Tree of Life: A Tool for Therapeutic Growth?

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This paper presents a review of the Tree of Life (ToL) — a strengths-based tool rooted in narrative therapy — as an intervention for children and young people (CYP). Originally developed to support vulnerable young people in Zimbabwe, ToL is now used to support children and adults in many countries and contexts across the world. This paper discusses key aspects of the tool, evaluates the evidence base of ToL with young people, shares the views of CYP and parents, and suggests implications for schools and educational psychology practice in the UK.

Keywords: Tree of Life, trauma, narrative therapy, school, group intervention

Introduction

Social, emotional and mental health (SEMH) is a steadily growing area of primary need identified on Education Health Care Plans in England (Department for Education, 2019), and children and young people's (CYP) mental health has received greater focus in the UK in recent years (for example, the Government's green paper *Transforming Children and Young People's Mental Health Provision* (Department of Health and Social Care & Department for Education, 2017)). Despite this, in practice, SEMH needs are perhaps the least understood (Department for Education, 2016; Ko et al., 2008). SEMH needs can vary in presentation and cause but can be underpinned by trauma (Ko et al., 2008), for example for refugees who have been displaced, or CYP with attachment disorders or those in care. Dealing with trauma is important for success, both personally and academically (Ko et al., 2008). Consequently, schools need to know how best to support CYP in ways that are not only evidence-based but also feasible and manageable for them.

Tree of Life

Tree of Life (ToL) purports to support CYP who have experienced trauma and help them develop a sense of belonging, or connectedness, through its collaborative nature (Regional Psychosocial Support Initiatives [REPSSI], 2016). A version of ToL was first published in 1984 by Anne Hope and Sally Timmel (REPSSI, 2016), before being expanded and developed further by Ncube and Denborough to support vulnerable children who had been orphaned by HIV/AIDS in Zimbabwe (Ncube, 2006).

ToL is delivered as a group intervention. Kolb (2012)

reports that the "Regional Psychosocial Support Initiative (REPSSI) manual suggests that between eight and twelve individuals participate in [ToL] with a number of facilitators" (p. 6). Ncube first delivered ToL in the Masiye Camp: a camp for disadvantaged young children, many of whom had experienced significant trauma or loss. Since then, ToL has been delivered in a range of settings, including schools (German, 2013; Hughes, 2014), residential settings (Hirschson et al., 2018) and clinical settings, such as child and adolescent mental health services (CAMHS; Brown et al., 2016).

ToL is considered a strengths-based intervention which utilises metaphors and questioning to encourage story-telling and community connectedness (Lock, 2016). ToL is rooted in positive psychology: story-telling is intended to be empowering and contains elements of hope, strength and shared values (Lock, 2016). ToL consists of a four-part process.

1. Drawing the Tree

Individuals are tasked with drawing a tree where each element represents a part of their life; that is, the **roots** represent where the individual comes from (origin, ancestry, culture), the **ground** represents their place of residence, the **trunk** represents their skills, the **branches** represent their hopes, dreams, and wishes, the **leaves** represent important people, and the **fruits** represent gifts they have received (Lock, 2016; Ncube, 2006; Parham, 2019). Dyurich and Oliver (2019) added **compost or trash pile** as a metaphor for incidents that individuals wish to leave in the past or to no longer be defined by.

2. The Forest

The trees are united into a forest (Ncube, 2006; Stiles et al., 2019); each individual shares their tree, and the group witnesses their story. The group may comment on aspects they appreciated from the individual's story (Parham, 2019)

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or discuss similarities and differences between their trees (Dyurich & Oliver, 2019; Jacobs, 2018).

3. Storms

The group discusses and shares the challenges they experience, how individuals have responded to previous challenges and how this might help them in the future (Parham, 2019). During this part, it is important to encourage a collective voice amongst the group (German, 2013).

4. Celebration and Certificates

Personalised certificates are awarded to individuals; these detail important aspects of their tree story and highlight the contribution they have made within the group (Parham, 2019; Stiles et al., 2019). It also reaffirms participants' skills and strengths (Jacobs, 2018).

Limited peer-reviewed research has explored the efficacy of ToL (Henly, 2019; Lock, 2016; Stiles et al., 2019): this critique aims to explore the psychological underpinnings of ToL, evaluate the existing evidence-base of the intervention as a therapeutic tool for CYP and suggest implications for educational psychologists (EPs).

Psychological Underpinnings

ToL is underpinned by concepts of collective narrative practice (Lock, 2016; Ncube, 2006; Stiles et al., 2019). The narrative metaphor suggests that, as in novels, individuals experience life by focusing on the main narratives of stories they experience (Dyurich & Oliver, 2019). Stories are socially constructed and are influenced by culture, society and relationships (Dyurich & Oliver, 2019; White, 2005). Narrative therapists are adapting and developing ideas and practices to support communities where trauma has occurred; often this approach gives individuals the opportunity to both be heard and valued within their community, and to seek support from others (Combs & Freedman, 2012). Furthermore, narrative therapy gives individuals the opportunity to consider and cultivate alternative stories of self (Lock, 2016).

Storytelling and artistic expression through drawing are considered inclusive (German, 2013), flexible, creative and culturally universal (Stiles et al., 2019); this makes them applicable and useful in narrative expressive therapies across a range of communities. Stiles et al. (2019) noted that key components of narrative expressive therapies include: letting individuals be the experts in their own lives, separating problems from the individual, assuming that individuals have skills which can be utilised to allow them to heal, encouraging a "collective collaborative process" (p. 7), encouraging re-authoring of individuals' lives, freeing individuals from the challenging influences of their stories, and being culturally sensitive. Psychotherapy sessions additionally need to

be structured to contain trauma and distress (Hirschson et al., 2018).

Each part of the ToL activity is underpinned by a narrative intention (Parham, 2019).

1. Drawing the Tree

This part of the approach enables individuals to rediscover themselves and recognise that they have agency and story-naming rights for their lives (Dyurich & Oliver, 2019; White, 2005). Often individuals are defined by what they have been through; narrative language terms this a "thin description" (Jacobs, 2018). Drawing the tree helps individuals "thicken" or enrich their stories, and highlights aspects of their life which may otherwise be overlooked due to the problems that are typically identified or focused on (Parham, 2019; Stiles et al., 2019). Once an individual has reconnected with their whole identity, including the positives, then they are able to think about problems without the risk of re-traumatising (Ncube, 2006). The focus on the positive aspects of individuals' lives additionally provides a good example of the application of positive psychology within ToL.

2. The Forest

The group together bears witness to the new story created by each individual; this serves to validate alternative stories (Parham, 2019; White, 2005). Additionally, the collaborative process of sharing gives individuals confidence in their choice of preferred narrative (German, 2013); however, witnessing the stories of others can be overwhelming (Henly, 2019).

3. Storms

Externalising conversations support individuals to objectify problems (Jacobs, 2018; White, 2005): by recognising that problems are not their fault, individuals are able to use their experiences and knowledge to think about ways to address future problems (Jacobs, 2018; Parham, 2019).

4. Celebration and Certificates

Honouring and recognising individuals' efforts through a celebratory ceremony provides an additional forum for validation of alternative stories and thus evidences therapeutic outcomes (Brown et al., 2016; Parham, 2019).

The creative and expressive nature of ToL is considered inclusive (German, 2013); thus it can be used to obtain the voice of the child (Department for Education & Department of Health, 2015; Lock, 2016). Furthermore, ToL has often been argued to be a more culturally-appropriate tool than alternative approaches (Hughes, 2014; Stiles et al., 2019). Each of the aspects of the Tree is universal to humans across the globe, and drawing the tree overcomes the cultural stigma

which may be associated with self-disclosure in some communities (Stiles et al., 2019). Additionally, rather than over-emphasising the vulnerability and negative discourses which may surround individuals and overtake their sense of social identity, ToL is said to be empowering (Hughes, 2014). Furthermore, it not only utilises but also draws strength from the social and cultural norms of community and support in places like South Africa (Hirschson et al., 2018).

However, it has been suggested that this community-based source of strength (often seen in developing countries) is less prevalent in communities such as the UK, where it is more common to hear of problem-oriented talk (Brown et al., 2016). Therefore, the cultural relevance and generalisation of ToL for indigenous CYP in the UK (e.g., those in care who may benefit from this therapeutic approach to manage their experiences of trauma) may be open to criticism. However, Brown et al. (2016) found that narrative approaches were welcomed within NHS settings, despite appearing counter-cultural. Furthermore, as ToL has not been evaluated in such indigenous populations, it is unknown whether the collabo-rative and community-focused aspect of it would be a barrier or if it would give such CYP a group within which to belong. This is by no means a critique of ToL, as it was developed for use with non-western populations; however, it may be some-thing to consider, particularly as ToL may have benefits for CYP affected by trauma or adverse childhood experiences in the UK.

Evidence Base

Literature Review

An initial scoping search was carried out using Google Scholar for references to "Tree of Life". This revealed a re-cently published review paper (Lock, 2016); however, a fur-ther search on Google Scholar filtering for articles published since 2016 resulted in sufficient results to warrant an update to the review and to include a critique of its efficacy as an intervention for CYP and parents.

Key search terms were identified using the "PICOS" framework (see Table 1) and were inputted into EBSCO Host to search the PsychINFO database. This resulted in 24 re-sults; one was written in French and was subsequently ex-cluded. Results were filtered, upon reading the abstracts, based on relevance to CYP, leading to a total of six papers. Google search, contacting authors and the REPSSI website were then utilised to expand the literature base and resulted in a number of additional papers and theses being identified. In total, thirteen papers (see Appendix for a description of the papers) have been discussed in this critique due to their relevance to CYP in educational settings.

Although peer-reviewed evaluation of ToL is limited, it has been explored in various school-related populations, in-cluding children in a north London school (German, 2013);

Table 1

PICOS Search Terms

	Search Terms
Population (P)	child or children or young person or adolescent or teenager or youth or young people or pupil or student
Intervention (I)	"Tree of Life" (in the abstract)
Comparison (C)	N/A
Outcome (O)	N/A
Setting (S)	N/A
Additional Terms	NOT biology

unaccompanied asylum-seeking children (UASC) in the USA (Stark et al., 2019), Norway (Kolb, 2012) and Greece (Jacobs, 2018); adolescent refugees (Elhassan & Yassine, 2017; Schweitzer et al., 2014); AIDS-orphaned adolescents in South Africa (Hirschson et al., 2018; Ncube, 2006); par-ents of ethnic minority children with special educational needs and/or disability in London (Rowley et al., 2020); and Afghan mothers of children in Camden (Hughes, 2014). The studies conducted have included theses, action research, case studies, experimental studies and mixed-methods designs.

Around half of these studies explored ToL within refugee populations; as Ncube intended, these have shown cultural appreciation. For example, Elhassan and Yassine (2017) used the religious significance of trees to introduce ToL to eight young refugee women aged fifteen to seventeen in Australia. On the other hand, Jacobs (2018) made adapta-tions based on the comments of the eight boys in her study; as it was culturally appropriate to maintain modesty, they gave each other feedback on talents and skills. Furthermore, Hughes (2014) found that delivering ToL in schools sup-ported parental engagement, as it was viewed as educational rather than connected with mental health; given the cultural stigma of mental health, this finding is important for provid-ing CYP with necessary therapeutic support (Hughes, 2014; Jacobs, 2018).

Outcomes

Although more rigorous outcome measures were not ob-tained, qualitative feedback in Jacobs's (2018) study high-lighted an increased sense of belonging with peers and staff in addition to a changed perspective amongst participants of their difficulties. A similar finding was reported in Hughes' (2014) study of nine mothers and an unnumbered group of refugee adolescents in London, as well as in Schweitzer et al.'s (2014) case study of Mariam, a fourteen-year-old Liberian in Australia. By contrast, Kolb's (2012) study of

UASC supported in school through ToL following their arrival in Norway found that only one of the seven participants expressed that he may seek help from members of his ToL group, suggesting that a sense of connectedness had not been established in this particular study. Although it would be expected that ToL would increase belonging (Lock, 2016; REPSSI, 2016), it is possible that connections were not sustained in this case as narrative work might not have been supported outside of the group (Brown et al., 2016) or due to a lack of time spent with their ToL group outside of the sessions. It may be valuable to evaluate ToL delivered to a mixed group of CYP including both indigenous and refugee members (Kolb, 2012); this might improve sense of belonging within the wider school community.

ToL has also been evaluated in UK populations, including seven children within a CAMHS setting who were transitioning to secondary school (Brown et al., 2016) and a class of 29 year-five pupils (German, 2013). Brown et al. (2016) used a subjective self-report scale, whereas German (2013) used the Self-Concept subscale of Beck Youth Inventory Scales II (BSCI-Y) to measure self-esteem, and conducted individual semi-structured interviews with pupils, before and after the eight-session intervention. A repeated-measures t-test found BSCI-Y scores increased, $t(28) = -5.06$, $p < .001$; however, no effect size was reported. Furthermore, Stiles et al. (2019) argued that the lack of a control group in German's study makes it difficult to compare intervention effects. Despite being a mixed-methods study, German's interview guide used many closed questions, and open-ended questions were not analysed using any formal method.

Fidelity and Measurement

Reviews of the use of ToL with CYP (Lock, 2016) and within a paediatric context (Henly, 2019) have concluded that studies lack generalisability due to small participant numbers and variations in how ToL was facilitated. Similarly, the studies discussed in this paper report varying applications of ToL: Elhassan and Yassine (2017) conducted four whole-day sessions at school and invited guest speakers; Hirschson et al. (2018) had eleven group-psychotherapy sessions and used other arts-based methods as well as ToL; Brown et al. (2016) ran a six-week intervention, and German (2013) ran 90-minute sessions and omitted the forest session. This may be due to the lack of access to the practitioners' guide, which is made available only when individuals attend training (Stiles et al., 2019). In the research for this critique, an email was sent to Ncube requesting more details about the method for carrying out ToL. However, the reply received suggested that attending training is the only way to obtain this information. Although no accessible manual seems to exist[1], many adaptations of the four-part process have been described in the literature. Consequently, the evidence base has not evaluated one single version of ToL, making it diffi-

cult to make comparisons or determine efficacy within populations (Henly, 2019; Stiles et al., 2019). The requirement of attending training to receive the practitioners' guide may serve to maintain intervention fidelity; however, adapting the ToL approach may support intervention ownership (Brown et al., 2016) and consequently commitment to delivery (Annan et al., 2013).

Furthermore, the majority of studies obtained informal feedback from participants, with only Hughes (2014) using teacher-reported measures (although it was unclear what these were). Objective outcome measures (and indeed their very use) varied greatly, thus making it impossible to evaluate effectiveness (Henly, 2019); only German (2013) utilised a validated scale. Interestingly, despite claims of ToL increasing connectedness, none of the researchers objectively evaluated whether participants' sense of belonging increased. Hughes (2014) argued that standardised measures were inappropriate for the strength-based nature of ToL as they focus on measuring symptom reduction; however, many validated measures of positive constructs exist: for example, scales of wellbeing (Warwick–Edinburgh Mental Wellbeing Scale; Tennant et al., 2007), life satisfaction (Students' Life Satisfaction Scale; Huebner, 1991) or belonging (Goodenow, 1993). However, it could be argued that these are still based on western ideas of successful interventions (Azar, 2010; Hughes, 2014; Stiles et al., 2019). Despite this, objective measures of efficacy are valuable in research; perhaps Stiles and colleagues' Roots and Wings Questionnaire (2019) could be a promising measure due to its alignment with the ToL goals. The Roots and Wings Questionnaire consists of scales measuring resilience, hope, acculturative stress, emotional problems and prosocial behaviour. In addition, the scale assesses trauma and depression non-verbally using the Tree Test (originally created by Baum, 1949, as cited in Le Corff et al., 2014) and uses a qualitative method to explore young people's perceptions of friendship and belonging. The Roots and Wings Questionnaire, therefore, offers quantitative evaluation whilst maintaining cultural sensitivity.

Obtaining the Views of Children and Parents

Qualitative methods used across the studies have remained sensitive to context (Yardley, 2000) and have remained true to the social constructivist nature of narrative therapy (Madill et al., 2000; Parham, 2019). Evaluations of adolescents' views on ToL have utilised discourse analysis (Hirschson et al., 2018; Kolb, 2012) and content analysis (Stark et al., 2019). These have typically maintained transparency and described analysis in sufficient detail to replicate (Yardley,

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[1]Schweitzer et al. (2014) reported using a manualised version of ToL; however, despite efforts made to contact the authors, it was not possible to obtain or view a copy of this.

2000), although in the Hirschson et al. (2018) study it was unclear which data was analysed. Hirschson et al. (2018) had eight data sets from eleven group sessions, including session transcripts and observations, personal reflections, the ToL drawings and a graffiti wall, thus making it difficult to replicate their analysis. Variations in rigour of methodology and value of findings are present in the existing literature. For example, to explore the views of parents, Rowley and a parent co-researcher (Rowley et al., 2020) used thematic analysis to generate three main themes from their focus group: sharing, self-awareness and change. In contrast, Hughes (2014) obtained verbal feedback which was only reported verbatim.

In addition, when conducting research with participants who speak English as an additional language, language barriers have to be considered carefully (Hughes, 2014; Kolb, 2012; Stark et al., 2019). Many of the studies used interpreters; this presents a number of challenges, including competency, bias and translator power (Kolb, 2012), and difficulties with validating responses (Stark et al., 2019). Language barriers and limited access to participants resulted in Stark et al. (2019) relying on a case worker to check if their interpretations were accurate; consequently, conclusions drawn should be treated with caution.

Despite these criticisms, the use of a creative drawing activity has enabled ToL to facilitate the identification of individual strengths and resources (Stark et al., 2019). Hughes (2014) reported that initiating discussions about strengths and resilience without triggering feelings of shame consequently facilitated easier discussions about difficulties. Young people taking part in ToL were also able to offer support to each other, by creating shared solutions to everyday problems (Hughes, 2014) and by sign-posting and advising on the safety of formal support and services (Elhassan & Yassine, 2017). Furthermore, although objective measures of efficacy are limited, many of the studies discussed in this critique have noted positive participant feedback. On average, students in German's (2013) study rated their enjoyment nine out of ten. Similarly, Brown et al. (2016) concluded that most of the children had enjoyed the ToL group and found it helpful.

Additionally, ToL may support the development of improved student–teacher relationships: the celebration session allows witnesses to understand and view CYP within their preferred self rather than as a problem (Hughes, 2014; White, 2005). As well as developing an understanding of the narratives and histories of refugee students, Hughes hoped that this would encourage changed responses from teachers.

Research obtaining parental views highlighted the importance of engaging with parents to support them as well as their children (Hughes, 2014; Rowley et al., 2020). Both studies reported that parents felt connected through shared experiences, developed increased self-awareness and a strengthened identity, and that improved parental wellbeing led to better outcomes for their children. Once the mothers in Hughes' study had completed their last session, they asked for additional sessions to discuss strategies to support their children. This indicates that supporting parents can be an important precursor to supporting their children; "it actually opened my eyes, like, how I have to deal with it myself first, and then I'll be able to help my daughter" (Rowley et al., 2020, p. 9).

While the majority of research has been conducted with ethnic minority groups, the therapeutic nature of ToL shows promise for use with CYP dealing with trauma-related SEMH needs in UK educational settings. Despite this, further evaluative research is required to establish ToL as an evidence-based practice. These should utilise larger sample sizes, validated and objective measures, and control groups. Furthermore, ToL could be explored with indigenous CYP who have encountered adverse childhood experiences.

Summary and Implications

To summarise, ToL is an inclusive, creative and adaptable strengths-based approach for CYP affected by trauma. ToL is based upon the principles of positive psychology and collective narrative practice. The theoretical underpinnings are sound and evidenced through the research. ToL has been used with various populations. Much of the evidence is qualitative, descriptive and has explored its use in ethnically diverse populations. This evidence is promising, indicating positive impacts for CYP's sense of belonging, as well as supporting CYP to re-author their stories and to move beyond the problems of their past. However, ToL requires more extensive empirical evaluation (Stiles et al., 2019). Consequently, ToL could currently be described as an evidence-supported approach.

ToL has been used effectively as an intervention in diverse populations. Several adaptations exist and have drawn similar conclusions; this makes ToL very convenient for use in schools. Furthermore, as schools do not hold the same negative cultural connotations as mental health settings or clinics, they may be well-placed to deliver therapeutic interventions for CYP dealing with trauma. This would also enable schools to organise groups with CYP who have been affected by trauma and those who have not; this may promote a greater sense of belonging across the school context. ToL can also be used within schools to support parental wellbeing. However, EPs could encourage staff to attend Ncube's training to understand the narrative underpinnings and therefore use ToL most effectively. In addition to being used as a therapeutic tool in schools, ToL could be used by EPs as an assessment tool to hear the "voice of the child" (Lock, 2016) — to understand their experiences, strengths and dreams, and consequently inform future work.

Supporting CYP's emotional development is important

given the increase in identification of SEMH needs (Department for Education, 2019). ToL is an adaptable and culturally sensitive approach, making it suitable for use across UK schools. Whilst the evidence base is limited, findings indicate that ToL is a promising therapeutic tool. Future research should focus on evaluating the efficacy of ToL more rigorously so that it can be best utilised to support CYP affected by a range of SEMH needs.

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Appendix

Description of the Studies Included in the Critique

Authors	Date	Sample	Brief Summary
Brown et al.	2016	CYP	Quantitative study in a CAHMS setting with children transitioning to secondary school
Elhassan and Yassine	2017	CYP	Qualitative study with young, refugee women in Australia
German	2013	CYP	Mixed methods study with primary school children in London
Henly	2019	CYP	Systematic review of ToL in paediatric settings
Hirschson et al.	2018	CYP	Qualitative study with HIV/AIDS-orphaned adolescents in Johannesburg
Hughes	2014	CYP and adults	Mixed-methods study with refugee adolescents in secondary school and refugee mothers from Afghanistan
Jacobs	2018	CYP	Qualitative study with young, UASC boys in Greece
Kolb	2012	CYP	Qualitative study with UASC adolescents in Norway
Lock	2016	CYP and adults	Review of ToL with CYP and adults
Ncube	2006	CYP	Action research with HIV/Aids orphaned children in Zimbabwe
Rowley et al.	2020	Adults	Qualitative study with ethnic minority parents of children with SEN
Schweitzer et al.	2014	CYP	Qualitative case study of a refugee adolescent in Australia
Stark et al.	2019	CYP	Qualitative study of adolescent UASC in the USA