From seeds to a forest:

Nurturing narrative practice in an adolescent mental health program

by Beck Paterson

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Abstract

This article describes the author's experience of incorporating narrative practices into an in-patient crisis treatment program in Calgary, Canada. It was written to offer solidarity to new and emerging narrative practitioners, and to highlight some examples of how narrative practice can be used in a setting in which pathologisation is dominant. Exploring examples that emerged in their work both organically and intentionally, the author describes their process of bringing narrative ideas – such as externalising practices, honouring insider knowledge, and using definitional ceremony and rites of passage – to the forefront of their own practice and influencing change in the larger program.

Key words: therapeutic documents; insider knowledge; adolescents; in-patients; definitional ceremony; rites of passage; narrative practice

Intentions

As someone new to narrative practice, I often had conversations with my peers about how difficult it can be to incorporate new ideas into a context that is already established or presents strong barriers to change. When those new ideas represent a significant shift from the status quo, this can be especially challenging. In addition to highlighting how narrative practice can be used in a residential setting, my intention in sharing my experience in this paper is to acknowledge this difficulty, and to offer solidarity and support to practitioners beginning their narrative journeys. My learning was difficult and messy, and at times I felt anxious and unconfident. But through the process of seeking opportunities to introduce narrative practices, I was able to make what I consider to be positive changes in my own work and in my organisation's program.

I also wish to acknowledge the land on which I live, work and play, and the land on which this work took place. I wish to honour and acknowledge Moh'kins'tsis, the traditional Treaty 7 territory of the Blackfoot confederacy, home to the Siksika, Kainai, Piikani, Stoney Nakoda and Tsuut'ina nations. This land is also home to the Métis Nation of Alberta, Region 3 within the historical Northwest Métis homeland. I choose to begin with this acknowledgment knowing that I am imperfect in my anti-colonial practice. However, as a white person descended from colonisers, who is doing work that has historically been rooted in colonisation, my hope is that taking up the narrative practices described in this paper will bring me closer to resisting, rather than replicating, colonising structures.

My context

This paper describes work in a short-term mental health program for young people in Calgary, Canada. The crisis-stabilisation program serves young people who have presented to a local hospital with a mental health crisis, or are transitioning home from an admission to a mental health unit. Program admissions are typically for between 10 and 15 days, and the young people reside in the program for about half that time. In the other half, young people transition home but remain connected with the program. Day-to-day programming includes activities and psycho-educational groups that focus on coping and self-regulation skills, self-esteem, social skills and emotional awareness. The young people also

have one-on-one time with staff, participate in family meetings and have single-session family therapy. The philosophy of the program is that the family (however the family defines it) is the 'client', not just the young person who is admitted. As a result, there is a heavy focus in the program on family work.

This program is a partnership between the nongovernment agency I work for and Alberta Health Services (AHS), a government body. Because of this partnership, there are also registered nurses and psychiatry consultants who work directly in the program. AHS is the primary funder of the program, and therefore has greater influence over how the program runs. Although the program is guided by trauma-informed and client-centred practices, the program is heavily influenced by the medical model, and by its wider context of capitalist, white supremacist, heterosexist and patriarchal forces. As I sought to bring more narrative practices into my work, I began to take greater notice of these structures, and it was in seeking moments of resistance to some of these structures that the following practices emerged.

Program frameworks

The main frameworks used in the crisis-stabilisation program are therapeutic crisis intervention (TCI) (Residential Child Care Project [RCCP], 2009); the attachment, (self) regulation and competency model (ARC) (Kinniburgh, et al., 2005); and the three pillars of trauma-informed care (3P) (Bath, 2015). TCI is a robust framework that is focused on teaching 'better ways to cope with stress' through structured conversations and specific crisis support techniques (RCCP, 2009, p. S91). ARC uses a three-tiered building-block approach to build secure attachments with caregivers for young people who have experienced trauma (Kinniburgh, et al., 2005). The 3P model seeks to build a safe environment for young people by attending to safety, coping and connection (Bath, 2015). Together, these frameworks inform every aspect of the program, from the physical environment to the structure of family meetings.

Seeking consilience and communitas

Stace (2018, p. 15) has written about how narrative ideas can fit alongside other models or approaches like 'tessellating shapes' which, despite being different, can

fit together without overlapping or leaving a gap. I started looking for these points of potential tessellation between narrative practice and the program's clinical approach. Among the first things I noticed was that in all three program frameworks, the language used lent itself to deficit-focused, pathologised identity descriptions. For example, in TCI (RCCP, 2009), a 'better' coping skill is one that is 'adaptive', which implies that other responses are maladaptive and require fixing. Similarly, in ARC (Kinniburgh, et al., 2005), a secure attachment pattern is considered a 'healthy' attachment pattern, and its interpretation is rooted in pathologising, medical systems of thought. Even 3P, which is less prescriptive than ARC and TCI, uses the language that can imply a 'correct' way of being (Bath, 2015). However, looking below the surface of this language, I found enough points of intersection between these frameworks and narrative ideas to bring narrative practices more to the front of my practice.

Another idea that I kept in the forefront of my heart and mind was *communitas*. Communitas can be defined as 'intense feelings of social togetherness and belonging, often in connection with rituals. In communitas, people stand together "outside" society, and society is strengthened by this' (Nielsen, 2005). By this definition, communitas can be understood as referring to a sense of togetherness fostered by shared experiences of marginalisation. It can also refer to a community in which people – and their skills and knowledge – are valued equally (Case, 2011). I find that both of these definitions of communitas fit with narrative ideas such as decentred practice and valuing insider knowledge (White, 2007; White & Epston, 1990). In my context, it also felt appropriate to consider communitas because of the dehumanising practices that many of the people I work with have experienced during their time in the 'mental health system', which have the potential to leave them feeling alienated.

Planting seeds

Michael White (2007) wrote about using experience-near descriptors to help in externalising conversations, and subsequently develop richer descriptions of peoples' lives. The use of experience-near descriptions ensures that the metaphor or personification that is externalised is local to, and therefore an accurate description for, the person or people engaged in the externalising conversation (Russell & Carey, 2004; White, 2007).

A local metaphor that was frequently used during team discussions in my organisation was that of planting seeds. Because of the very brief nature of the program, the therapeutic work we were able to do was thought of as planting seeds that may lead to later growth, which we as workers might never see. Using the experience-near description of planting seeds helped me to create a more nuanced understanding of my work. I began to notice opportunities for acts of resistance against dominating structures and started extending invitations to the people I worked with to notice them too. Taking on the metaphor of planting seeds allowed me to identify small actions I could take towards changes in my practice and the program, instead of trying to change the system altogether. By using this externalising practice for myself, planting seeds became the way I understood my role in the program and the agency, and this metaphor guided my work from then on.

As one member of a team of 12 frontline staff with rotation-based schedules and their own different ways of working, it was difficult to gain the participation of my colleagues in new initiatives. I felt unsupported and stuck, so I turned to other narrative practitioners for guidance. In one conversation, I was encouraged to find the people who were supportive of my initiatives and to bring them into my learning (H. Kennedy, personal communication, March 2020). Heeding that advice, I started to seek out allies in my work – colleagues who were not necessarily familiar with narrative practice, but were eager to learn more. This resulted in two main outcomes: first, I started to feel more supported in my learning; second, my perspective shifted, and I started to look beyond my own personal practice to the program as a whole. In this shift, I started to notice rich soil in which seeds could be planted.

Considerations of language

The first of these areas of ready soil was the use of language in the program. Before a family sets foot in the program, their story is relayed through a referral from the hospital. This consists of medical documents and psychiatry assessments using medicalised and pathologising language. There is an admission meeting with the family to discuss risks and set goals for the young person's stay. Instead of relying on the referral package, I started to begin these meetings by informing the families that I had received some information from the hospital, but that I was more interested in how they

defined their experience. In exploring issues of risk, I started to use an externalising approach, for example, asking 'How does self-harm show up in your life?' rather than 'How do you self-harm?' When we discussed goals, I tried to take on a position of exploring both the history of the problem and the skills the family already had.

With every family, we also completed a 'safety planning' meeting based on the stress model of crisis from TCI (RCCP, 2009) and incorporating the 3P pillars in each zone of regulation. By asking what the behaviour in each zone looked like, and how people could support the young person in that zone, I realised that an unintended, implicit message was being sent to the young person: you are unable keep yourself safe so let us know what to look for so we can do it for you. I started adopting a decentred approach, explaining that these zones are one way of talking about our experiences, but that another type of scale might fit better. I would ask them how they would like to define the scale. Then, instead of asking, 'What does your behaviour look like when you are in the trigger zone?' I might ask, 'When the influence of your emotions reaches this trigger level, what kinds of things does it talk you into?' When discussing the 3P pillars, instead of asking, 'What can your parents do to keep you safe?' I started asking, 'In what ways can you contribute to your sense of safety?'

Throughout the structured mediated visits, I noticed a pattern of language that located problems within people, so my focus in each of these meetings became to find ways of shifting my questions to not only help externalise these problems, but also to orient myself in the best way possible to remain decentred yet influential (Epston, 2001; White, 2007). Here are some further examples of how I shifted my questions to reflect externalising practices and a decentred approach:

- 'In what ways do you think conflict tries to get in the way of your communication?'
  rather than
  'Here is a list of common roadblocks in communicating during conflict. Which of these do you think you are doing most often?'

- 'What kinds of things does distrust convince you to do? Do you think those things are in service of you or of distrust?'
  rather than
  'What have you done that would show your parents that they can trust you?'

My intention in shifting my language was to create space for families to step outside the identity story of being 'in crisis' and to reconnect with other identity stories or skills they had. When I used externalising questions, I found that young people and their family members talked about their experience in much richer ways, such as a young person recognising the complexities of their relationship with self-harming acts beyond them being 'wrong' or shameful.

Documentation and case management

There was also fertile ground in relation to our documentation. As families went through the program, large files were generated by various parties about the young person, without their input. This included the initial hospital referral, meeting and visit notes, clinical session notes, and even a daily log of each young person's activity and participation in the program. I found it immensely difficult to balance the requirements for documentation – including the format, writing style and information to be included – with my desire to have my documentation be an accurate reflection for the person and family. As an example, although I was trying to reflect a conversation as accurately as possible without my own interpretation, staff were strongly discouraged from using direct quotations in our documentation.

Because I had limited freedom in the documentation required from me, I turned my attention towards counter documentation (White & Epston, 1990) as an act of resistance. I used some of the already existing ways we used documents in the program as a starting point. One example was the individualised work the young people received each day (e.g. journal prompts or guided reflection worksheets). These related to their goals for being in the program. Rather than simply using the existing worksheets, I began personalising the work more for each person and encouraging my colleagues to do the same. I also started to think about how the activities we did each day, such as art time, could scaffold the therapeutic work (White, 2007). If the group that day was on self-esteem, the art activity might be creating affirmation posters. While creating these kinds of documents happened in the program before I came to work there, my hope was that by applying narrative practices and letting the young people guide what we documented and how, this different type of file would become more meaningful to them, and help to counter the documents that were being created about them without them.

Activities for group sessions

When I started to create my own activities for group sessions to add to the file of counter documents, I found myself in another rich bed of soil in which to plant seeds. To practice having externalising conversations, I created a group activity that was based on the video, *I had a black dog, his name was depression* (World Health Organization, 2012). The video shows a man explaining his depression as if it were a dog. After watching the video together, we would spend some time creating a picture of whatever our version of our dog was (some chose not to externalise as a dog). We then did some investigating of our personal dogs to uncover their personalities and what gave them strength. The questions asked were largely informed by Michael White's (2007) Statement of Positions Map. After we answered these questions, we arranged our information into a training manual that documented the skills and knowledge that each young person had about their problem. They could keep this manual for themselves, or share it with others in their lives.

As a crisis-stabilisation program, there is a major focus on coping skills. However, a conversation with a young person planted a new seed for me. In our conversation, we determined together that she struggled when people around her suggested she use a coping skill, because she did not know what that meant in the context of her life, so she had a thin understanding that she didn't have any coping skills. We agreed that *coping skills* was a term often used in mental health conversations, but rarely explained or explored. From that conversation, I created the Coping Skills Workbook. My intention was to build in scaffolding that invited the young people to explore their skills and knowledges in a new way, outside the pathologising language that many had internalised. The workbook split the nebulous idea of coping skills into smaller categories, and asked questions exploring what each category means, when it might be useful, and different activities that would fit. The key to this group was the discussion in which young people were able to share their skills with the others, trace the history of their skills, and thicken their understandings of coping skills. The discussion was an opportunity for sharing insider knowledge (Epston, 2014) and contributing to the support and learning of their peers (Denborough, 2008, 2018). It became a definitional ceremony that included acknowledging an identity of being knowledgeable about coping skills (White, 2007). The feedback about this group was overwhelmingly positive, and it has continued to be run daily. Many participants have commented that participating in this group was one of the most impactful parts of the program for them.

Another example of adding a narrative approach to an existing group practice involved an activity of decorating plant pots and using them to plant a seed in. Each young person became the caretaker of their seed, and could take it with them once they left the program. I saw this activity as having potential to become a form of counter documentation. Reminded of the metaphor of planting seeds that I was using to guide my work, I thought that embodying this metaphor in a literal sense could be a meaningful way to document something that was precious to the young people. Rather than just decorating the pots as a craft that we did to fill some of the day, I began asking the participants to decorate their pot in a way that represented a skill, affirmation or intention that they wanted to nurture and grow. That way, the young people would have the plant and its pot as a document to remind them of their intention, skill or affirmation. In the act of taking care of this plant from seed to sprout, the young people could also nurture their intention, skill or affirmation.

As I was making these small shifts in my practice and recruiting colleagues as allies and companions in my journey, my focus started shifting outward. I started to think less about my own personal practice, and more about the program itself. I started thinking about my work in a different way, and about how the same narrative practices I was trying to bring into my individual interactions could contribute to the program as a whole.

Staff morale and engagement

Early in this process, I had been feeling stuck, drained and worried I was burning out. However, as I became more comfortable with narrative practices and they came more naturally to me, I started to feel reinvigorated in my work. More than that, I found the work to be sustaining rather than draining. As I was starting to feel reinvigorated, though, I noticed that many of my colleagues were not sharing these same feelings. As a team, we were facing wide-sweeping budget cuts, staff shortages paired with increased demand, and the enormous effects of COVID-19. I noticed our conversations in team meetings becoming problem-focused and draining. We began to dread our

weekly meeting because it was often an exhausting conversation about everything that was going wrong.

In his work on professional ethics, David Thomas has written about an ethic of gift-sharing (2017). The ethic of gift-sharing is not related to material gifts, but rather sharing the gifts of skills and knowledges that we possess. This ethic of gift-sharing is a part of the guiding ethics of the agency, and I found that we did a good job of this kind of gift-sharing among staff through a structure of supervision, in-house trainings and seminars, and informal consultation with colleagues. However, I noticed that we almost always left out a rich source of knowledge and skills: the gifts of the people we were working with.

I started to wonder if this was related to the deficit-focused and problem-saturated language I was hearing (and at times engaging in!) during our regular team meetings. Were we all experiencing a collective burnout? Vikki Reynolds (2011) wrote about burnout coming from a lack of justice, rather than the work itself, and I started to think that this might be what was happening within my team. I started to end our team meetings by asking my colleagues to say something they appreciated about the young people and families in our program, or even about each other, in an effort to help us reorient to the unique outcomes in the work (White, 2007). While this simple action did not change any of the challenging situations we were in, it did help us to reconnect – even if only a little – to what was positive about our work.

Rituals and rites of passage

I began thinking about the routines and rituals we had established in the program. The routines and rituals that are referenced in the ARC model (Kinniburgh, et al., 2005) are very much opportunities for small definitional ceremonies (White, 2007). I thought about the daily rituals of 'community check-in' in the morning, when we share how we are feeling that morning and set a goal for the day, and 'happies and crappies' in the evening, sharing a highlight and a challenge from the day. For me personally, a ritual for each shift would be to walk in the door and go to say hello to each young person and colleague. The rituals in place were centred on practices of welcome and were encouraging of connection, but the program seemed to lack a ritual to mark the end of a person's time in program. Because of the fast-paced and constantly changing dynamics of the program, it was hard to know in advance when a person

Figure 1: The initial gratitude tree after about one month and after about 1.5 years

might be discharged. Sometimes they would go on a home visit and decide to begin their home transition, so they did not come back to the building at all before their discharge. This made it difficult to find meaningful ways to mark the end of a person's time in the program. Before I began on this narrative journey, my colleagues and I did an ad hoc group activity about gratitude, as this had been a theme we were working on with that particular cohort of young people. We decided to create a gratitude tree on the wall. Together with the young people, we made a tree trunk out of construction paper, and created leaves that recorded things that we were grateful for (see Figure 1, previous page). We decided to leave the tree up so the participants could add to it throughout the rest of their stay. The tree ended up staying on the wall for over a year-and-a-half. As new people came into the program, they would often ask about the tree, and ask if they could add to it as well. This construction-paper tree was a seed that grew to be forest.

The forest of connection

My team leader and I had discussed how great it would be to make the gratitude tree a permanent fixture on our wall. Together, myself and those in the program who chose to help painted a new tree on to the dining room wall. It was officially named the Tree of Gratitude. We kept and re-hung as many of the original gratitude leaves as possible, and then added some new ones of our own. Young people have added leaves with words like: 'my mom', 'the program', 'my dog', 'the food in program', 'video games', 'being gay', 'friends' and 'nice weather'. On the wall beside the Tree of Gratitude we hung a framed a picture of the original tree along with an invitation to continue adding to the new tree to help it grow.

In addition to the Tree of Gratitude, I wanted a way to honour the participants' insider knowledge (Epston, 2014), and allow them to share this knowledge with each other. The obstacle I ran into was how quickly young people can come in and out of the program. Inspired by David Epston's Anti-Anorexia/Anti-Bulimia League and his work on archiving (Epston, 2001), wherein he would collect insider knowledge to share with others facing similar difficulties, I created the Tree of Gifts.

At any point in a young person's stay, they might notice a gift on the tree that holds particular significance or resonance for them. They then get to take that gift off the tree; however, they must also give a gift back to the tree at some point in their stay, passing along the gift

they received by sharing one of their own. The gifts on the tree are small, wooden ornaments hand-decorated with a skill, message or other significant learning that a previous participant in the program has made. The young people keep these ornaments with them as
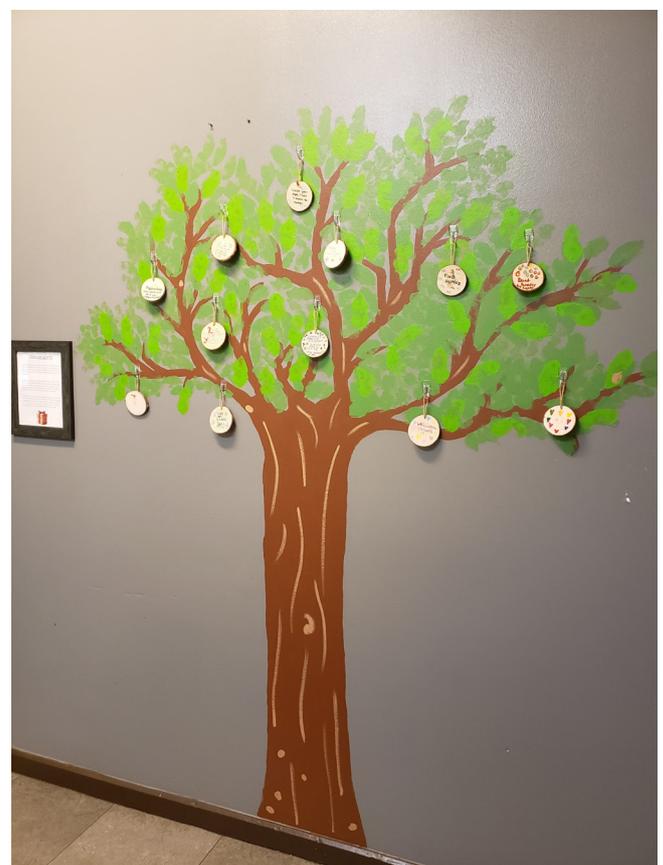

Figure 2: The Tree of Gratitude

Figure 3: The Tree of Gifts

they go through the program and back to their lives, and they can serve as a means of connection among participants. Adding to the tree has become a rite of passage (White & Epston, 1990). This ritual positions the young person as being able to provide support to a future participant in a similar situation to their own, thereby reifying an identity story that includes skills and knowledge in facing challenges. Some of the gifts that have been hung on the Tree of Gifts include:

- Learn to forgive and forget, and also to let go when needed

- Every day is a new day

- This message shows you matter.

The Tree of Gifts also includes the thumbprints of all the staff and young people who were involved in helping to create the forest.

Finally, I wanted to find a way to honour the ways participants had made it to this point in their lives and the challenges they had overcome. Often, the message that young people in settings like ours receive is that their behaviours are 'challenging' or their coping skills are 'maladaptive'. These words are code for *wrong*. My intention with this final tree was to create a space to complicate these stories of wrongness.

Figure 4: A Stump to Leave Things Behind

This tree became a stump because the idea of an old stump, no longer growing but still useful, felt resonant with the idea of leaving behind things that no longer serve us. When a participant identifies skills, habits, knowledges or behaviours that are no longer helpful to them, they can safely leave those things behind by writing them on a piece of paper and putting them into the Stump. This act helps to remove the negative labels of 'challenging behaviour' or 'maladaptive coping' by acknowledging that these skills or behaviours have enabled them to survive until that point, and to say 'thank you' to those skills. Although these notes are by default confidential, if the young person chooses to share what they dropped into the Stump, this ritual can also open up space to explore what was absent-but-implicit (Freedman, 2012; White, 2000) in those skills or behaviours, and how they helped the young person to remain in touch with what was important to them. Additionally, leaving something behind in the Stump also can act as a rite of passage by allowing the young person to define for themselves a new identity story that is not defined by the behaviour that is no longer serving them.

This forest grew out of my desire to reflect all of what I had learnt about the program since I had started applying a narrative practice perspective. I wanted a way to honour the gifts of learning, knowledge, skills, connection and gracious sharing that I had experienced from the people I worked with (the young people, their families and my colleagues) in a way that enabled ongoing contribution (Denborough, 2008, 2018). I chose for the forest to grow in the dining space, where we gather and connect most often, and where rituals most often took place. My hope was that this forest might begin to address the gaps in gift-sharing between staff and participants, and among the young people, as well as bringing us a step closer to having a discharge ritual.

Conclusion

This paper has focused on my journey of learning about narrative practice and incorporating it into my work as a counsellor in a residential mental health program. I outlined some of the ways I identified invitations to introduce narrative practices, planting seeds that continued to grow and evolve my work. My hope in sharing has been to highlight one example of how narrative practice can be incorporated into a residential treatment setting, and to shed light on what I found to be the most difficult parts of the process of shifting to narrative-focused practices. It is important

to acknowledge that my learning did not occur in isolation. It was only through joining with other narrative practitioners and colleagues who held different worldviews to my own that this learning was possible. The metaphor of planting seeds will continue to be an experience-near description of my work. I have since moved on to a different role in my agency, so in the spirit of the Forest, I will end with my contributions to each tree:

- I am grateful for the support of my colleagues and management, which allowed me to continually try new things in my work, and I am grateful for the amazingly resourceful and articulate young people I worked with, who taught me new lessons each day.

- The gift I will take with me into my new role is the metaphor of planting seeds. I will continue to plant seeds of learning and new growth, not only for the people I work with, but for myself as well. The gift I leave behind are the seeds that I have planted, like the forest, which now belongs to the program and can grow and change alongside it.

- I am leaving behind a lack of confidence in my work and worry about 'getting it right' to make room for curiosity and walking alongside the people I work with.

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