Tree of Life Project

In NHS Mental Health Services for Older People

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Introduction

The Tree of Life (Ncube, 2006, 2017) is an approach, based on Narrative Therapy (NT), which uses the metaphor of a tree for a person's life to help people with telling their preferred stories in ways that make them stronger. This paper describes my explorations in the use of the Tree of Life (TOL) in different areas of my work as a clinical psychologist in the NHS. My role involves the provision of a psychological service to people seeking diagnosis and help with cognitive difficulties, many of whom receive a diagnosis of dementia. I also work with many older people whose distress has been labelled a severe mental health problem such as depression, psychosis, anxiety or personality disorder. I am also involved in supervision of staff, trainees and students. Here I write about what I have learnt and my hopes for future developments in using TOL in three areas: my work with staff, with people with dementia in a community setting and with older inpatients on a mental health ward.

Tree of Life

When using the metaphor of a tree for a person's life different elements of the tree represent different aspects of an individual's life: roots represent their history, culture, background and what sustains them, the trunk is their skills and abilities. Leaves are significant people, branches hopes and dreams, fruit things that they have given and received (Ncube & Denborough 2007, Denborough 2014, Ncube 2017). These are written and drawn onto paper trees. As people share their stories from their trees facilitators use questions to identify and thicken alternative stories of strengths, skills and hopes. In part 2 people combine their trees to create a 'forest' and the facilitator gives a retelling of the alternative stories already witnessed. People are encouraged to spot abilities, dreams, and values in others and to offer words of encouragement to go on each other's trees. In part 3 the problems faced are considered as 'storms' that affect their lives, and discussion takes place about how they respond to or 'weather' such storms. This encourages a collaborative approach to problem solving (Ncube, 2017). A celebration and ceremony of certificate giving, highlighting skills, knowledges, hopes and dreams, ends the process.

Tree of Life and Narrative therapy in Mental Health Services for Older People

The narrative therapy principles and practices which TOL draws on (Ncube, 2017) are particularly relevant for the people I work with who live in a world of negative social discourses around ageing and/or mental health and are often referred to our mental health team with a single story about how they are isolated, disabled or challenging. Although there are multiple stories of people's lives ~~have multiple stories~~ that can be told (White, 1995) this problem story is often privileged, and can become internalised, reducing opportunities for action (White & Epston, 1990) and limiting space for people to voice the context in which it is occurring or their meaning for their actions (Morgan, 2000).

NT assumes people have preferences, knowledges, skills, hopes and dreams (Morgan, 2000; Ncube, 2017). TOL uses narrative questions to elicit stories that are often subjugated in mental health services (Wellman et al, 2016), stories of competency, possibility, resilience, and courage that account for the complexity of life, and enhance possibilities for relationships or future actions. Narrative practices including re-authoring, re-membering, editorialising and externalising are used to thicken the stories. TOL enables people to experience a preferred identity and to change their relationships with the problems they are facing in their lives. They also share values, hopes and connections with others which helps to unstick problem saturated stories (Baum et al, 2016, Ncube, 2017). Narrative Therapy considers the problem as separate from the person, and that people respond to modify the effects of trauma and protect what is valuable to them. Problems are considered a shared responsibility and linked to culture and history (Ncube, 2017).

Narrative Therapy looks to the social and political context to understand and deconstruct the narratives that shape an individual's distress and as such may be particularly useful for older people (Kropf & Tandy, 1998) many of whom experience multiple losses and changes in roles and identities through bereavement, retirement and socially imposed views of how older people should act, love and speak. A search on google for 'dementia' images quickly reveals the powerful discourses about decline, disconnection, confusion, incompetence, distress and burden that people living with dementia are subjected to. Stigma is not simply about ignorance and misinformation but about core social values, it is about the position people with dementia are placed in when they live in a society that highly values cognition, speed and independence (Offord & Field 2013). Services can disempower people by positioning them as vulnerable, incompetent or a problem and not adequately attending to their strengths and resources (Hughes, 2014). Narrative Therapy aims to pay attention to issues of power and to support an alternative voice (McFarlane & Howes, 2012) from people, like those referred to the service I work in, who have been oppressed by stigma or marginalising discourses relating to mental illness, cognitive impairment, dementia or ageing.

A decentred narrative therapist presents helpful ways of dealing with stigma around incompetence and disconnection, by making it clear the quest for understanding is a joint one, allowing people to decide for themselves if something is significant or helpful, asking for feedback, and exploring why certain ideas are of more interest than others (Offord & Field 2013). In TOL stigma is described as ‘storms’ and discussed alongside stories of individual and collective responses to them.

Narrative Therapy has been found to work well with older people with memory problems as the opportunity to retell stories with an emphasis on themes rather than chronological order is beneficial to those with dementia and memory loss (Young, 2010). This is a valuing of the skills and experiences that are still possible. The onus is on the therapist to scaffold questions in such a way that the person is able to answer them, moving in gradual steps from the known and familiar to the possible to know and in this way cognitive ability is supported.
In the metaphor of a tree and the four parts of the process TOL provides its own scaffold which I thought might be useful to people living with difficulties with memory, planning, and mental flexibility.

TOL was first developed for use with children who had been orphaned by HIV/AIDS in southern Africa (Ncube, 2006). However collective narrative practices such as TOL are tailored to the community (Denborough, 2008, Ncube 2017) so here I have drawn on suggestions from its use with other groups including schoolchildren (German, 2013), parents (McFarlane & Howes, 2012), foster carers (Illiopoulou, Platt & Baxter, 2017), refugees (Hughes, 2014), older people (Battistella & Martin 2016), those with learning disabilities (Baum et al 2016; Randle-Philips et al., 2016), staff and adult inpatients on acute mental health wards (Fraser et al, 2016; Wellman et al, 2016). I have run TOL slightly differently with each of the groups that follow.

Tree of Life with Assistant Psychologists

Aware that many of our Assistant Psychologists had just been unsuccessful in gaining a place on the Clinical Psychology Doctorate I wondered if parts of the TOL might help them tell their stories in ways that made them stronger, give them an experience of Narrative Therapy, allow me a chance to develop my skills and potentially identify future co-facilitators to work with me and our clients. We discussed the potential impact of hierarchy, power difference, these motivations and my role in interviewing for one of the doctorates beforehand.

TOL is ideally done during one 8 hour day (Ncube, 2017). However as their worktime was limited 90 minute workshops were run for the community and inpatient Assistant Psychologists, which focussed on drawing the trees and thickening preferred stories. An after work session to consider the forest, storms, their effects and the Assistant Psychologists responses was open to all and attended by most. During the drawing of the trees Assistant Psychologists were asked questions to bring out alternative stories to the one about failing. Questions were asked to elicit skills, abilities and things of value. I asked why they do the things they do now; who taught them to do these things; the history of this skill/value; and any hopes it to which it connects. I did this in order to make links between the different parts of the tree and in order to more richly describe these alternative stories. All hoped to become a clinical psychologist and so to explore this I asked which aspect of this career they were most drawn to and with what experiences, values, or interests it linked. This helped many of them to tell much broader and more individual stories about wanting to be helpful to people in distress, wanting to address injustice, or wanting to value and enjoy people. We heard about who had inspired them and taught them the skills they were using. Further questions enabled us to find other ways in which their values were already being expressed both in and out of work. We heard stories of responses and learnings from challenging family or health situations, volunteering, and previous careers; stories of courage, tenacity, flexibility and resilience.

Feedback was sought verbally at the time and by email two weeks later. I was struck by how emotional an experience this was for them. Here the stories were rich and not for applause or evaluation but took in the complexity of life and were linked to their preferred identities and values. These alternative stories made them feel stronger. Quotes are in italics.

"It made me feel positive and optimistic about things and felt able to see the 'bigger picture' without having to feel you are comparing yourself with other people, it was like distancing yourself from yourself to then realise what you've achieved from a different perspective"

"*Assistant Psychologists tend to be at a 'crossroad' stage in their lives and it can be easy to question your identity at this point… The Tree of Life can be helpful here as it helps to identify strengths and skills that the individual may find themselves questioning*"
"While the workshop helped me identify particular things that I am struggling with, it actually made me feel much more relaxed, happy and confident, as I was reminded of my strengths and the many areas of my life that are extremely rewarding"

I asked them to notice in each other skills and gifts given, either those seen during the session, or from their previous experience. I used some Outsider Witness questions asking them what had struck them in a person's story, what did it connect with for them, and where did it take them to. This aspect was highlighted in their feedback .

"I also really liked how we each contributed to one another's-added to that feeling of being validated".

The acknowledgement of power and hierarchy freed me to use my knowledge of their skills to add to their stories. One Assistant Psychologist talked about a desire to develop their writing, I was able to add my experience of their writing to thicken this story.

The Assistant Psychologists also appreciated the opportunity to learn in an experiential way and four went on to incorporate TOL into their story. One brought their manager to me for a training session so they could use it with a group of people with dementia. One won best poster at a conference (Elias & Field, 2017). Three worked alongside me in the dementia and inpatient groups I write about next.

People living with dementia

Interested in the potential of TOL to be useful to those living with dementia or inpatients, and in the absence of literature specific to TOL with these groups but in line with collective narrative practices (Ncube, 2107), I consulted with community and inpatient staff, including the Assistant Psychologists, and with people with dementia from a service users group. Those living with dementia were drawn to the ideas around telling alternative stories to the ones of decline and disconnection that they experienced being told about them, but like me were unsure whether many people with dementia would be able to use the metaphor given the cognitive difficulties they experience.

Eight people aged between 47 and 79, who had been living with dementia for between 2 and 6 years came together to try out TOL and give me their feedback on it as an approach for others living with dementia. All were members of local dementia engagement and empowerment groups who volunteered to try out the TOL. After we had gone through the workshop and shared our forest and cake with invited family, we all sat down again for me to hear the story of their experience that day. Five were happy to be emailed after 2 weeks to let me know what had stayed with them.

Their Forest

Everyone easily understood the metaphor of the tree for their lives and in contrast to other groups (learning disability -Baum et al, 2016) found it easy to be abstract and hard to be specific. For example love was often identified as a gift given however the question ‘how do you show your grandson love?' needed scaffolding with options to trigger memories of specific examples. The adaptations suggested in the literature that we used, including templates of trees, leaves, flowers etc., visual prompts and non-verbal cues, more facilitators to scaffold and a slow pace (Baum et al, 2016), were all commented on as helpful by participants.

"I really liked the template – it took some pressure off the early decision making and helped with the uncertainty that people feel at the beginning of a group. "

We spent a shorter time on TOL than recommended, the group chose to do it in a short day, for fear of forgetting, but afterwards some were tired and thought two half days would be better. Participants found it helpful that the two Assistant Psychologists and I had brought in our trees and used them to introduce ourselves and illustrate multiple stories and links between different elements (Ncube, 2017, Wellman et al, 2016).

Participants' ideas to minimize disability included bringing in photos as one lady did, having bigger visual prompts such as large leaves labelled 'people' on the walls and more input from facilitators, especially at the beginning and with the roots. Here some rushed ahead, writing and talking about difficult early experiences in ways that upset them and I had to pause the group and explain more clearly about the roots and their sustaining role and relationship to preferred identity. Unknown to me almost all had had childhoods impacted by poverty and lack of opportunities and many would have got stuck on difficulties without significant input from facilitators asking about their responses. Double listening was important; attending to stories of survival and resistance as people tell their stories of trauma, vulnerability and injustice means people are less likely to be re-traumatised (White, 2004). We found, as others have, that some personal histories needed careful scaffolding to bring out the hidden but helpful elements alongside the tales of difficult or traumatic histories (Battistella & Martin 2016; MacFarlane and Howes 2012). Here is one example from the several that found it challenging but helpful to talk about their early life in new ways through answering questions such as 'Who did you learn most from? And, 'Who cared for you?'

"… it's brought stuff up that I tried to forget. Left feeling a bit vulnerable from exposing a difficult time", however she went on to say *"I learnt that many people had a rough childhood due to financial hardship and I thought it was only me. This made me re-assess my mum's*

ability to raise us three children on her own as a single parent. I realised that perhaps she wasn't such a hard person and what we did have was in some cases more than others ". This she evaluated as a helpful insight, writing 2 weeks later *"it [TOL] provides a person the opportunity to reflect on one's past and present life experiences and to realise the good times they had, therefore appreciate them more. Also to reflect on any hardships in their younger days that their parents and family may have struggled with and therefore re-assess their parents struggle in raising their family."* This later led onto a conversation with her mother, a strengthening of their connection and a holiday abroad together.

Weaving between the different aspects of the tree with our questions had to be done slowly to avoid outpacing some participants or confusing the different elements. We alternated between facilitators each working alongside one or two people and times of pulling the group together to share a story each. Through the use of outsider witness questions and linking lives of people with shared interests stories were thickened. Some found it difficult to accept acknowledgement of gifts given, or skills noticed. However as with the Assistant Psychologists this process was also appreciated:

"Just a few nice comments can change your day from being a rough old day to better",
"I have a lot to be thankful for and the comments I received from others were so nice, and I hope to keep them in my head for a long time."

Asking two men about the place of music in their lives elicited several stories and together we thickened their stories of themselves as music lovers, and performers. They decided to develop this further and took up my idea to rehearse and perform together for the dementia activists' summer party the following month. Other lives were linked when one longstanding member of a dementia activists group told a newer member he had been contemplating retiring from that group because of the tensions between people but had continued because of her enthusiasm for the work. She had been wondering about her contribution's worth and a couple of weeks later commented this about that experience.

"The other thing that remained with me was the generosity and wonderful comments I received from other members of the Forget me nots group, some of which bought me to tears. I will always remember the way these comments made me feel on the day."

She has since become more involved, even chairing meetings for the first time, thus challenging the prescriptions of the discourse that you cannot develop or learn after Dementia turns up.

For Part 3 post it notes of both the storms and their effects were posted under the storm cloud to simplify things. Responses on different colour post it notes were put under the sun. As others have found (Randle-Philips et al, 2016) personal stories about stigma were shared as storms. These included stories of being stroked out of pity or patronised in the way they were spoken to. Some told of assumptions being made that they could not go out alone or were dangerous to others; and one person found doctors no longer updated them about their partner's health once aware of their diagnosis of dementia. In fact all the storms identified were about the stigma of dementia, although I had only asked 'what is difficult about your lives?'

Storms, Effects and Responses

Participants found they quickly become upset thinking about the storms and their effects and wanted to move quickly from storm to response.

“ … thinking about all the storms is a bit depressing. And then by the time you get to the sunshine, you’ve already gone there [the storms] and you’re already in that negative mindset so it’s harder to think of the sunshine. It would be better to alternate between a storm and a positive. That’s the only thing I would change. “

Dementia’s impact on immediate memory and regulating emotion may have contributed to this part being harder. We had gone straight from forest to their storms, due to time constraints, without so much time reflecting on the beauty of the forest or what happens to trees and how animals respond to storms. The use of metaphor here may have helped create more distance and have helped them hold onto to the beauty of the forest as they considered the storms.

We found, as others have, that by creating a sense of community and enabling people to make connections in their lives and with each other, TOL supports the challenging of stigma (Baum et al, 2016). The retelling of the alternative stories in the forest and then looking at the storms, their effects and responses to them thickened both their individual stories as well creating a story of them as a group of campaigners. Here participants told more stories of still going out alone, trying new things, making new relationships, speaking up and publically on social media, to the press and in training events. They suggested afterwards that we could have put their shared achievements in defeating stigma on the rainbow. This group agreed that to live well with Dementia you need to be a willow tree rather than an oak. Flexible Strength, Resilience and Adaptability were often used, along with Tenacity to help them stand their ground, with Teflon to let things slide off.

The social interaction, connection with others and peer support were highly valued here as in other TOL groups (Randle-Philips, 2016 ; Battistella & Martin 2016) and felt to impact positively on mood by this group.

“Coming together as a group raises you up, you don’t have to explain yourselves because everyone understands, I’m not in my own corner. I’ll take away that I walk out and remember that I’m amongst a community and friendship”

“It created a sense of warmth, bonding as human beings gives strength”

People reported becoming more aware of their hopes and goals:

"*Made me think about things, like the future. Made me want to get all the family together. Make sure I have a balance."*

All agreed with one lady's comment *"It put my hopes and aspirations into perspective. Made me focus more on what I want and not what everyone else wants"*

People's responses to my question about what had surprised them about the day showed how the workshop gave people a chance to experience themselves in a preferred way with many expressing surprise at what they had managed to do.

> *"I don't think I've been able to concentrate on something for this long in a long time"*
> *"I'm very private and (surprised) that I managed to do it. At the start I thought I wouldn't be able to do it……It was very emotional and I'm shy about things like this, sharing things, but it was important…..Sometimes it's important to go back and write about it [the past]"*

Six participants were able to complete a visual analogue scale regarding aspects of wellbeing (Johnson et al, 2015) at the start and end of the day[1]. Significant increases in overall Wellbeing, Optimism and Confidence were seen by the end of the day. Scores on Sad/Happy, Unwell/Well, Bored/Interested, had also improved but to a lesser extent, participants felt tiredness was affecting these emotions.

The day ended with two partners joining us and us talking about the trees and the forest and handing out certificates. The activist groups have a tradition of being only for people with dementia and most had chosen not to invite anyone. Ideally more prominence could be given to this phase because of the opportunities it provides to step out of problem stories and continue the thickening of alternative stories through the use of outsider witness practices (Ncube 2017). Many people with dementia would invite friends and family to events, but our

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[1] A Visual Analogue Scale is a measurement instrument for subjective characteristics or attitudes that cannot be directly measured. When responding to a VAS item, respondents specify their level of agreement to a statement by indicating a position along a continuous line between two end-points.

activists may need a more specific explanation and encouragement. As the participants left with their trees all commented positively on the day.

”*I liked the process of doing it, I liked having the time to dwell upon things. It was really lovely day.”*

Having something to take home with visual appeal that represents history, work done and hopes for the future (MacFarlane and Howes, 2012) reduces the reliance on memory (Baum et al 2016) and was appreciated by participants. The five who had agreed to be emailed after two weeks all told us they had looked at their tree since and that they were continuing to experience benefits to mood and well-being from it.

“My tree is on my study door so I see it everyday, and if I am feeling a bit low I look at it and it makes me feel heaps better. I think everyone should do the workshop as a boost to their self esteem.”
“My change in mood has stayed with me; when I arrived I wasn’t in a very good place and throughout the day I felt better. I have been left with that feeling, or that sense of how it helped me feel better.”

They had all shared it and recommended it to family, friends and professionals. Some recalled having several conversations about their tree and that it lead on to new conversations that had not been had before.

“…it provided a talking point and led to further conversations. I actually felt quite proud of which I never do for myself. … I am going to make one of these with my Grandson as I think it will be good for him and I may learn more from him.”

“...I recommended it to them (Alzheimer’s Society) as it might give them an opportunity to see a strategy that was being used with people with dementia with some usefulness...(partner and I) talked a lot about the process of doing it but also at a deeper level, the content. It was important to me to do this and useful to do. I meet with a friend every few weeks...and I spoke about this as a way to understand how to support me. I think it’s really important to integrate things like this into my support network. I’ve also talked about it with (therapist). I’ve also spoken about it with (two other participants) when I’ve seen them since, we all said how

positive it was. It's really positive how it's still coming up in conversation over three weeks later."

"… our Life of Tree… was an excellent way to keep us focusing and sharing our broken minds…I liked so much the "Tree of Life Workshop" because for me, living with Dementia, it is very important to socialise and we did that in a very warm ambience. Dementia breaks our short memory and spoils our ability to concentrate, making us anxious. On that day, by taking us back in our lives, we were able to concentrate on the past and feel relaxed while putting our lives, like some lovely trees with roots, trunk and branches with green foliage. A very positive result. Let's do more workshops like this!"

People on an older people's mental health ward

People admitted to our wards often have their rich multi-storied lives subjugated under dominant, problem-saturated stories of mental illness, challenging behaviour or personality disorder. Narrative Therapy approaches may be particularly valuable for older people with long histories of mental health labels, such as many of those on our inpatient ward, due to the focus on strengths rather than pathology, and the construction of alternative narratives (Burgin & Gibbons, 2016). Using Part 1 of TOL to help people tell their stories on the inpatient ward was inspired by Fraser et al (2016) who had been using it regularly on their adult wards. Would older inpatients facing greater physical health or cognitive difficulties also enjoy engaging with it?

Knowing how challenging it can be to get a group of people together in the often distressed and disruptive environment of the ward I knew staff involvement would be important (Wellman et al, 2016). Staff were invited to a staff TOL workshop which was attended by the Assistant Psychologist, Psychotherapist and Occupational Therapist from this ward but no other staff expressed an interest. The Occupational Therapist and the Psychotherapist gave us room space and the time of the Assistant Psychologist to co-facilitate, but were not able to then be part of the workshops on the ward due to their workload and other urgent tasks. This difficulty in getting staff involved is not unique to us (Fraser et al 2016); the prescriptions of the medical model, discourses around risk and staff cuts all contributed here as elsewhere (Wellman et al, 2016).

On four occasions three of us community staff went onto the ward and began to 'sell' the idea to patients with the help of the ward Assistant Psychologist. Interested people were invited into a side room with us to work on their trees together. We followed the same adaptations as we did for the dementia group: templates, support with writing, and 1:1 facilitation where needed. On our fourth visit no one would join us in the side room but people would engage in the lounge so we did trees with some people individually with occasional input from others around. Altogether we did trees with 12 people, six people came to two of the four sessions, and the rest joined us once.

The inpatients were often acutely distressed or stressed and we knew little about their lives. Many had poor concentration, some experienced significant problems with memory and language, and some were experiencing psychosis. We focussed on helping people add elements to their tree, eliciting stories of family, work, interests, values, and hopes. People came and went from doing the trees so weren't available for us to seek their views after the event in the way we had intended and had done in previous groups. We have used our observations and those of ward staff to get some sense of the impact of doing part 1 of TOL here.

Positive interaction between patients was apparently rare, and we did have to work hard to encourage people to respond to each other's stories. On one session, in a room off the ward, we did get 5 women round a table talking and doing their trees and contributing to thickening each other's stories of skills, interests and values. We heard about sewing, gardening and dance medals. Relationships developed through sharing stories (Wellman et al, 2016) and the Assistant Psychologist said she had rarely seen such engagement between inpatients. Several patients who had not previously engaged in ward activities, did participate in telling their stories and doing trees.

One woman, who had not spoken for weeks, did speak about her tree to us, reconnecting to important aspects of her life. Another woman I talked with ~~had~~ told a problem-saturated story about cerebral palsy, mental health difficulties and dependence on others. Progress on her tree was slow as she struggled with speech and writing. I did however start to hear a story of sibling care from her older brother and she asked if I could keep the tree for her brother. The next time I was on the ward he was visiting and they took up my offer to talk about the tree together. He told us more of her skills and experiences which made her smile. What was most moving for all three of us was the story that came out when I asked what gifts she had given him. We heard an untold story of how she inspired him in the way she coped with adversity, how when things were difficult he brought her to mind and that encouraged his perseverance. It was a fabulous contrast to the dominant story of uselessness and thickened an alternative story of mutual care. Both found this a precious time and decided to show the tree to the rest of their siblings at their family next gathering.

Each tree brought out stories unknown to the team caring for people. The psychiatrist, upon seeing the trees commented on how different the stories he knew were to the ones we now knew. The ward Assistant Psychologist told of how doing the TOL enabled her to have more interesting conversations with patients and to relate on a more ‘human to human level’ when they spent informal time together e.g. she sought the car salesman in the ward’s advice before buying a car, thus contributing to his story of helpfulness, knowledge and competence in such areas.
The new ward psychologist has developed this work into regular narrative practice groups on the ward, including using TOL.

Decentred practices of seeking feedback and allowing people to decide for themselves what was significant or not is important in assisting the therapist to face the moral and ethical implications of their practice (White, 1995). With the dementia and inpatient workshops we were putting people in a situation that highlighted skills they may no longer have such as writing, understanding instructions and remembering specifics, in fact people were more disabled in these ways than I anticipated. To my surprise and pleasure, however, participants described experiencing themselves as capable and proud of their achievements because the disabilities were supported and what was valued was what could be achieved: telling preferred stories, witnessing, contributing and connecting to others. Together we learnt about ways to adapt TOL for future groups for people with dementia or on the wards.

Next Steps

Our experience was that TOL was valued by all who engaged with it. TOL enabled people in our service to tell preferred stories in ways that made them stronger and challenged the dominant problem saturated stories. I ~~have seen~~ was able to see how the flexibility of TOL to accommodate common experiences but also allow space for the particular is one of its strengths (McFarlane & Howes, 2012). The act of asking questions about people's values and skills has in itself challenged some of the discourses ~~around~~ to which they are subject. Outsider witness practices have further thickened people's alternative stories and connected people to each other. The participants living with dementia and I have co-written and co-presented a workshop about our experience of the TOL to a group of health staff, researchers, patients and family, challenging the discourses they identified as storms and thickening their preferred stories of 'People who can'.

TOL has been an excellent way to introduce narrative therapy ideas and practices to a wide range of service users and staff. Many of the Assistant Psychologists have gone on to use these in their work with clients. I obtained funding for 5 of us from inpatient and community services to train with Ncazelo Ncube. Since then, in conjunction with three of those living with dementia who were part of Tree of Life group described above, we have run regular TOL workshops for both staff and the many trainee nurses, occupational therapists and clinical psychologists on placement with our organisation. My hope is that when they are eventually employed by us on qualifying they will be keen to continue using TOL and narrative practices in their support of the people they serve. These workshops have led to other mental health teams running TOL groups with older people and us facilitating a TOL staff team away day.

In order to ensure what I have written here captures the experience of the people I write about in ways that they are happy with, I gave the section on the Assistant Psychologists' workshop to participants for comments which I have incorporated. I decided that reading this was too much to ask of participants with dementia and so I have instead incorporated their words and photos and presented it at conferences with them. Thus I was able to gain feedback on my feedback of their feedback! The Assistant Psychologists who worked with me on the dementia activists' and inpatients' workshops have also seen and commented on what I have written here.

For me this project has stretched me and taken me into challenging situations where I have felt the gap between my current skills and where I want them to be which has developed both my ability to explain and use narrative ideas and TOL. Overall it has been emotional, precious and fun. I have loved hearing so many stories new to me, witnessing the impact of the telling of these preferred stories has been a privilege. Thanks to this project and its developments I now have a growing pool of interested staff locally to practice narratively with, and have connected with psychologists working elsewhere with older people who are interested in the same ideas. Six of us met and used a tree of life to draw out the roots of our work, the narrative practices we are using now, the skills and resources we have to share. Now our branches hold hopes for a network of people working narratively with older people and dreams of a day conference.

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