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**Supporting
Transition
Resilience of
Newcomer
Groups
(STRONG)**

Summary Report



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BACKGROUND

Canada has welcomed over 40,000 Syrian newcomers since November 2015, many of whom experienced significant trauma prior to coming to Canada. In addition to the influx of Syrians, many refugees from other countries have also migrated over the past five years. As a result, thousands of newcomer children and youth are now in Canadian schools, and many are at risk for poor adjustment. Research suggests that the presence of traumatic stress can negatively affect not only a student's mental health, but can also interfere with the ability to regularly attend and actively engage in the learning process. Even those newcomers who are not experiencing acute trauma symptoms may struggle with psychosocial adjustment.

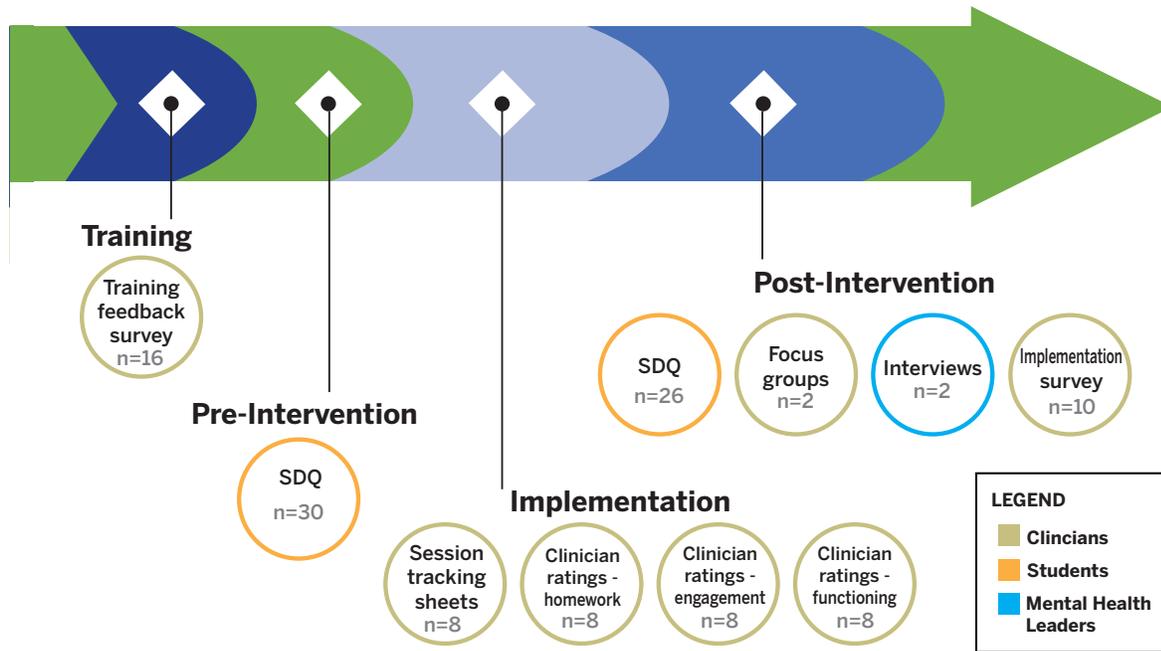
During the 2015-2016 school year, the Ontario Ministry of Education asked School Mental Health ASSIST (SMH ASSIST) to monitor and address the mental health needs of students arriving in Ontario schools from Syria. As part of this effort, SMH ASSIST created a School Mental Health Newcomer Advisory Network (comprised of Canadian research and practice leaders in the area of refugee mental health) and a School Mental Health Newcomer Resource Team that met twice monthly from December 2015 through June 2016, and then monthly for the next school year. Approximately 30 Mental Health Leaders and Superintendents attended these meetings that were focused primarily on monitoring school and student response and the identification of needed resources and supports. This team assisted with the development of a Newcomer Mental Health InfoSheet for educators, a more detailed guidance document for school mental health professionals, and a video that was designed for use in professional learning by educators. Over time, Mental Health Leaders identified that students with refugee backgrounds were beginning to show more signs of trauma response at school and requested more support in this area. SMH ASSIST worked with the Centre for Addiction and Mental Health (CAMH) to provide access to a 12 hour on-line course for mental health professionals, and to co-design and co-deliver a full day Special Interest Group workshop on the topic of Immigrant, Refugee, Ethnocultural and Racialized School Mental Health. School mental health professionals, equipped with this background knowledge, then began to request some practical tools for intervention support with students with refugee backgrounds that would safely and effectively address the significant trauma that many students on their caseloads had experienced. SMH ASSIST reached out to the Center for School Mental Health in Maryland, and Dr. Sharon Hoover in particular, an international leader in trauma-informed intervention to discuss the possibility for co-development of a cognitive-behavioral intervention tailored to the needs of students with refugee backgrounds. These discussions led to the development of the Supporting Transition Resilience of Newcomer Groups (STRONG) program.

PURPOSE

The purpose of this summary is to present findings from a pilot of the STRONG intervention. STRONG was developed to promote resilience and reduce distress among newcomers. STRONG was implemented in a small pilot from April to June 2018. The pilot took place at 5 schools in each of two large, urban school districts (also called school boards in Ontario). The STRONG intervention is a manualized approach that includes 10 weekly sessions, and aims to strengthen newcomer groups transition resilience, promote individual strengths and skills to make positive choices, and provide a positive sense of self and belonging. The sessions draw on cognitive-behavioural therapy (CBT) approaches. Practice assignments are provided each week as homework. In addition to the group sessions, clinicians facilitate an individual session with each participant to help them process their journey narrative. Participants subsequently share parts of their journey narrative with the larger group. Clinicians are also encouraged to facilitate a parent meeting as part of the intervention. There are different manuals for elementary and secondary students.

EVALUATION APPROACH

We collected data from different stakeholders throughout the entire implementation process. We collected training feedback data, pre- and post-intervention data from a subset of students, several measures throughout the program implementation, and interviews, surveys and focus groups at the end as shown below.



PARTICIPANTS AND GROUPS

2 School Boards

62 youth

37 male 25 female

age range - 8-20 years

10 Groups

4 elementary 4 all male
 6 secondary 2 all female
 4 co-ed

9 groups co-facilitated

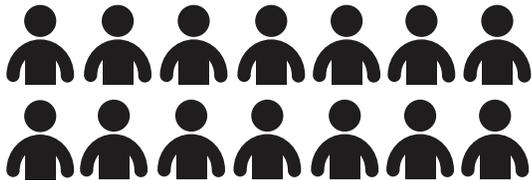
7 with 2 mental health clinicians
 1 with an English as a Second Language (ELL) teacher
 1 settlement worker

17 clinicians

2 Mental Health Leaders

TRAINING FEEDBACK

Of the 16 facilitators who participated in the training:



14 identified as FEMALE

11 Master of Social Work (MSW)

1 Master of Arts/Master of Science (MA/MSc)

2 Doctor of Philosophy (PhD)

8 SOCIAL WORKERS

4 PSYCHOLOGIST/
PSYCH ASSOCIATE

2 MENTAL HEALTH LEADERS

1 OTHER

The following significantly increased as a result of the training:

Understanding of mental health needs of newcomer students

Confidence in teaching newcomer students about common reactions to stress

Confidence in teaching newcomer students skills to challenge unhelpful thinking

Confidence in teaching newcomer students skills to relax

Confidence in helping newcomer students and youth make sense of their migration journey

Confidence in teaching newcomer students skills to set goals

Confidence in teaching newcomer students how to identify inside strengths and outside support

Confidence in teaching newcomer students skills to measure and manage their feelings

Confidence in teaching newcomer students skills to problem solve

VIEWS ON TRAINING/TRAINER

"I am feeling more confident in facilitating and delivering accurate material without doing harm unknowingly."

"I really enjoyed learning new and valuable skills. I am definitely going to use this program!"

"The sharing to and from others was fantastic."

"The delivery is very easy to understand. I also enjoyed the small group setting."

"The expertise of the trainers was so valuable in this training."

"Having a program that targets the needs of newcomers and having it packaged into 10 sessions is remarkable."

"A great, uncomplicated and manageable program!"

94%

felt their level of understanding increased as a result of the training

88%

felt the training will greatly impact their work related to youth and families

94%

indicated they would share what they learned with colleagues/trainees

100%

felt the trainers were knowledgeable with relevance to the content of the training

100%

felt the trainers were able to hold their attention throughout the training

100%

felt the training was very well organized and coherent

FEELING OF PREPAREDNESS

94% of facilitators reported feeling prepared to implement the STRONG program upon completion of the training.

87.5% of participants identified their concerns with implementing the program, as well as the most valuable aspects of the training:

VALUABLE ASPECTS

- Specific aspects (i.e., activities, trainers, etc.)
- General program/materials
- Narrative/role plays
- Knowledge/learning new skills
- Networking
- Confidence

IMPLEMENTATION CONCERNS

- Timeline
- Support
- Finding participants
- Language barriers
- Materials

IMPLEMENTATION OF STRONG PROGRAM

The STRONG program was implemented as intended, with a few modifications, such as homework not being completed. In a few cases, clinicians skipped a session and the parent meetings did not happen uniformly; however, these omissions were due to time constraints rather than preference. Overall our findings suggested high levels of acceptability among students and clinicians. Clinicians rated the program implementation as a positive experience and indicated that they would recommend it to colleagues. Furthermore, of clinicians who completed the online survey, 90% indicated that they would *likely* or *definitely* implement the program again in the future if possible. Clinicians indicated that students responded well to the program. Student attendance and engagement were reported as being good overall.

AVERAGE NUMBER OF SESSIONS ATTENDED: **ELEMENTARY** **SECONDARY**
9 OF 10 SESSIONS **8 OF 10 SESSIONS**

The pilot groups were diverse. They ranged from 4 to 9 students, and age and gender of students varied. Clinicians and Mental Health Leaders recommended a small group size for optimum success, and noted that having two facilitators per group was preferable. Some clinicians reported a parent preference for single sex groups. With respect to language spoken in groups, the two boards took different approaches in that one utilized interpreters and the other elected to recruit students whose English was sufficient for them to participate in that language. Clinicians at different schools held the program at different times; most clinicians reported difficulty finding a suitable time and space for the group. Clinicians reported that in order to successfully recruit students and implement the program, it was vital to engage the larger school community and to develop a common understanding of the importance of the program and its purpose. They also noted the importance of a supportive administrator.

During implementation clinicians received support from:



School Mental Health Leaders



School staff

(i.e. ELL teachers, settlement workers, guidance counsellors, youth workers, & principals)



School Mental Health-ASSIST



Center for School Mental Health, Maryland

The development and consultation team



Western
Centre for School Mental Health

The evaluation team

IMPLEMENTATION CHALLENGES

Clinicians stated the challenges to implementing the STRONG program during the 2018 school year included time frames being difficult to meet, external influences, and students' understanding of the concepts.

First, this entire pilot was conducted in a very condensed timeframe: Training for clinicians occurred on March 27, 2018, after which clinicians had to identify and recruit participants, develop relationships with families, obtain guardian consent, and implement the 10 session program (in addition to individual sessions) prior to the end of the school year. Findings suggested that simply starting earlier in the year would lead to more success, in part because the STRONG program could be planned as part of the clinician's workload for the year.

Second, various external influences made implementation challenging, such as disruptions during the sessions (e.g., teachers knocking on the door looking for students), certain events that interfered with the planned time to hold the group (e.g. Ride For Cancer), and Ramadan taking place during the implementation period.

Finally, clinicians found the language required for the group was challenging, particularly for elementary groups. Beyond simply understanding the meaning of particular words, some of the concepts were difficult either because of the developmental stage of the students and/or cultural context. Some clinicians also felt there was simply too much material for each session.

Every one session was more than a 45 minute chunk, I think it was supposed to be 45 minutes. But in reality if you were to do everything in that thing [manual], it would take an hour and a half like realistically. So that's- that's too much, like kids can't pay attention for that long.

- Elementary clinician

...obviously just not enough time to do this properly as intended or hoped. Just logistically getting a bunch of teenagers to do things really quickly and get paperwork back on time is not going to happen. They love coming, they love attending, they love participating. Paperwork not happening. So that was challenging. We didn't have language because-...I don't believe I would have been able to do even half the sessions if I needed to try to get an interpreter in my language and in time...So yeah logistics, just paperwork back. Not enough time. I think doing it in high school where you're not just negotiating with one teacher, you're negotiating with let's say five students, times 4 teachers, times whatever.

- Secondary clinician

IMPACTS: CONNECTING YOUTH

Based on the perceptions of the clinicians, possibly the greatest impact of the program was the **connections that students developed to other students** in the group and the support system that resulted. Most clinicians believed that students developed a cohesive group experience, and all clinicians agreed that students supported each other. It was evident that students were supportive of each other not only in the group, but also outside of the group.

“...the networking and the support they were giving to each other, and connections even though they had been in some of the same classes, like- but they came to be friends and when they come in they’d say oh so and so has a test, he’s texting us, he’s going to come later. Like they were making those connections at the side...” - Secondary clinician

The **connections formed between the students and clinicians** were another success of the program. It was apparent that students felt clinicians were safe adults with whom they could express their concerns and access support from. Clinicians described the positive impact they were having on students as a result of being able to form relationships with them.

“And then for me, I didn’t realize the impact we were having on them in terms of our relationship with them and theirs with ours, until they started to say certain things and you know invite us to come over to their home and I was like oh like they are feeling connected to us as well because I was watching it happen amongst them but I hadn’t really realized the impact that we were also having.” - Secondary clinician

Clinicians also observed that some students were beginning to feel **more connected to school** and were developing a sense of belonging in the school community. They approached teachers more regularly for guidance, and signed up for clubs or teams at school. In addition, one Mental Health Leader also recognized the significance that the STRONG program had in terms of connecting students and their families to community providers within the school system.

“I think one of the things, she did really start I think to talk about accessing outside support, she really did begin to- to really use you know like guidance from this teacher and that teacher, and this club, and not the recreational ones, but like the mountain club.” - Secondary clinician

“The biggest successes happened in the school. I heard that clinicians experienced an increased ability to engage a vulnerable population or potentially vulnerable population, to get to know the parents, and to build those trusting bridges between the community and the school. We are hearing that offering clinical intervention at school, was much more comfortable for families. We know that it’s hard for our students and families to - reach our community providers. It was affirming and great to hear that students and families were comfortable with the intervention...”
- Mental Health Leader

IMPACTS: NEW SKILLS

Clinicians shared that **students enjoyed participating in sessions and were using specific skills and strategies that they learned outside of the group**. Activities that clinicians found engaged students particularly well included the following: Warm-up Activities; Relaxation Exercises; Measuring and Managing Feelings/Feelings thermometer; Reactions to Stress/Body Map; Act it Out; Sharing Journey Narratives; and S.T.R.O.N.G Bingo/Trivia.

“The idea of relaxation, I think that really was the number one strategy that they continuously used and found it very helpful. They practiced with their families. That was really great...” - Secondary clinician

*“The boys were really engaged in the mindfulness activities and so that was awesome. So they would come in from recess and we actually started with a mindfulness activity and ended with the mindfulness activity.”
- Elementary clinician*

Clinicians also recognized the **value and success in allowing a safe space for students to process their journey narrative and share their migration experiences**. The importance of the individual student session emerged from several data sources and the engagement ratings for the individual student sessions were particularly high, indicating that these individual meetings were well-received by students.

“They were powerful for all involved and positive overall... The students seemed to appreciate having opportunity to talk about their experiences and also for someone to ask them and be curious.” - Secondary clinician

“I think sharing their journeys, individually and then with the group was really impactful. They all spoke about that....” - Secondary clinician

IMPACTS: MORE POSITIVE SELF-CONCEPT

The STRONG program appeared to change the way that students viewed themselves and their future. Specifically, **90% of clinicians agreed somewhat to very much that students developed optimism for the future**. In focus groups clinicians stated that students were able to reflect on their journey using a strengths-based approach and reframed their view of themselves to be more positive and strong.

“So I think it kind of gave them some insight into their journey and what a challenge it was. But look I survived this, and how brave they are in terms of being able to manage all of the challenges that they’ve had because they’ve had a lot of challenges in their journey. And that they have survived it and that look we’re- we’re sitting here today- you’re in school, you are managing, right, so it kind of reinforces to them that they have some of those strengths even though they might not have known that they have those strengths to survive.” - Secondary clinician

IMPACTS: BETTER OVERALL FUNCTIONING

On the implementation survey, **80% of clinicians agreed somewhat to very much** with the statement that students experienced lower levels of distress after participating in the STRONG program, while **20% indicated feeling neutral**. In addition, **80% of clinicians specifically indicated that students benefited very much from the STRONG program, and 20% indicated that students benefited somewhat.**

“...they were able to say to us that they felt like they had learned a lot and they were talking about things they would never have typically spoken about or learned about in everyday life. So I think that kind of broadened their understanding of what was happening for themselves and being comfortable to speak about that.” - Secondary clinician

Clinicians provided functioning ratings for students at each session on a scale from 1 (demonstrating signs of distress) to 5 (positive affect and signs of optimism/hopefulness). To look at possible changes in ratings over time, for each student we computed three aggregate scores. These included an early clinical rating (based on the mean rating of sessions 1-3), a mid-clinical rating (based on the mean rating of sessions 4-7), and a late clinical rating (based on the mean rating of sessions 8-10). Scores for elementary and secondary students were not analyzed differently because they did not differ significantly. It should be noted that the early clinical ratings were quite high (i.e., approximately 4 on a scale of 1 to 5). This suggests that perhaps the scale or anchors were not a good match for the presenting challenges of these youth (i.e., youth were not visibly, acutely distressed, but were seen to be good candidates for the program for other reasons). Despite the high level of functioning at the outset, there was still a statistically significant increase across the three time points, as shown by a repeated measures general linear model ($F(1) = 50.13, p < .001$). There were no gender differences, which means that both boys and girls were observed to function better over the course of the group.

“One of my students, I noticed from when she first came here...she kind of- she just physically looked sad, and down, and then throughout the group and towards the end, she really shared that this never happened in Chicago or even back home...And she said I was- I've been to so many different places. I wasn't expecting to make connections. I wasn't expecting people to care about me. I wasn't expecting any of this. And you know no matter what happens you know to kind of have met the people I've met, the friends that I've met, and the supports that have been given to me, I'm so grateful to God she would say all the time, that this has happened because I didn't think it existed. So even just her well-being and her mindset from day one to the end of school was a complete shift and there was hope for her.” - Secondary clinician

BENEFITS FOR CLINICIANS

All clinicians who completed implementation surveys reported professional and/or personal benefits as a result of facilitating the STRONG program. With respect to their professional skills sets, **90% of the clinicians felt confident about helping individual clients** develop and process personal narratives. In addition, **70% of these highly experienced clinicians felt they had learned new strategies** for supporting stressed or traumatized children and youth, and felt more confident about their ability to use CBT strategies. Clinicians valued the opportunity to get to know students more intimately than they typically do in their jobs in order to provide them with support.

One clinician discussing benefits said:

“... running the STRONG program and connecting with the newcomer students early in their Canadian journey (for the majority of them - year 1), brought me a lot of job satisfaction. I looked forward to these sessions and felt after a couple sessions, students saw me as a support and didn't hesitate to ask for help or guidance regarding situations not directly related to group. Learning about the beauty and diversity in each and every one of their lives was so rewarding, not only for them but for me... I also was motivated to provide such a structured, well designed intervention that I felt was user friendly. I learned a lot throughout this process and can apply new techniques, ideas and knowledge in my practice with newcomer students of all types.” - Secondary clinician

Clinicians enjoyed connecting with newcomer communities and learning about their cultures, hearing student's migration stories, and learning how resilient newcomers truly are.

“The benefits included a greater understanding of the culture, plight, and norms of the group of girls we had participating in the group. I was incredibly humbled by their experiences and the attitudes they have regarding these. While the group built upon their resiliency, I learned that they are and have been resilient throughout their pre-migration, migration, and post. I was also moved by the strength of the family relationships and their reliance on faith/beliefs to guide them through challenging times.” - Secondary clinician

It was obvious that there were advantages from pairing up with a colleague to work and learn together. One Mental Health Leader discussed the value stating:

“Well I think they rarely get a chance to work together, and I hear and have seen great value in them pairing up together...I think for them that broadened their skill set. Whenever you can work with someone your learning is exponentially increased.” - Mental Health Leader

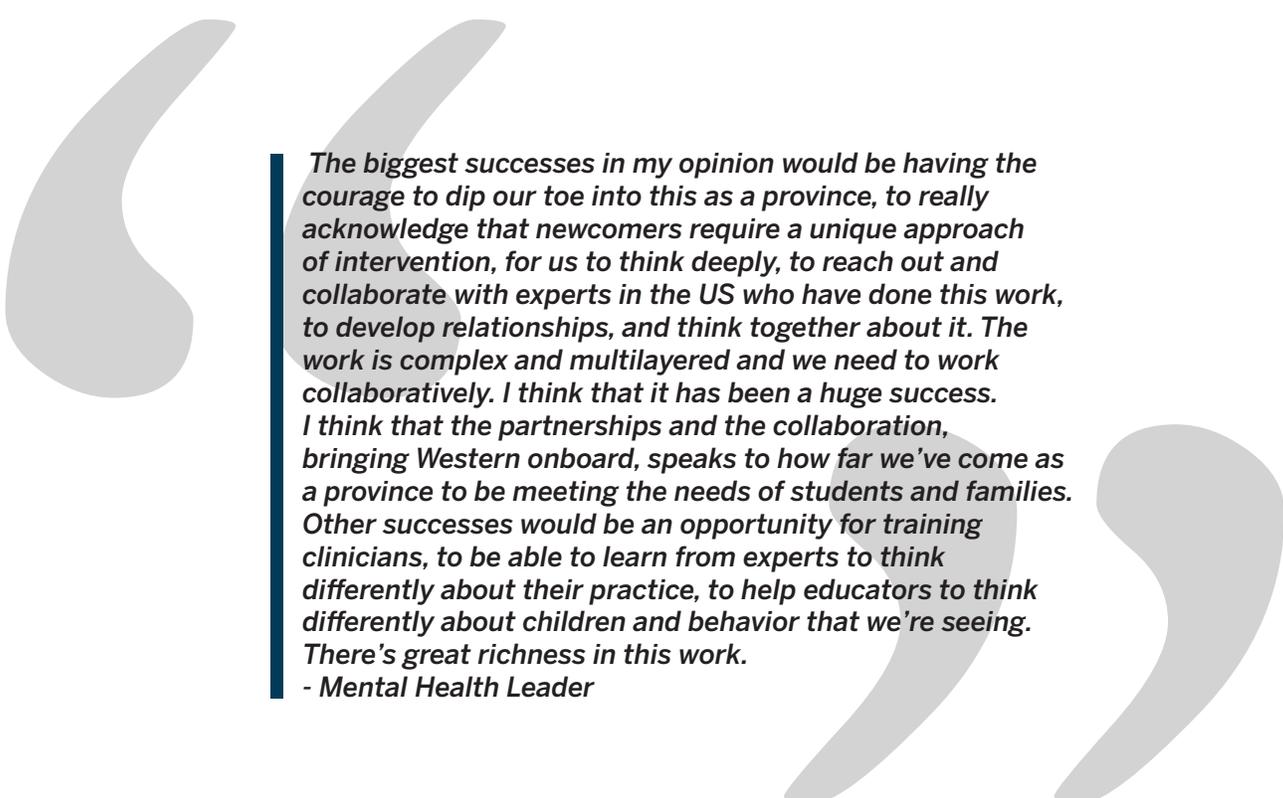
KEY LESSONS

Based on our results, we identified 10 lessons emerging from the pilot data that are noteworthy for future implementation of the STRONG program:

- 1 There is a clear need for a resilience-focused program for newcomer students and the STRONG program was an excellent fit in general.** There was a lot of enthusiasm for the program among clinicians, and many indicated that they felt the program gave them tools to provide support to a group that they had previously had trouble supporting.
- 2 Although there were many program components that were beneficial, clinicians felt that the opportunity for students to share their migration stories in a safe and supportive environment was really important.** According to clinicians, some students had never shared their stories before. For some students, sharing their stories and having clinicians help them identify their strengths changed their image of themselves in a positive direction.
- 3 Starting earlier in the year is crucial.** An earlier start would provide adequate time for engaging families, recruiting and obtaining consent, and providing some flexibility for re-scheduling sessions when external influences intrude. It would also give individual clinicians the opportunity to extend beyond ten sessions if they chose to do so.
- 4 Some activities and concepts did not work well with some groups.** There were no criticisms of the program that were uniform across ages and groups; however, some groups did have challenges with some activities. More pilot groups are needed to gain a clearer picture of the range of responses to different concepts and make modifications.
- 5 Homework was generally not successful as a home-based written activity.** Students mostly did not complete written work between sessions, but did engage in practice. Homework / practice was more successful at the secondary school level. Many facilitators incorporated practice review into sessions.
- 6 Relationships are key for successful implementation.** Different relationships were key throughout the implementation process: relationships within the school for recruitment or possible co-facilitation, and relationships with community for buy-in.
- 7 Group composition matters.** Some of the challenges clinicians shared were related to group characteristics. In general clinicians indicated that a small group was preferable (i.e., 5-6 students). Decisions about mixed or uniform gender and country of origin groups should be made with reference to therapeutic needs and of school and community preference. Students with Tier 3 needs might present additional challenges for group process.
- 8 Clinicians described significant benefits to co-facilitation.** Although not all pilot groups involved more than one clinician, those who had a co-facilitator greatly appreciated the support. Clinicians worked with other clinicians, but also with other school personnel to deliver the program. They described benefits for the group and also personally, in terms of the opportunity to learn with and from a colleague.
- 9 Decisions around language are important.** The decision whether or not to utilize interpreters may in part depend on resources available at different school boards. However, decisions about language of the group will have implications for who can participate (i.e., whether student will have to be proficient in English, whether students will need to be from all one language group). Requiring interpretation can slow the group down, which might make a small group size even more important or require extra sessions.
- 10 The STRONG program requires intentional systems support.** To be successful the program requires administrators and other teachers to understand the importance of the intervention and facilitate students' attendance. Schools need to be able to offer a consistent and private space. Finally, some financial resources to offer food and other materials to participants can enhance the whole group experience.

SUMMARY

Despite extremely tight timeframes, the pilot had many successes and was well received. Overall, clinicians felt that the STRONG program met an important need that had been identified by the schools, and appreciated having something specific in their toolkit for newcomer students. In addition, clinicians felt that the program basics were a good fit with the needs of the students. That being said, clinicians recognized the complexity of the work and saw room for improvement in both the program and the implementation processes.



The biggest successes in my opinion would be having the courage to dip our toe into this as a province, to really acknowledge that newcomers require a unique approach of intervention, for us to think deeply, to reach out and collaborate with experts in the US who have done this work, to develop relationships, and think together about it. The work is complex and multilayered and we need to work collaboratively. I think that it has been a huge success. I think that the partnerships and the collaboration, bringing Western onboard, speaks to how far we've come as a province to be meeting the needs of students and families. Other successes would be an opportunity for training clinicians, to be able to learn from experts to think differently about their practice, to help educators to think differently about children and behavior that we're seeing. There's great richness in this work.

- Mental Health Leader

For more information about
this evaluation or for the detailed
evaluation report, contact



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