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# The STRONG Resiliency Program for Newcomer Youth: A Mixed-Methods Exploration of Youth Experiences and Impacts

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# The STRONG Resiliency Program for Newcomer Youth: A Mixed-Methods Exploration of Youth Experiences and Impacts


## Abstract

Many refugee and immigrant youth face significant adversity, pre- and post-migration, as well as during their migratory journey. Although these youth demonstrate considerable resilience, there is also an opportunity to bolster coping skills and adjustment with group-based interventions in schools. We utilized a mixed-methods approach to describe the impacts of one such program, as experienced by youth (n=19). The program is a ten-session strengths-based resilience intervention that promotes relaxation skills, healthy coping, communication, and problem-solving. There is also one individual session focused on helping each participant share their journey narrative. Youth from six intervention groups participated in this study through completing pre- and post-intervention surveys and focus groups. Our qualitative results identified a high level of acceptability among youth. Perceived benefits included improved coping and relaxation strategies, increased confidence and trust, increased peer connectedness and belongingness, benefits of sharing and exchanging stories with peers, and increased knowledge in the Canadian context. Youths' scores on resilience and use of STRONG skills increased significantly from pre- to post-intervention, but there was no change in school connectedness scores. We discuss the convergence between qualitative and quantitative findings and highlight some of the areas that were only evident in focus groups. Youth made minor suggestions for program improvement. Based on this small pilot, a resilience intervention resonated with newcomer youth and helped them foster their strengths.



## Keywords

resilience; cognitive-behavioral; strength-based; sociotherapy; refugee; youth; adolescence

## Cover Page Footnote

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## Authors

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The number of newcomer students in Canadian schools has increased substantially in recent years, in part due to the government's refugee settlement initiative to support refugees during the Syrian crisis. The departmental records of the Immigration, Refugees and Citizenship Canada show that between January 2015 and March 2018, nearly 100,000 refugees resettled in Canada, and among them, 42.7% were under age 18 (The Child and Youth Refugee Coalition, 2018). These statistics also stress that many of the newcomer [1]students in our schools currently have experienced multiple adversities and trauma and may continue to be at risk of facing additional adversities once resettled in Canada (Ellis, Murray, & Barrett, 2014). As one of the first institutions with which newcomer youth come into contact, schools have a unique opportunity to support children and youth's development in all domains. There is an urgent need to develop and implement school-based supports and interventions to enhance our newcomer students' transitional experience in schools, but also to promote their resilience and address their psychosocial needs (Forrest-Bank, Held, Jones, 2019; Frounfelker et al., 2020)

Refugee and other newcomer children and youth have many strengths, family supports, and experiences that contribute to their resilience (Betancourt & Khan, 2008). Their resilience can foster positive coping and can contribute to improved psychological functioning in the face of adversity and trauma (Murray, Cohen, Ellis, & Mannarino, 2008; Sullivan & Simonson, 2016).

Still, refugee children and youth can be vulnerable to mental health issues due to the intensity and accumulation of stressors and traumatic events that they are exposed to throughout their migration journey (Durà-Vilà, Klasen, Makatini, Rahini, & Hodes, 2013; Fazel, Doll, & Stein, 2009; Lustig et al., 2003; Miller & Rasmussen, 2017). Stressors and trauma before or during migration include separation from family members, direct or witnessed violence, torture, and death of a family member, exploitation, rough living conditions in camps, and forced military recruitment (Durà-Vilà et al., 2013; Murray, 2016). Then, there are post-migration stressors, such as acculturation, language barriers, uncertainty about status, inadequate housing, poor parental mental health, and lack of social supports, which may also considerably increase risks for mental health problems or worsen existing mental health conditions (Durà-Vilà et al., 2013; Saechao et al., 2012).

These stressors and traumas can have cumulative and chronic effects on mental well-being and interfere with day-to-day functioning. Access to interventions to address both immediate psychosocial needs and pre-migration trauma should be an essential component of positive adjustment for refugee children and youth. Importantly, these interventions need to be culturally safe and appropriate and enhance resilience to bolster coping and adjustment skills (Crooks, Smith, et al., 2020; Juang et al., 2018).

While the importance of linking refugee and other newcomer children and youth with mental health supports is well established, research indicates that compared to non-immigrant peers, they are less likely to receive supports and interventions (Bean et al., 2006; Kataoka, Zhang, & Wells, 2002; Vega, Kolody, Aguilar-Gaxiola, & Catalano, 1999). Refugee children and youth face several barriers to accessing care, such as stigma, language differences, lack of transportation, and limited access to mental health professionals and services (Marshall, Butler, Roche, Cumming, Taknint, 2016). Embedding supports for mental health care into settings that newcomer children and youth and families with refugee backgrounds are familiar with and can easily access can reduce barriers and stigma associated with help-seeking (Brymer, Steinberg, Sornborger, Layne,

[1] Consistent with education policy in Ontario, we use the term newcomer to refer to those with both immigrant and refugee backgrounds. Where other researchers specify their participants more specifically, we have used their terminology.

& Pynoos, 2008). Schools are an excellent example of a setting where these supports and interventions can be implemented. In addition to improving access, children and youth spend a significant amount of time in schools. They engage in various interpersonal interactions and participate in different activities, and thus, school settings also offer an ideal environment for the early identification of distress and maladaptive behaviours (Fazel, Garcia, & Stein, 2016; Kia-Keating & Ellis, 2007; Sullivan & Simonson, 2016; Tyrer & Fazel, 2014).

**Psychosocial Interventions for Newcomer Youth**

In the area of school mental health, a strong evidence base exists for interventions designed and evaluated to support students following trauma (e.g., Cognitive Behavioural Intervention for Trauma in Schools; Jaycox, 2003; Jaycox, Langley, & Hoover, 2018; Bounce Back, Langley, Gonzalez, Sugar, Solis, & Jaycox, 2015), as well as for interventions to promote and enhance resilience (e.g., PENN Resilience Program; Brunwasser, Gillham, & Kim, 2009). Conversely, there have been few empirical studies of school-based mental health interventions specifically designed to address the complex needs of newcomer students who have experienced significant adversities (Fazel, 2018). For example, a recent review of psychosocial interventions for adolescent refugee youth found very few published studies and noted that the availability of such interventions is both important developmentally, but also an obligation under the UN Convention on the Rights of the Child (Hettich et al., 2020). Of those reported in the literature, many of the mental health interventions for newcomers were developed to support the well-being of refugee youth in school and community settings (Crooks, Hoover, et al., 2020; Murray et al., 2010; Sullivan & Simonson, 2016; Tyrer & Fazel, 2014). Furthermore, many of these mental health interventions for newcomer youth employ cognitive behavioural or narrative strategies to promote resilience, instill coping strategies, and improve overall well-being.

During 2015-2016, the Ontario Ministry of Education asked School Mental Health Ontario (an intermediary organization that supports mental health programming in 72 publicly funded boards) to monitor and address the mental health needs of students arriving in Canadian schools from Syria. School Mental Health Ontario provided resources for schools to promote welcoming and safe environments, as part of a Tier 1 strategy. Over time, it became evident from the requests of mental health professionals in Ontario schools that universal strategies and resources were not sufficient to address the unique and complex needs of many of the newcomer students. Based on these reports, it was established that Tier 2 school-based programming for students who have experienced trauma and adversities was much needed. Within a multi-tiered intervention framework, Tier 2 interventions employ preventative strategies to support students at risk (Fazel, Hoagwood, Stephan, & Ford, 2014).

In line with these considerations, needs in the community, as well as the gaps in the literature, a multidisciplinary team of researchers and mental health professionals developed and implemented Supporting Transition Resilience of Newcomer Groups (STRONG), an evidence-informed intervention for newcomer students experiencing psychological distress. STRONG is the first school-based intervention for newcomer youth that has been developed specifically for a Canadian context. When designing interventions with newcomer youths with refugee backgrounds, researchers and practice leaders have recommended shifting away from trauma-processing as the central psychotherapeutic approach, and towards practices and strategies that foster strength, capacity, and resilience (Murray et al., 2010; Papadopoulos, 2007). It is important that mental health interventions take a holistic, strength-based approach and allow newcomer

youth to acknowledge their inner capacity to deal with their suffering and recognize the external supports that may help them with their psychosocial coping and recovery (Gozdziak, 2004). Accordingly, STRONG is rooted in the understanding that acknowledges the refugee experience within a multi-system, ecosocial framework (Bronfenbrenner, 1992). The intervention framework of STRONG recognizes that the several environmental stressors and supports that newcomer youth encounter in their migration journey shape their mental health and contribute to the presence and intensity of their resulting psychological distress (Crooks, Hoover, et al., 2020).

STRONG is a manualized group intervention, developed to be implemented in schools. STRONG has two manuals, one for elementary students (ages 5-12), and the other one for secondary students (ages 13-18; Hoover et al., 2019). The STRONG program has been piloted in 10 schools by school social workers and psychologists, and the results of this pilot evaluation support its acceptability and feasibility, as assessed by clinicians (Crooks, Hoover, et al., 2020).

The first author of this paper was initially contracted as an evaluator to conduct a process evaluation of the first pilot during the 2017-2018 school year [blinded]. Based on the enthusiasm for the program that was expressed by clinicians, the first author subsequently approached the program developers and School Mental Health Ontario about applying to the national public health agency for funding to pursue further evaluation. This grant application was successful. Thus, the current study was conducted as a partnership between the developers, the implementation team, and our research team. The research questions and outcomes were informed by focus groups with clinicians who worked directly with youth in the initial pilot.

Although clinicians have found STRONG feasible, youth have not yet been included in evaluation efforts. A feasibility evaluation is an important first step before advancing towards more rigorous effectiveness research. Bowen and colleagues (2009) list conditions under which feasibility studies may be necessary, and many of these conditions apply to STRONG. For example, feasibility studies are beneficial when there are few published studies for an intervention, and empirical studies have demonstrated that unique research considerations are needed for the target population. Furthermore, an appropriate focus for feasibility studies is examining the acceptability of an intervention (Bowen et al. 2009).

Program acceptability has been defined as "judgments about treatment procedures by nonprofessionals and consumers of treatment as to whether treatment is fair, reasonable, or intrusive" (Kazdin, 1980, p. 259). The program's process, content, and delivery can all be considered in acceptability evaluations (Pinto-Foltz et al., 2011). Earlier work has demonstrated a high level of acceptability for STRONG from clinicians' perspectives (Crooks et al., 2020), but students' satisfaction or acceptability with the program has not yet been assessed. Feasibility studies can also include utility (or perceived benefits). Ensuring that youth participants find a program both acceptable and feasible to engage with is a critical foundation to establish before undertaking a more rigorous outcome evaluation, particularly for youth from marginalized communities (see for example, Craig & Furman, 2018; Garcia et al., 2010).

## Current Study

The purpose of this study was to explore the experiences of youth participating in the STRONG program and document their acceptability and perceived benefits associated with STRONG. For benefits, we examined whether participation in STRONG fostered growth in resilience and school connectedness in participating youth. Research findings suggest that despite the initial challenges, many newcomer youth eventually adjust well (Betancourt & King, 2008). Importantly, it has been

argued that factors such as resilience and school connectedness are mechanisms that promote personal development and positive outcomes among newcomer youth (Khawaja, Ibrahim, & Schweitzer, 2017). Furthermore, during the initial pilot year, clinicians were asked in focus groups to identify the most relevant areas of growth that should be measured in future research, and these clinicians identified connectedness, resilience, and specific program-related skills as important outcomes to measure.

When working with youth, researchers must use various methods (e.g., surveys, interviews) to fully capture youth perspectives, especially because "children and youth may identify issues and priorities that might not be as evident to adults in the same setting" (Dare & Nowicki, 2019, p.1). Utilizing a mixed method research approach is especially important with newcomer youth for gaining greater clarity on their understanding of constructs such as resilience and psychological coping (Weine, Durrani, & Polutnik, 2014), but also whether their resilience and coping are enhanced by participating in an intervention such as STRONG. Existing quantitative methods largely rely on how the Western world conceptualize these constructs, yet there are cross-cultural differences in how these constructs are understood and expressed (De Anstiss, Ziaian, Procter, Warland, & Baghurst, 2011; Ungar & Liebenberg, 2011). Complementary qualitative approaches invite terminologies, descriptions, and conceptualizations from youth's point of view, that help to develop a fuller understanding of youth's experiences. As such, we worked from a pragmatic mixed-methods framework (Feilzer, 2010; Green & Carecelli, 1997) to answer the following research questions: 1) Did youth find the STRONG program acceptable and enjoyable? and 2) what perceived benefits did youth report? These questions were addressed with a combination of survey and focus group data.

## Methods

### Participants

There were six intervention groups from one school district in southern Ontario, Canada. The groups varied in size, composition, and use of interpreters as shown in Table 1. All of the groups were co-facilitated by two clinicians or a clinician and another school team member (e.g., settlement worker). Groups ranged in size from 5 to 13 youth and included two mixed-gender groups, one group of all males and three groups of all females. Four groups were conducted entirely in English, and two used some assistance from an interpreter.

Consent to participate in the research was obtained for 29 of the 50 youth involved in the pilot groups (58%). Some participants did surveys only, some did the focus group only, and others did both. Demographics for students who completed surveys indicated that there were more females (62.1%) than males, and students ranged from 11 to 20 ($M$ = 16.9, $SD$ = 2.1) years old. Approximately 74% of these youth had been residing in Canada for less than two years at the start of the STRONG program with the largest proportion having migrated from Syria (28%). A total of 17 youth participated in the focus groups, and most of these youth also completed pre- and post-surveys. Youth came from a variety of countries including (but not limited to): Syria, Iran, Iraq, Jamaica, Bangladesh, Cameroon, Ghana, Philippines, Pakistan, and Rwanda.

Table 1. *Focus group information*

| Focus Group | Education setting | Gender | Number of Participants | Participant Pseudonym | Interpreter Present |
|---|---|---|---|---|---|
| 1 | Secondary | Female | 3 | Participant 1<br>Participant 2<br>Participant 3 | No |
| 2 | Secondary | Male | 2 | Participant 4<br>Participant 5 | No |
| 3 | Secondary | Mixed | 2 | Participant 6<br>Participant 7 | No |
| 4 | Elementary | Mixed | 2 | Participant 8<br>Participant 9 | No |
| 5 | Secondary | Female | 4 | Participant 10<br>Participant 11<br>Participant 12<br>Participant 13 | Yes |
| 6 | Secondary | Female | 4 | Participant 14<br>Participant 15<br>Participant 16<br>Participant 17 | Yes |

## Measures

Our team developed a pre- and post- youth survey based on two published scales and a scale developed for this project. Pre- and post- surveys were completed by 19 youth, except the resiliency measure, which was completed by 17 youth. The measures included:

*Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003)*. The CD-RISC is a 25-item scale intended to assess resilience. It includes Likert scale ratings to measure perceptions of personal competence and tenacity (e.g., "I work to attain my goals no matter what roadblocks I encounter along the way"), trust in one's instincts, tolerance of negative affect, and strengthening effects of stress (e.g., "In dealing with life's problems, sometimes you have to act on a hunch without knowing why"), positive acceptance of change and secure relationships (e.g., "I have at least one close and secure relationship that helps me when I am stressed"), control (e.g., "I feel in control of my life"), and spiritual influences (e.g., "When there are no clear solutions to my problems, sometimes fate or God can help"). The CD-RISC showed moderately high internal reliability with our sample ($\alpha = .82$ at time 1).

*California Healthy Kids School Climate Survey (CHKS;* Austin & Duerr, 2004*).* This is a 15-item school climate scale. It includes Likert scale ratings for statements related to school connectedness (e.g.," I feel like I am part of this school"), caring relationships (e.g., "At my school, there is a teacher or some other adult who really cares about me"), school safety (e.g., "I feel safe in my school"), and meaningful participation (e.g., "I do interesting things at school"). The scale had moderately high internal reliability with our sample ($\alpha = 0.86$ at time 1), so the mean of all items was used as a single scale rather than being broken into subscales.

*STRONG skills measure.* Youth also completed a 10-item measure developed by our research team to match the content of the STRONG program. It included Likert scale ratings to reflect their knowledge (e.g., "I understand common reactions to stress") and self-efficacy (e.g., "I can tell the difference between helpful and unhelpful thoughts I have"). The measure was very face valid in that each item mapped onto a particular skill focus from the manual. The internal reliability for the STRONG skills measure was high ($\alpha = .91$ at time 1).

## Procedure

### *Intervention*

The STRONG has ten group sessions, as well as one individual session with each youth. Along with the traditional cognitive-behavioural group processes, STRONG also includes sociotherapy techniques that allow for participants to provide peer support in helping each other to learn and practice strategies, while engaging in individual learning to build and strengthen personal resilience (Crooks, Hoover, et al., 2020). The core components of the program include resilience-building skills, understanding and normalizing distress, cognitive-behavioural intervention skills (i.e., relaxation skills, cognitive coping, goal setting, problem-solving), a journey narrative, as well as parent and teacher engagement tools. The individual session provides youth with an opportunity to share their migration story with the clinician and the clinician helps the student identify strengths that they demonstrated during their journey. During this individual session, students also decide what part of their journey they wish to share with the larger group. The intervention is conducted during school time and is facilitated by a licensed school mental health professional, often with a co-facilitator. More information about the development and structure of STRONG is available in the initial feasibility study (Crooks, Hoover, et al., 2020).

### *Focus Group Recruitment and Procedure*

We recruited focus group participants through the STRONG clinicians. In each school, the STRONG facilitator invited program participants within their school to participate in a focus group. The focus groups took place in a quiet room within the participants' schools. We audio-recorded the focus groups to ensure we captured youths' words accurately. All audio recordings were transcribed verbatim. We have indicated a unique participant identifier for quotes where possible; in six cases we were not confident in identifying a participant from the audio recording and have left those quotes identified only with the focus group and elementary versus secondary.

We conducted six focus groups across five schools (four high schools and one elementary school). Focus groups were conducted in English. Interpreters were present at two of the focus groups; however, only one focus group required the interpreter to translate the questions and answers. We used a series of prepared questions to guide the focus groups, while allowing for flexible discussions. To begin the focus group, the moderator confirmed the voluntariness of participation and assured all data would be kept confidential. After initial introductions, the moderator asked participants about their favourite activity or best memory of the STRONG program, what coping skills they learned, and what could be done to improve the program. The moderator also asked youth whether they would recommend the program to other newcomers, and how they would describe their experience with STRONG to other newcomers. Youth focus groups lasted between 20 and 40 minutes.

*Pre- and Post-Surveys*

Youth completed the surveys the week before beginning STRONG and the week after the program was completed. Surveys were administered in the same place that the groups were held. Students were able to complete English or Arabic language versions of the survey.

*Ethics and Consent*

All evaluation protocols were approved by the University's Non-Medical Research Ethics Board. In addition, the school board provided approval through its external research application processes. Active consent was obtained from clinicians. Youth who were 18 or older provided consent for their participation. Guardian consent and youth assent were obtained for participants ages 11-17.

## Data Analysis

The focus group interviews were transcribed, coded, and analyzed into qualitative themes. Structured coding was used to organize data around two themes that aligned with the research questions (e.g., acceptability and perceived benefits). Within those two major themes, thematic analysis was used to organize and make sense of the data. After reading the transcripts, the second author, assigned codes to any words or speech that was produced by participants: a process called 'in vivo coding' (Saldaña, 2016). This coding was employed to ensure that the data was embedded in participants' voices and experiences (Saldaña, 2016). Next, the in vivo codes were categorized into sub-themes, a process referred to as 'axial coding' (Saldaña, 2016). The reviewing of the transcripts and discussing the coding process with the first author helped to refine the codes and the sub-themes further. Finally, the sub-themes were then grouped together based on similarity; these themes were aligned with participants' insights and the study's aims (Saldaña, 2016). Once the themes were created, the third and fourth author, along with two other colleagues from our research team, reviewed the themes, and provided their feedback and recommendations. Final themes were determined based on this additional input. Engaging in this collaborative process helped to ensure that the qualitative themes were credible and representative of youth's voices. Lastly, paired samples t-tests were performed with quantitative data to examine whether the participant reported levels of resilience, school connectedness, and STRONG significantly changed from pre- to post-intervention.

## Results

Using both quantitative and qualitative sources, the data shows that the STRONG program was highly impactful in enhancing newcomer students' resiliency and coping skills and providing a positive sense of self and belonging in this study. The qualitative findings highlighted student insights and perceived impact of the program that were not otherwise captured through surveys. In this section, our results will be discussed in the context of two broad themes: acceptability and perceived benefits. Within these broad themes, a number of subthemes are presented (Table 2).

Table 2. *Overarching themes, sub-themes, and sub-categories*

| Organizing Themes | Sub-Themes | Sub-Categories |
|---|---|---|
| Acceptability | High level of acceptability | Enjoyed program and its exercises<br>Enjoyed the interactive nature of the program<br>Youth advocating for STRONG |
| | Program improvement | Having more and a variety of games and activities<br>Having more peers<br>Determining better timing for program delivery<br>Having ongoing language support |
| Perceived Benefits | Gained coping and relaxation strategies | Gained coping and relaxation strategies<br>Reduction of stress and problems<br>Learn to self-talk and think positive thoughts<br>Improved management of thoughts-feelings-actions<br>Improved self-regulation<br>Learned to set goals |
| | Increased self-confidence and trust | Increased self-confidence<br>Positive self-concept<br>Increased in trust towards peers<br>Believing in oneself |
| | Increased peer connectedness and belongingness | Increased attachment and bonding to peers within the group<br>Feeling a sense of safety and comfort<br>Feeling welcomed and accepted by clinicians |
| | Sharing and exchanging stories with peers | Sharing personal stories and receiving support<br>Learning of newcomer peers' experiences and challenges<br>Taking lessons from peers' experiences |
| | Increased knowledge of the Canadian context | Learning about Canada<br>Learning about Canada's school system |

## Acceptability

Within the acceptability theme, two sub-themes emerged: high level of acceptability and suggestions for program improvements.

*High Level of Acceptability.*

Across the six focus groups, there was a high degree of acceptability and endorsement for STRONG. Acceptability was related to both the content and activities included in the STRONG intervention, and also the interactive group process. For instance, one youth stated, "Everything, I enjoyed everything [about STRONG]" (Focus Group 1, Secondary Youth), and another said, "I like it all" (Participant 12, Focus Group 5, Secondary Youth). When participants were prompted to discuss the specific aspects of the programming that they found enjoyable, the vast majority of them liked the different types of relaxation exercises that were interspersed throughout the ten sessions. Several participants voiced: "I love or like the exercises." Students specifically liked the deep breathing or imagery-focused exercises (i.e., my calm place, deep breathing), body-focused exercises (i.e., body map, muscle movements), and hands-on-scientific experiments (i.e., temperature experiment). Three students mentioned enjoying their calm place relaxation exercise because it helped them to feel at ease and relaxed. One of the adolescent participants particularly enjoyed this exercise because it allowed her to visualize her family from her country of origin: "…when we do the exercise, it takes me somewhere else and makes me feel really better. I imagine back home in my home country and feeling really good and my family members and all are sitting" (Participant 1, Focus Group 1, Secondary Youth).

In the elementary school STRONG programming, the clinicians adapted the program to include a baking soda and vinegar science experiment to illustrate the relationship between emotions and physical actions or responses. One student liked the experiment because it allowed her to understand the link between these concepts: "when we did the science experiment…[with] the baking soda and vinegar… it was how when your temperature, when you get mad, cause it explodes and it cools down…we did that in the STRONG group" (Participant 8, Focus Group 4, Elementary Youth). Another student echoed a similar response with regards to the gingerbread exercise: "the gingerbread man…whenever you're like scared or like angry at something, you know the parts where you can shivers the leg or something" (Participant 9, Focus Group 4, Elementary Youth).

The interactive structure of the STRONG program encourages students to talk and share their thoughts, feelings, and experiences with other members in the group (i.e., newcomer peers and clinicians). In addition, most of the groups were fairly small (between 5-13 participants), and students were encouraged to lead some of the relaxation exercises, which facilitated engagement and interaction among the students. Many students enjoyed the process of coming together as a newcomer group and merely talking, sharing, and working together within their groups. One child stated: "[My favourite activity] was sharing my thoughts and experiences" (Participant 11, Focus Group 5, Secondary Youth). Another one disclosed: "[My favourite activity was] the discussion and also the teamwork" (Participant 7, Focus Group 3, Secondary Youth).

When youth were asked whether they would recommend the program to other newcomer students, most youth replied "Yes" and "Of Course." One participant even mentioned that he has already been taking about the program to one of his newcomer friends: "My friend is also new [to Canada]. I shared with him some of my experiences here [in STRONG], and I told him this

program is really helpful, so maybe [he] can join next year" (Participant 13, Focus Group 5, Secondary Youth).

*Suggestions for Program Improvements*

When participants were asked how STRONG could be improved for future participants and / or what aspects of the programming they found less interesting, most of the participants could not think of anything they wanted to change. Several replied "nothing" or "there is nothing bad about it," and some replied, "I don't know." Despite the high levels of satisfaction, a number of participants also recommended the inclusion of "more games" and / or having more opportunities to engage with games. For instance, one participant said, "[We want] more games, like more games. We do games at the start of each session. But we didn't do them [throughout each session], so hopefully we be doing more on each of them, that would make it more fun" (Focus Group 1, Secondary Youth). One youth suggested having more variability in activities, "We always do kind of do the same thing every time. I think we want to do something new" (Participant 8, Focus Group 4, Elementary Youth).

Some of the older participants voiced the desire to include more youth in the groups. For instance, one participant stated: "Just like adding more members, more group members [...] there [were] two girls. Well actually [there were] three girls, three guys. Yeah, but two [left] to different school" (Participant 4, Focus Group 2, Secondary Youth). Some of the STRONG groups had only a few participants, and there was also a pattern of inconsistent participation among the participants, which might have increased the risk of isolation in some of groups.

A few participants also voiced disliking the timing of program delivery. For example, one youth stated: "I didn't like one thing, which wasn't about the program, itself. It was about the time and schedule that we were going through. I didn't like the schedule" (Participant 6, Focus Group 3, Secondary Youth). Another participant from the same focus group proposed to run the program during lunch, but then realized that this could not be possible:

> During the lunchtime would work for everyone. No the whole lunch… but it doesn't work because it doesn't work because the program was 45 minutes, so we would have lost all the lunchtime because our lunchtime is 50 minutes, and we couldn't have any time for grabbing some lunch (Participant 7, Focus Group 3, Secondary Youth).

For some of the STRONG groups, English language interpreters were either not provided or unavailable for some of the sessions. In some cases, interpreters were deemed unnecessary for groups because of students' proficiency with English. Or, youth were able to manage the group with some intermittent peer interpretation of specific concepts. However, it is possible that youth who seem conversationally proficient in English might have struggled with comprehension of some of the program concepts. Consequently, youth with more limited English appeared to have encountered challenges with understanding some of the programming content and / or activities. One youth said, "I didn't have interpreter, so I just understood some basic language" (Participant 11, Focus Group 5, Secondary Youth), and another youth stated: "[…] two times, we don't have a translator, and whenever she came, and [clinician] bring an interpreter [that was helpful] (Participant 13, Focus Group 5, Secondary Youth). These youth alluded that having ongoing language support available during the delivery of the STRONG program may be beneficial to youth with limited English language proficiency.

## Perceived Benefits

In this section, we first discuss the quantitative results from the survey data on benefits related to resilience, school connectedness, and coping skills. Followed by this, we summarize five organizing themes from the qualitative data. These sub-themes are: (a) gained coping and relaxation strategies, (b) increased confidence and trust, (c) increased peer connectedness and belongingness, (d) sharing and exchanging stories with peers, and (e) increased knowledge of the Canadian context.

Nineteen youth completed surveys at the beginning and the end of the STRONG program. Comparing self-reported resilience, school connectedness, and STRONG skills at these two time points allowed us to look at change over the course of the STRONG intervention. In Table 3 below, the mean score for each scale is provided for both time points using paired t-tests. The scale items are all answered on a scale from 1 to 5, with higher scores reflecting better adjustment. The increase in resiliency scores from pre-to-post is statistically significant; $t(16) = 2.09$ $p=.05$. The change in STRONG skills also reflects a statistically significant gain; $t(18) = 3.86$, $p=.01$. Both the increase in resiliency and the self-reported acquisition of STRONG skills are consistent with the qualitative data provided by both youth and clinicians. Although school connectedness appears to increase slightly, it is not statistically significant.

Table 3. *Pre- and post-intervention scores on resilience, school connectedness, and STRONG skills measures*

| | Before STRONG | | After STRONG | | | 95% CI for Mean Difference | | |
|---|---|---|---|---|---|---|---|---|
| Outcome | M | SD | M | SD | n | | t | p |
| Resilience | 2.66 | .50 | 2.93 | .61 | 17 | .00 - .54 | 2.09 | .05 |
| School Climate | 3.35 | .65 | 3.53 | .69 | 19 | .22 - .74 | 1.21 | *ns* |
| STRONG Skills | 3.69 | .76 | 4.17 | .44 | 19 | .22 - .74 | 3.86 | .001 |

### *Gained coping and relaxation strategies*

During the focus group discussions, youth discussed gaining a number of different coping and relaxation strategies for managing their thoughts, emotions, and daily stresses. Their reflections converge with the statistically significant increase in STRONG skills identified in the survey data. Seven students noted that the thoughts-feelings-actions approach helped them in understanding the link between their thoughts, feelings, and actions, and some even mentioned using this strategy to manage their emotions (e.g., anger). For example, one adolescent participant explained using the triangle strategy to manage her anger towards her younger brother. She explained:

> Yeah, I used [thoughts-feelings-action coping strategy] once. Because I had a problem with my little brother. I was really angry at him, and I just let him go. So, I started thinking about what I'm doing. I started thinking and it calmed me down. So, my actions came out positive, I didn't do anything that will hurt him. I think it really helped me because calmed my anger down, because when I'm angry I do really crazy stuff. So, it really calmed me down (Participant 14, Focus Group 6, Secondary Youth).

Other youth discussed learning about these strategies through STRONG as well as how they were applying them in their daily life (i.e., home or relationships).

Some participants also reported developing positive thinking styles and attributed that gain to the programming; this gain was mainly voiced by youth in focus group one. For instance, one student stated, "[STRONG] is very helpful. It changes your thoughts" (Focus Group 1, Secondary Youth), and another one declared, "My thoughts are very good and positive" (Participant 2, Focus Group 1, Secondary Youth). One participant reflected on how some newcomers may be prone to engage in negative thinking patterns and how this program helped improve their thoughts. She explained:

> As a newcomer, you have a lot of negative thoughts, a lot of situations with people you don't even know, you've never even met before, you've never been in this community before. But the program is welcoming you and giving you more helpful thoughts and gives you examples (Participant 3, Focus Group 1, Secondary Youth).

As the above quote depicts, some youth liked and appreciated that the program (i.e., clinicians) offered examples and provided ready-to-use handouts with helpful strategies for enhancing their thinking patterns. For example, one youth specifically stated: "…[Clinicians] gave us a sheet of positive words and thoughts you can talk to yourself, and say to yourself, so you can make yourself less stressed and more believe in yourself" (Participant 1, Focus Group 1, Secondary Youth).

Moreover, several participants felt that the deep breathing exercise helped relieve their fear and manage stress. For instance, one youth said: "the deep breathing I do it when I am stressed […] and right after, when I do it, I feel more relaxed" (Participant 1, Focus Group1, Secondary Youth). Similarly, one elementary school student voiced using the deep breathing exercise in situations when she was scared, "When you feel like [you're] scared, you need to like breath and it will help you" (Participant 8, Focus Group 4, Elementary Youth).

One participant felt that the coping skills she gained from programming are very helpful in managing stress and enhancing mental health outcomes:

> I think the coping skills are the most important. OK, we liked the exercises, we liked the program, but the coping skills is what will stay with you forever. Whenever you are in a stressful situation, you will always remember what to do, and what's the word, and what advice they gave to you on how to handle situations, look at it from a different point of view, and how to make yourself stronger (Focus Group 1, Secondary Youth).

*Increased self-confidence and trust*

Participants reported that the group helped them to gain self-confidence and the ability to trust others. Youth reported gaining more confidence and strength in voicing their personal adjustment stories with other members of the group. For example, one adolescent participant discussed how the process of sharing and learning about other newcomers' experiences helped her to gain more self-confidence in communicating about her experiences and challenges, as well as increased her general self-concept and help-seeking behaviour:

> Before this program, I was kind of like shy, not shy, but uncomfortable to share my experience and to discuss about the major problem that I'm dealing with. When I'm saying share them, I mean with people. So, I was kind of like uncomfortable to do that. But after this program, because we talk, we went over everyone's problems, everyone's daily life, and also we discussed about some main issues that our group members had. So, we went over them, and we discussed a little bit about those problems. So, all these helped me to get strength and to be more confident, as well as to be more kind of like, positive, in terms of my strengths […] So that helped me, and that's improved my confidence in terms of sharing, talking, speak out about my problems, and don't keep them inside myself and suffer from that. Because it's a pain when you have a problem and also you don't feel confident to share them with other people because they may be going to help you. Which they did, this program helped me a lot. So I learned to speak out and also to stand up, share my experience, share my problems, and also get some help from those people who are in a position to help (Participant 7, Focus Group 3, Secondary Youth).

Another student alluded to gaining confidence in speaking to other newcomer peers in the program: "In [my] school, I was going away from everyone, like I don't talk to anyone at all, I am always by myself, so when I started coming here [to STRONG], let's say, if I see a student from here I say 'Hi.' At least there is a 'Hi' in there" (Participant 16, Focus Group 6, Secondary Youth).

In connection with increased confidence, the data shows that youth also developed trust towards the peers in the program. For some participants, the program was perhaps one of the initial contexts where they were encouraged to talk about their personal migration experiences and struggles. Working in small groups and the process of sharing thoughts, feelings, and experiences with other newcomers in the group appeared to have fostered trust for some of the participants. For instance, one participant stated, "I really learned a lot about trust" and further added, "I think this program makes us more trust each other, and more getting to know each other. It made us close together more" (Participant 2, Focus Group 1, Secondary Youth). Furthermore, another participant from the same focus group mentioned how the program helped her to build trust in herself, "[STRONG taught me] to more believe in yourself" (Participant 1, Focus Group 1, Secondary Youth).

*Increased peer connectedness and belongingness*

The vast majority of newcomer youth who participated in STRONG identified many positive social and emotional benefits. Newcomer youth felt that the program supported them in connecting them with other newcomer peers, and provided a sense of belonging and safety. Interestingly, several participants perceived the STRONG program as a medium for meeting and socializing

with other newcomer youth. For example, one older youth said, "[STRONG is] a place you can come, enjoy yourself, meet new people, and socialize" (Participant 5, Focus Group 2, Secondary Youth), and another youth added:

> … It's [a place] to like meet new people… not everyone socializes and I guess when you come to this group, everyone is trying their best to like socialize, interact with others, talk to others, participate in activities and all that (Participant 4, Focus Group 2, Secondary Youth).

For some participants, this program also provided a venue for meeting and connecting with peers that came from the same country or cultural background. For instance, one adolescent participant explained: "I am from the same country as him [a peer]. Yeah, Jamaica. So, this group can bring people together from the same country" (Participant 5, Focus Group 2, Secondary Youth).

As youth talked about their experiences, thoughts, and behaviours with one another, they found similarities in their experiences, which in turn fostered a sense that they were not alone on this journey and helped youth to feel more connected to one another. One participant summarized this beautifully, "…there is someone who have the same experience like you. You are not alone there" (Focus Group 1, Secondary Youth). As a result, several youth reported feeling a sense of closeness and attachment to members in the STRONG group. For instance, one participant voiced: "Actually, when I came here, we are like a family together and talking about everything together, like a safe place you can go, especially if you're having lots of problems and stuff… it's like a family place for me" (Participant 16, Focus Group 6, Secondary Youth).

Participants also reported an increase in comfort in talking about their feelings, experiences, and struggles associated with relocating to Canada. For example, one youth stated: "[STRONG is] a place where you feel comfortable sharing things, like your experience to come in Canada. So others who find you like annoying, but here [STRONG] everyone has like witnessed it, these things" (Participant 14, Focus Group 6, Secondary Youth). Similarly, another participant mentioned feeling safe to talk about her feelings: "You feel safe talking about your feelings in the group" (Participant 5, Focus Group 2, Secondary Youth).

The sense of belonging within the program was further enhanced by the caring and supportive clinicians that led the sessions. Participants felt that the program clinicians were generally "nice," "welcoming," and "understanding," which may have further enhanced their sense of belonging and comfort in the program. For example, one youth said, "[Clinicians] are really welcoming. They are such nice people" (Focus Group 1, Secondary Youth), and another voiced, "[Clinicians] are very understanding." During the program, clinicians validated and normalized the youths' experiences and feelings, as well as offered empathy and support, which may have also increased bonding to the clinicians. In general, many of the youth who participated in STRONG felt "welcomed," "accepted," and "not judged" by others within the context of the program.

*Sharing and exchanging personal stories*

Some participants noted that sharing of personal adjustment stories and listening to other students' stories and / or experiences was a particularly positive experience; this theme was mainly apparent in focus group three. One participant from this focus group reported that the process of sharing and listening to other newcomer youth's stories and experiences helped this participant realize that

other newcomers had more challenging journeys, which in turn, helped her not to be so negative on herself. She explained:

> …After this program, because we talk, we went over everyone's problems, everyone's daily life, and also we discussed about some main issues that our group members had […] There is lots of people who have been through lots of problems more than me, even harder than me. So, I shouldn't say 'Oh my God! I am the most miserable person in the universe, God doesn't like me, I'm so unfortunate' (Participant 7, Focus Group 3, Secondary Youth).

This same participant also felt that listening to others' stories allowed her to take important life lessons and apply them to her own life. She stated: "I learned that everyone has a story and when you listen to their stories, you would take some lessons. So, I've done that. I took some lessons from everyone's story during our discussion…"

Another participant valued the aspect of giving and receiving support from other newcomer peers in the group. For instance, he voiced that he liked "helping other people, [and] at the same time getting help from them" (Participant 6, Focus Group 3, Secondary Youth). Moreover, when participants in this focus group were asked how they would describe the STRONG program to newcomer students who were not in the program, two of them explicitly mentioned that they would encourage these students to share their stories and seek out support from STRONG. One adolescent stated:

> If you are having a problem because you just came, for sure you are going to face with some problem, or you already confronted with some problems, so speak up and also go see these people [at STRONG] and share your stories with them. I think it will would help you […] there is some people who would listen to your story and also if you need any help, they would help you (Participant 7, Focus Group 3, Secondary Youth).

*Increased knowledge of the Canadian context*

Interestingly, when participants were asked what they gained from and / or liked about the STRONG program, several of the participants felt that they acquired more knowledge of the Canadian lifestyle and the school system. For instance, one participant stated:" [You] get to learn how Canada is, and the schooling system because they also teach it here [STRONG]" (Participant 14, Focus Group 6, Secondary Youth), and another one said, "[This] group helps you with Canada and helps you with if you're stressed or scared or anything, it just tells you what to do and it just helps you" (Participant 8, Focus Group 4, Elementary Youth). A possible explanation of this unanticipated benefit may be linked to the fact that clinicians encouraged the youth to discuss and talk about their feelings, thoughts, and experiences related to their adjustment to Canada and their new school. These weekly group sessions might have facilitated additional learning on topics related to Canada's culture and the school system.

## Discussion

The purpose of this study was to explore the acceptability and perceived benefits of a new resilience-promoting program for newcomer students from the perspective of youth participants. Overall, the program had high acceptability and youth reported many benefits. The quantitative

findings were small (albeit statistically significant), and the focus group responses strengthened the findings through the addition of youth voice.

Acceptability is an important, but often overlooked, aspect of feasibility in that poor acceptability contributes to high attrition rates or trouble with recruitment. All of the youth involved in focus groups spoke favorably of their experiences with the program. Youth enjoyed the specific activities, but also spoke highly of the nonspecific factors such as coming together to share experiences. Furthermore, the inclusion of youth voice through focus groups presented challenges with respect to literacy, but was also a strength of the research, as newcomer youth voice is often excluded. Our inclusion of focus groups is consistent with a growing call to involve youth in program development and evaluation (Edwards et al., 2016). Furthermore, including youth meaningfully in providing input into programs that involve them can be empowering for youth and foster reflection (Zimmerman, 2000).

Interventions that build on strengths have been identified as critical in reinforcing positive development and improving mental well-being among newcomer youth (Betancourt & Khan, 2008; Causadias & Umaña-Taylor, 2018). Likewise, the strength-based focus of the STRONG program resonated with youth, and participation in the program led to improved skill-based outcomes. In both focus groups and on surveys, youth reported significant gains in coping, relaxation, and problem-solving skills. The development of such strengths is an important focus as there has been a call to move beyond addressing deficits and identify strategies for building positive outcomes and resilience (Frounfelker et al., 2020).

Focus group participants identified improved relationships and connectedness to others as an important benefit of the program. These youth experiences also dovetail with clinicians' perceptions that STRONG provides important relational benefits (Crooks, Hoover, et al., 2020). Supportive and positive relationships are especially important for newcomer youth, and may offer a protective impact against some of the challenges they face (Betancourt & Fazel, 2018; Suárez-Orozco et al., 2009). Furthermore, it was within the context of these supportive relationships that youth were able to share some of their pre-migration experiences and bring coherence to their personal stories. This exploration might help with identity formation, which is an adolescent developmental task that is greatly complicated by experiences of forced relocation (Tummala-Narra, 2014). The focus on connectedness is emerging as an important target for psychosocial interventions for adolescent refugees (Hettich et al., 2020).

Along with personal identity formation, participation in STRONG also appeared to increase youth's social bonding capital. Growth in social boding capital (i.e., social connections) has been argued to be an essential social support mechanism in improving the resilience and well-being of newcomers (Pittaway, et al., 2016). STRONG provided an avenue for participants to meet peers with similar backgrounds and stories. Sharing potentially sensitive information, but in a safe and nurturing environment, likely also contributed to developing trust with other peers, which is a key component to developing strong peer relationships (Xin, et al, 2019). Thus, our findings also stress the benefits of having unique spaces for social bonding in accessible settings for newcomer youth.

Most of the benefits identified in focus groups were also evident with the survey data (if the outcome was measured). In one case (school connectedness), the quantitative data did not identify a statistically significant gain, although youth participants described increased connection in their focus groups. It is possible that the strong and positive sense of connection described by youth and clinicians is limited to the group setting and does not generalize to the larger school community. Indeed, the connections described in the focus groups tended to center on the other

group participants and clinicians, rather than the broader school community. Connections to the broader school community might not be a high priority for newcomer youth, especially for those newly arrived. Other researchers have found that for newly arrived youth, there is a greater desire to develop individual skills (e.g., language competency, coping skills) and build connections with peers at an individual level as opposed to establishing a school identity (Yeh, Okubo, Cha, Lee, & Shin, 2008). It may be that additional peer or classroom-based components might be required to create a whole school approach and change perceptions of school connectedness. School connectedness is an outcome worth pursuing further, since it has a reciprocal relationship with anxiety and depression (Lester et al., 2013), and is associated with a broad range of positive outcomes, including receiving and seeking out supports from their school networks (Twum-Antwi, et al., 2019). Furthermore, school connectedness may play a mediating role between adversity and wellbeing (Liu et al., 2020; Valido et al., 2020).

Lastly, involving youth in the STRONG evaluation study allowed them to reflect on and highlight additional benefits and improvements. For example, our participants provided suggestions (e.g., adding more games, changing the group time) regarding ways in which the experience could be enhanced for future STRONG participants. The participants indicated additional benefits for STRONG, such as the unique bonds they developed with their clinicians and learning adjusting better to their new school in Canada. This feedback about program improvements and additional benefits highlights the need for more interactive activities and other programming aspects (e.g., prioritizing building alliance, group time, and size) that future STRONG clinicians should continue to consider.

*Limitations*

There are several limitations with the current study. The sample size was very small. Only youth aged 11 and older were eligible for the current project; as such, the findings do not capture the perspectives of younger students who participated in STRONG. In addition, the parent consent forms were available in English and Arabic, but not in other languages. Thus, parents who could not read English or Arabic would have been unable to provide consent for their children to participate. Although focusing on youth voice was a strength of this study, inclusion of parent or teacher perceptions of youths' progress would have added a more fulsome picture of the impacts. One potential limitation is that this research was conducted as a partnership between the research team, the STRONG developers, and implementation team, and we are not neutral in our overall view of the program based on the stories that have been shared with us. We guarded against this bias by having someone not directly involved with the grant conduct the focus groups, explicitly asking about ways the program can be improved, and reviewing the codes and themes with members of our larger research group who are not involved with this project. Although two of our survey scales have strong psychometric properties, the STRONG scale was developed for this study and would benefit from further psychometric study once larger sample sizes are available. Finally, the focus groups were conducted in English (although interpretation was available for some of the groups). Consequently, the richness of the qualitative data might have been hampered by youths' limited mastery with the English language in some cases.

While many researchers and practitioners have advocated the need for psychosocial supports and resilience-promoting interventions in schools for newcomer youth, very few studies have engaged youth to voice their experiences with such supports and interventions. The current study used youth focus group and survey data to explore participants' experiences of a school-

based resilience intervention for newcomer students. The program was acceptable to youth, and they identified many benefits. Although this study utilized a small sample size, the findings largely converge with clinicians' perspectives of the intervention (Crooks, Hoover, & Smith, 2020). The intervention appears to be feasible and promising, and thus ready for more rigorous outcome evaluation in the future. Furthermore, the results add weight to the growing consensus that strengths-based approaches are an appropriate direction for promoting wellbeing among newcomer youth (versus interventions focusing heavily on processing trauma).

One important future research direction it the need to look at moderating factors to determine "what works for whom," given the heterogeneity of newcomers in Canada. The experiences of economic immigrants versus refugees are very different, and even within the category of refugee, there are distinctions that have been shown to be differentially associated with demographics and resources (e.g., privately sponsored refugees as a group have more formal education and receive more support post-migration than government-assisted refugees; Immigration, Refugees, and Citizenship Canada, 2019). Moving forward, the school districts are now using a uniform referral form that documents more complete information about background and present circumstances than was available in the current study. Another area that we will be able to assess for fit is required language proficiency, by looking at reported proficiency and different outcomes in English-speaking groups versus interpreter-supported groups. As the roll-out of STRONG continues in Ontario schools and elsewhere, there will be additional opportunities to build on this early research with a more rigorous design and a more detailed understanding of the unique circumstances of students who participate.

## References


Austin, G., & Duerr, M. (2004). Guidebook for the California Healthy Kids Survey. Part I: Administration. 2004-2005 Edition. *WestED (NJ1)*.

Bean, T., Eurelings-Bontekoe, E., Mooijaart, A., & Spinhoven, P. (2006). Factors associated with mental health service need and utilization among unaccompanied refugee adolescents. *Administration and Policy in Mental Health and Mental Health Services Research, 33*, 342–355. http://doi.org/10.1007/s10488-006-0046-2

Betancourt, T. S., & Fazel, M. (2018). Commentary: Advancing an implementation science agenda on mental health and psychosocial responses in war-affected settings: comment on trials of a psychosocial intervention for youth affected by the Syrian crisis - by Panter-Brick et al. (2018*). Journal of Child Psychology & Psychiatry, 59*(5), 542-544. doi: 10.1111/jcpp.12870

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20,* 317–328. http://doi:.org/0.1080/09540260802090363

Bowen, D. J., Kreuter, M., Spring, B., Cofta-Woerpel, L., Linnan, L., Weiner, D., ... & Fernandez, M. (2009). How we design feasibility studies. *American Journal of Preventive Medicine*, *36*(5), 452-457. http://dx.doi.org/10.1016/j.amepre.2009.02.002

Bronfenbrenner, U. (1992). *Ecological systems theory*. London, UK: Jessica Kingsley Publishers

Brunwasser, S. M., Gillham, J. E., & Kim, E. S. (2009). A meta-analytic review of the Penn Resiliency Program's effect on depressive symptoms. *Journal of Consulting and Clinical Psychology*, *77*(6), 1042-1054. https://doi.org/10.1037/a0017671

Brymer, M. J., Steinberg, A. M., Sornborger, J., Layne, C. M., & Pynoos, R. S. (2008). Acute interventions for refugee children and families. *Child and Adolescent Psychiatric Clinics of North America, 17*(3), 625-640. http://doi.org/10.1016/j.chc.2008.02.007

Causadias, J. M., & Umaña-Taylor, A. J. (2018). Reframing marginalization and youth development: Introduction to the special issue. *American Psychologist, 73*(6), 707-712. http://dx.doi.org/10.1037/amp0000336

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and Anxiety*, *18*(2), 76-82. https://doi.org/10.1002/da.10113

Craig, S. L., & Furman, E. (2018). Do marginalized youth experience strengths in strengths-based interventions? Unpacking program acceptability through two interventions for sexual and gender minority youth. *Journal of Social Service Research*, *44*(2), 168-179. https://doi.org/10.1080/01488376.2018.1436631

Crooks, C. V., Hoover, S., & Smith, A. (2020). Feasibility trial of the school-based STRONG intervention to promote resilience among newcomer youth. *Psychology in the Schools,* 1-15. https://doi.org/10.1002/pits.22366

Crooks, C. V., Smith, A. C., Robinson-Link, N., Orenstein, S., & Hoover, S. (2020). Psychosocial interventions in schools with newcomers: A structured conceptualization of system, design, and individual needs. *Children and Youth Services Review*, 104894. https://doi.org/10.1016/j.childyouth.2020.104894

Dare, L. & Nowicki, E.A. (2019). Engaging children and youth in research and evaluation using group concept mapping. *Evaluation and Program Planning*, *76,* 101680. http://doi.org/10.1016/j.evalprogplan.2019.101680

De Anstiss, H., Ziaian, T., Procter, N., Warland, J., & Baghurst, P. (2009). Help-seeking for mental health problems in young refugees: A review of the literature with implications for policy, practice, and research. *Transcultural Psychiatry, 46*(4), 584–607. http://doi.org/10.1177/1363461509351363

Durà-Vilà, G., Klasen, H., Makatini, Z., Rahini, Z., & Hodes, M. (2013). Mental health problems of young refugees: Duration of settlement, risk factors, and community-based interventions. *Clinical Child Psychology and Psychiatry, 18*(4), 604–623. http://doi.org/10.1177/1359104512462549

Edwards, K. M., Jones, L. M., Mitchell, K. J., Hagler, M. A., & Roberts, L. T. (2016). Building on youth's strengths: A call to include adolescents in developing, implementing, and evaluating violence prevention programs. *Psychology of Violence*, *6*(1), 15. https://doi.org/10.1037/vio0000022

Ellis, B. H., Murray, K., & Barrett, C. (2014). Understanding the mental health of refugees: trauma, stress, and the cultural context. In *The Massachusetts General Hospital textbook on diversity and cultural sensitivity in mental health* (pp. 165-187). Springer New York.

Fazel, M. (2018). Psychological and psychosocial interventions for refugee children resettled in high-income countries. *Epidemiology and Psychiatric Sciences*, *27*(2), 117-123. http://doi.org/10.1017/S2045796017000695

Fazel, M., Doll, H., & Stein, A. (2009). A school-based mental health intervention for refugee children: An exploratory study. *Clinical Child Psychology and Psychiatry, 14*(2), 297-300. http://doi.org/10.1177/1359104508100128

Fazel, M., Garcia, J., & Stein, A. (2016). The right location? Experiences of refugee adolescents seen by school-based mental health services. *Clinical Child Psychology and Psychiatry*, *21*(3), 368-380. http://doi.org/10.1177/1359104516631606

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, *1*(5), 377-387. https://doi.org/10.1016/S2215-0366(14)70312-8

Feilzer, M. Y. (2010). Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm. *Journal of Mixed Methods Research*, *4*(1), 6–16. http://doi.org/10.1177/1558689809349691

Forrest-Bank, S. S., Held, M. L., & Jones, A. (2019). Provider perspectives of services addressing the mental health needs of resettled refugee youth. *Child and Adolescent Social Work Journal, 36*, 669-684. https://doi.org/10.1007/s10560-019-00602-1

Frounfelker, R. L., Miconi, D., Farrar, J., Brooks, M. A., Rousseau, C., & Betancourt, T. S. (2020). Mental health of refugee children and youth: Epidemiology, interventions, and future directions. *Annual Review of Public Health*, *41*(1), *159-176.* http://doi.org/10.1146/annurev-publhealth-040119-094230

Garcia, C., Pintor, J. K., & Lindgren, S. (2010). Feasibility and acceptability of a school-based coping intervention for Latina adolescents. *The Journal of School Nursing*, *26*(1), 42-52.

Gozdziak, E. M. (2004). Training refugee mental health providers: Ethnography as a bride to multicultural practice. *Human Organization, 63*, 203-210.

Greene, J. C., & Caracelli, V. J. (1997). Defining and describing the paradigm issue in mixed method evaluation. In J. C. Caracelli & V. J. Greene (Eds.), *Advances in mixed-method evaluation: The challenges and benefits of integrating diverse paradigms (New Directions for Evaluation, No. 74),* (pp. 5–17). Jossey-Bass.

Hettich, N., Seidel, F. A., & Stuhrmann, L. Y. (2020). Psychosocial interventions for newly arrived adolescent refugees: A systematic review. *Adolescent Research Review*, 1-16. http://doi.org/10.1007/s40894-020-00143-1

Hoover, S., Bostic, J., Orenstein, S., & Robinson-Link, N. (2019). *Supporting Transition Resilience of Newcomer Groups (STRONG*). Ellicott City, MD: Hoover Behavioral Health, Inc.

Immigration, Refugees, and Citizenship Canada (2019). *Syrian Outcomes Report.* Ottawa: Government of Canada. Available at: https://www.canada.ca/en/immigration-refugees-citizenship/corporate/reports-statistics/evaluations/syrian-outcomes-report-2019.html.

Jaycox, L. (2003). *CBITS: Cognitive-behavioral intervention for trauma in schools*. Longmont: Sopris West Educational Services.

Jaycox, L. H., Langley, A. K., & Hoover, S. A. (2018). *Cognitive behavioral intervention for trauma in schools (CBITS)*. RAND Corporation.

Juang, L. P., Simpson, J. A., Lee, R. M., Rothman, A. J., Titzmann, P. F., Schachner, M. K., Korn, L., Heinemeier, D., & Betsch, C. (2018). Using attachment and relational perspectives to understand adaptation and resilience among immigrant and refugee youth. *American Psychologist, 73*(6), 797–811. http://doi.org/10.1037/amp0000286

Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry, 159*(9), 1548-1555. http://doi.org/10.1176/appi.ajp.159.9.1548

Kazdin, A. E. (1980). Acceptability of alternative treatments for deviant child behavior. *Journal of Applied Behavior Analysis*, *13*(2), 259-273. doi: 10.1901/jaba.1980.13-259.

Khawaja, N.G., Ibrahim, O., & Schweitzer, R.D. (2017). Mental wellbeing of students from refugee and migrant backgrounds: The mediating role of resilience. *School Mental Health, 9*, 284–293. https://doi.org/10.1007/s12310-017-9215-6

Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry, 12*(1), 29-43. http://doi.org/10.1177/1359104507071052

Langley, A. K., Gonzalez, A., Sugar, C. A., Solis, D., & Jaycox, L. (2015). Bounce back: Effectiveness of an elementary school-based intervention for multicultural children exposed to traumatic events. *Journal of Consulting and Clinical Psychology*, *83*(5), 853-865. http://doi.org/10.1037/ccp0000051

Lester, L., Waters, S., & Cross, D. (2013). The relationship between school connectedness and mental health during the transition to secondary school: A path analysis. *Journal of Psychologists and Counsellors in Schools*, *23*(2), 157-171. http://doi.org/10.1017/jgc.2013.20

Liu, Y., Carney, J. V., Kim, H., Hazler, R. J., & Guo, X. (2020). Victimization and students' psychological well-being: The mediating roles of hope and school connectedness. *Children and Youth Services Review*, *108* [104674]. http://doi.org/10.1016/j.childyouth.2019.104674

Lustig, S. L., Kia-Keating, M., Grant-Knight, W., Geltman, P., Ellis, H., Birman, D., ... & Saxe, G. (2003). *Review of child and adolescent refugee mental health: White paper from the National Child Traumatic Stress Network Refugee Trauma Task Force.* US Department of Health and Human Services.

Marshall, E. A., Butler, K., Roche, T., Cumming, J., & Taknint, J. T. (2016). Refugee youth: A review of mental health counselling issues and practices. *Canadian Psychology/Psychology Canadienne, 57*(4), 308-319. http://doi.org/10.1037/cap0000068

Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: An ecological model of refugee distress. *Epidemiology and Psychiatric Sciences*, *26*(2), 129-138. http://doi.org/10.1017/S2045796016000172

Murray, J. S. (2016). Displaced and forgotten child refugees: A humanitarian crisis. *Journal for Specialists in Pediatric Nursing, 21*(1), 29-36. http://doi.org/10.1111/jspn.12133

Murray, L. K., Cohen, J. A., Ellis, B. H., & Mannarino, A. (2008). Cognitive behavioral therapy for symptoms of trauma and traumatic grief in refugee youth. *Child and Adolescent Pediatric Clinics of North America, 17*(3), 585-604. http://doi.org/10.1016/j.chc.2008.02.003

Murray, K. E., Davidson, G. R., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: Best practices and recommendations. *American Journal of Orthopsychiatry*, *80*(4), 576-585. http://doi.org/10.1111/j.19390025.2010.01062.x.

Papadopoulos, R. K. (2007). Refugees, trauma and adversity-activated development. *European Journal of Psychotherapy and Counselling, 9*, 301-302. https://doi.org/10.1080/13642530701496930

Pinto-Foltz, M. D., Logsdon, M. C., & Myers, J. A. (2011). Feasibility, acceptability, and initial efficacy of a knowledge-contact program to reduce mental illness stigma and improve mental health literacy in adolescents. *Social Science & Medicine*, *72*(12). doi:10.1016/j.socscimed.2011.04.006.

Pittaway, E. E., Bartolomei, L., & Doney, G. (2016). The glue that binds: An exploration of the way resettled refugee communities define and experience social capital. *Community Development Journal, 51*(3), 401-418. http://doi.org/10.1093/cdj/bsv023

Saechao F, Sharrock S, Reicherter D, Livingston, J. D., Aylward, A., Whisnant, J., …, Kohli, S. (2012). Stressors and barriers to using mental health services among diverse groups of first-generation immigrants to the United States. *Community Mental Health Journal,* 48(1), 98-106. doi:10.1007/s10597-011-9419-4

Saldaña, J. (2016). *The Coding Manual for Qualitative Researchers (third edition).* London: Sage.

Suárez-Orozco, C., Pimentel, A., & Martin, M. (2009). The significance of relationships: Academic engagement and achievement among newcomer immigrant youth. *Teachers College Record*, *111*(3), 712–749.

Sullivan, A. L., & Simonson, G. R. (2016). A systematic review of school-based social-emotional interventions for refugee and war-traumatized youth. *Review of Educational Research*, *86*(2), 503-530. http://doi.org/10.3102/0034654315609419

Tummala-Narra, P. (2014). Cultural identity in the context of trauma and immigration from a psychoanalytic perspective. *Psychoanalytic Psychology*, *31*(3), 396-409. http://doi.org/10.1037/a0036539

Twum-Antwi, A., Jefferies, P., & Ungar, M. (2019). Promoting child and youth resilience by strengthening home and school environments: A literature review. *International Journal of School & Educational Psychology*, 1-12. http://doi.org/10.1080/21683603.2019.1660284

Tyrer, R. A., & Fazel, M. (2014). School and community-based interventions for refugee and asylum seeking children: A systematic review. *PlOS ONE*, *9*(2), e89359. http://doi.org/10.1371/journal.pone.0097977

Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultural using mixed methods: Construction of the Child and Youth Resilience Measure. *Journal of Mixed Methods Research*, *5*(2), 126–149. http://doi.org/10.1177/1558689811400607.

Valido, A., Ingram, K., Espelage, D.L. et al. (2020). Intra-familial violence and peer aggression among early adolescents: Moderating role of school sense of belonging. *Journal of Family Violence*. https://doi.org/10.1007/s10896-020-00142-8.

Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., & Catalano, R. (1999). Gaps in service utilization by Mexican Americans with mental health problems. *American Journal of Psychiatry*, *156*(6), 928-934.

Weine, S. M., Durrani, A., & Polutnik, C. (2014). Using mixed methods to build knowledge of refugee mental health. *Intervention, 12,* 61-77. http://doi.org/10.1097/WTF.0000000000000071

Xin, Y., Li, Q., & Liu, C. (2019). Adolescent self-esteem and social adaptation: Chain mediation of peer trust and perceived social support. *Social Behavior and Personality*, *47*(4), 1–9. https://doi.org/10.2224/sbp.7870

Yeh, C. J., Okubo, Y., Cha, N., Lee, S. J., & Shin, S. (2008). Evaluation of an intervention program for Chinese immigrant adolescents' cultural adjustment. *Journal of Immigrant & Refugee Studies*, *6*(4), 567-590. http://doi.org/10.1080/15362940802480597

Zimmerman, B. J. (2000). Self-efficacy: An essential motive to learn. *Contemporary Educational Psychology*, *25*(1), 82–91. doi:10.1006/ceps.1999.1016