection, coaching, or group work that, in randomized and controlled studies, has lowered depersonalization and improved meaning in work.”
- “If you have used splitting or other defensive strategies to survive, reflection is the controlled environment where those adaptations can be examined and, when they stop serving you, gradually replaced with something less corrosive.”

Show me the numbers

If you’re looking for additional statistics to back up the research in mindfulness, gratitude, and reflection, look no further.

Mindfulness stats

- A meta-analysis of mindfulness-based interventions in physicians found moderate reductions in stress and burnout, with standardized mean differences around -0.4 to -0.8 for stress in health professionals, and in-person programs showing significant reductions in burnout,
- A longitudinal study of physicians reported that higher baseline mindfulness predicted lower later burnout, with an indirect effect size of about -0.14 through improved perceived organizational support and psychological safety.
- Digital mindfulness training for physicians has shown medium to large effect sizes on mindfulness levels, along with decreases in worry and sleep disturbance.

Gratitude stats

- In a randomized trial of a single gratitude letter writing exercise among health care workers, participants showed significant improvement at one week in emotional exhaustion (a core burnout domain), happiness, and work-life balance compared with baseline.
- A 21-day gratitude journaling intervention for health care professionals produced significant reductions in stress and burnout that were still present three months later; higher gratitude scores correlated with lower stress, disengagement, and exhaustion.
- A systematic review and meta-analysis of 64 randomized trials (general populations, including health workers) found that gratitude interventions produced small-to-moderate improvements in mental health and well-being, confirming that the effect is real, not just “nice to have.”

Reflective and narrative practice stats

- A guided reflective writing program with staff physicians (using the Jefferson Scale of Empathy) showed statistically significant improvements in measured empathy after the intervention.
- Courses built around reflective writing for medical trainees have demonstrated significant reductions in emotional exhaustion and depersonalization from pre- to post-course measurements, indicating a measurable impact on burnout components.
- A broader review of reflective writing in medical education found consistent short-term gains in insight and empathy toward patients, suggesting reflective processes can counter early erosion of empathy that contributes to burnout.



“On the practice of gratitude, I’m doing it because the evidence tells me it works”

Helen, MD Family Medicine

Lord, Kodama, & Granzotti, 2025



Sex in the office: power plays and poisoned teams

Ever worked somewhere where the rules only apply to some? How did that end?

In Seattle, relationships come and go, but in the workplace, a forbidden romance lingers like the smell of burnt popcorn in the breakroom. As Jeremy's messes piled up and Rebecca's emails got sharper, I couldn't help but wonder: When does a private affair become everyone's problem? And more importantly, why does leadership always seem to miss the memo?

Sex and the Department isn't just a clever play on words-it's a cautionary tale. While the original show (*Sex and the City*) gave us cocktails and confessions, this story serves up something far less palatable: a toxic stew of favoritism, policy violations, and organizational denial.

Despite the company's no-nepotism policy written in bold, HR and leadership chose to look the other way, as if ignoring the obvious would make it disappear. But, like any secret in a small office, the truth had a way of leaking out-one synchronized carpool at a time.

Later that week, as I watched Jeremy and Rebecca pull into the parking lot together, yet again, I got to thinking about how quickly a "close working relationship" can turn into a department- or even organizational-wide crisis.

Rumors swirled: Was Jeremy getting a bigger raise? Was he being allowed to bulldoze his way through the team? While some questions remained unanswered, the public shaming and messes left behind were impossible to ignore. Rebecca, our manager-turned-partner-in-crime, even joined the fray, firing off scathing emails that blurred the line between fact and fiction.

It wasn't long before the department's dirty laundry was aired for the whole facility to see. The only thing spreading faster than the rumors was the resentment. As the relationship became the worst-kept secret in the building, the real damage began: trust eroded, morale plummeted, and the team found themselves cleaning up more than just Jeremy's literal messes. Suddenly, the department's problems weren't just whispered about-they were shouted across the organization.

Leadership, meanwhile, perfected the art of looking the other way-a skill that should probably be in the employee handbook by now. If leadership can't enforce its own policies, what message does that send? When accountability takes a back seat to personal agendas, is it any wonder why our organizations are failing at so many things?

As the fallout continued, I couldn't help but wonder: When those in charge refuse to enforce the rules, are they really leading at all? Or are they just letting the rest of us do damage control, one broken relationship at a time? And when will HR start to hand out Manola Blahnik shoes and Cosmo's for every policy violation.

About the author:

Danielle Lord, PhD | Leadership Development researcher & Solutions architect



“A well-developed and committed workforce is an amazing asset, which can yield a tremendous competitive advantage when utilized properly”

Danielle Lord, PhD is a leadership development researcher and creator of evidence-based tools that help leaders repair, reimagine, and rebuild healthier organizations. Drawing on over three decades of work at the intersection of organizational development, well-being, and learning design, she translates complex data and real-world experience into practical playbooks, curricula, and business solutions for clients across sectors.

Her portfolio includes leading leadership development and learning strategy for the Port of Seattle, serving as Chief Learning Officer for the State of Washington, and directing physician and leader development for Providence Health & Services, a five-state health system with 75,000 employees. As founder of her own practice and projects like HelixMD, she designs “leadership labs” and recovery-focused development experiences for physicians and other leaders navigating high-stakes, high-burnout environments.

Since 2008, Danielle has served as graduate faculty at Brandman University, teaching more than 17 different leadership and organizational change courses and developing over 48 custom programs and courses for organizations of all sizes. She earned her PhD in Leadership Theory from Capella University, where she studied nursing dissatisfaction, and continues to conduct qualitative research into the developmental and recovery needs of aspiring physician leaders.

A Pacific Northwest native, Danielle lives in Auburn, Washington with her husband, Stephen, their cat “Kitten,” and together they have five adult children. When she is not designing new tools or gathering stories from the field, she can be found antiques, gardening, or enjoying a good glass of wine.

About Archetype:

Archetype Learning Solutions is a research-based creator of bold development ecosystems for the people who hold everything together: caregivers, clinicians, leaders, and frontline teams.

Founded and led by Danielle Lord, PhD, Archetype translates qualitative research, lived experience, and real-world organizational challenges into practical learning ecosystems that help people recover, grow, and lead well in complex environments. Across healthcare, caregiving, manufacturing, and executive leadership, Archetype designs “labs” where people can think differently, practice new skills, and reconnect to why their work matters.

Rather than offering one-off workshops or generic training, Archetype builds layered experiences: assessments, simulations, cohorts, coaching labs, and practical tools that organizations can embed and scale. Each ecosystem is grounded in research, co-created with participants, and designed to respect time, capacity, and the emotional realities of helping work.

Under the Archetype umbrella sit several focused ecosystems:

- **COMPASS** – A well-being and resilience ecosystem for caregivers and helping professionals, including busy female CEOs who carry both organizational and personal care loads.
- **HelixMD** – A physician leadership recovery and development ecosystem, built around labs, tools, and communities that honor both the science and the strain of modern clinical work.
- **FOG** – A workforce and manufacturing ecosystem focused on mentoring, early-career development, and practical leadership skills for industrial environments.
- **MasterHERmind** – A high-accountability ecosystem for senior women leaders and CEOs to think strategically, recover deeply, and lead with clarity.
- **Poverty Simulations** – Immersive, research-informed empathy labs that help organizations and cross-sector partners understand the realities of poverty and design more humane systems.
- **The Everest Experience** – a two day executive retreat that helps leaders assess how team dynamics, change, and conflict are impacting their strategy.
- **Forge** – a thought leadership magazine aimed at shaping leadership and crafting impact.