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# Supporting Transition Resilience of Newcomer Groups (STRONG)

*Year 2 Pilot and Youth Experience*

**STRONG**

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# Acknowledgements

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# Key lessons

Below we identify ten key lessons emerging from the year two pilot data:

1. **Newcomer students need a resilience-focused program and the STRONG program was an excellent fit.** There was a lot of enthusiasm for the program among students and clinicians. Given the opportunity, students would recommend the program to other newcomers, and clinicians would run the program again.

2. **Youth benefited from the program.** Being part of the STRONG group helped students build trust, increase confidence, and develop a sense of belonging. Youth told us that the relaxation exercises were a favourite activity, and a helpful coping skill that they learned.

3. **Most program activities and concepts worked well.** For the year two pilot, the STRONG manual was revised to incorporate feedback received from clinicians in year one. Overall, the program content was well received by students and clinicians, with only a few suggestions for changes.

4. **Clinicians need alternative ways to reach parents with information about the program.** Although most clinicians indicated no challenges recruiting students for the program, obtaining guardian consent proved to be a challenge for four of the six groups.

5. **Individualized sessions are a critical component.** Clinicians emphasized the importance of the individual sessions as a place for students to share their stories.

6. **Clinicians experienced personal and professional benefits.** Among professional benefits, clinicians described positive experiences building relationships, working with program content, and applying knowledge gained through STRONG to other programs. On a more personal level, some clinicians reflected on how rewarding it can be to work with, and learn from, newcomer students.

7. **Relationships are key for successful implementation.** Different relationships were key throughout the implementation process: relationships within the school for identification and recruitment, as well as ongoing support from staff to maintain regular attendance.

8. **STRONG should start earlier in the school year**. There are many steps to the successful implementation of STRONG. Starting early in the school year would allow clinicians time for these steps. They would also be able to accommodate the intensive requirements of STRONG into their overall work plans.

9. **The whole school community needs a better understanding of STRONG.** There is room for improvement in terms of other members of the school community understanding STRONG. Some teacher still resisted having students attend if it meant missing class. In some schools, staff had difficulties identifying appropriate youth for the group. Other well-intentioned adults came into STRONG during sessions. There is a need for information about the structure and purpose of STRONG to be more widely disseminated.

10. **Too many research requirements may add undue stress.** Research components must be streamlined and communicated clearly to reduce undue stress on busy clinicians.
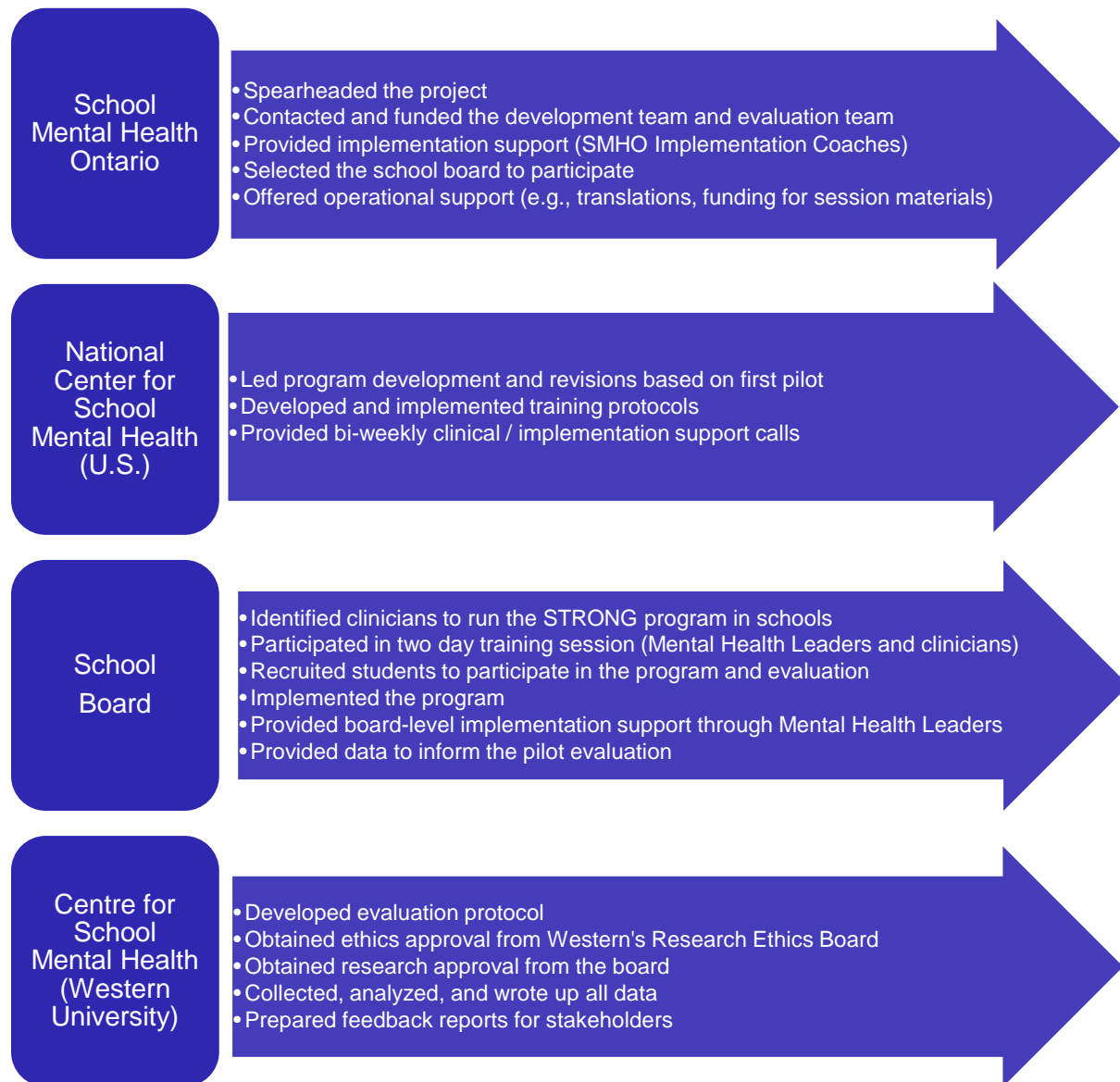
# Background

## A history of welcome

Canada has a humanitarian tradition of welcoming refugees from around the world, many of whom experienced significant trauma before coming to Canada. Thousands of newcomer youth are in Canadian schools, and many continue to struggle with symptoms of distress and trauma. 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 learning. Even newcomers who do not display acute trauma symptoms may struggle with psychosocial adjustment.

## Program context

During the 2015-2016 school year, the Ontario Ministry of Education asked School Mental Health ASSIST (now known as School Mental Health Ontario; SMHO) to monitor and address the mental health needs of students arriving in Ontario schools from Syria. As part of this effort, SMHO 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. Approximately 30 Mental Health Leaders and Superintendents attended meetings, 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. SMHO worked with the Centre for Addiction and Mental Health (CAMH) to provide access to a 12 hour online 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.  SMHO reached out to the Dr. Sharon Hoover of the National Center for School Mental Health in Maryland, and Dr. Sharon Hoover in particular, an international leader in trauma-informed intervention, which led to the development of STRONG. The program was initially piloted in ten schools during the 2017-2018 school year. In 2018, we reported on the initial feasibility of the STRONG program in a small pilot study.

## Pilot Study STRONG Partnerships

Partners in the pilot study included SMHO, the National Center for School Mental Health in the U.S. (and some of their partners), one school board in southern Ontario, and the Centre for School Mental Health at Western University. Roles for each of these partners are depicted in Figure 1. In reality there was significant collaboration on all tasks. For example, although our team at Western University's Centre for School Mental Health oversaw the evaluation, we received input on methodology from all partners, and the Mental Health Lead at the board was instrumental in helping us navigate the external review process at their institution under tight timelines. In addition, all partners had the opportunity to review previous drafts of this report and make suggestions.

**Figure 1: Project partners and roles**

**School Mental Health Ontario**
- Spearheaded the project
- Contacted and funded the development team and evaluation team
- Provided implementation support (SMHO Implementation Coaches)
- Selected the school board to participate
- Offered operational support (e.g., translations, funding for session materials)

**National Center for School Mental Health (U.S.)**
- Led program development and revisions based on first pilot
- Developed and implemented training protocols
- Provided bi-weekly clinical / implementation support calls

**School Board**
- Identified clinicians to run the STRONG program in schools
- Participated in two day training session (Mental Health Leaders and clinicians)
- Recruited students to participate in the program and evaluation
- Implemented the program
- Provided board-level implementation support through Mental Health Leaders
- Provided data to inform the pilot evaluation

**Centre for School Mental Health (Western University)**
- Developed evaluation protocol
- Obtained ethics approval from Western's Research Ethics Board
- Obtained research approval from the board
- Collected, analyzed, and wrote up all data
- Prepared feedback reports for stakeholders

## About STRONG

The STRONG (Supporting Transition Resilience of Newcomer Groups) program was developed to promote resilience and reduce distress among newcomers. 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 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.

# Purpose

This report presents findings from year two of the pilot. In year two, we continued to strengthen the partnerships developed in the first year. The purpose of the year two pilot was to test the manual content, which had been revised based on feedback we collected during year one. Also, we added youth voice to the feedback, to better understand how well the program was received by newcomer children and youth who participated in the program. [Note: throughout the report we use the term "youth" to refer to students who participated in the STRONG program]

# Groups and Participants

In the second year of the STRONG pilot, six intervention groups from one board were involved in the research. The groups varied with respect to size, composition, and use of interpreters. All of the groups were co-facilitated by two clinicians or a clinician and another school team member (e.g., settlement worker). Groups ranged from 5 youth to 13 in size and included 3 mixed gender groups, one group of all males and two groups of all females. Three groups were conducted entirely in English and three used some assistance from an interpreter.

## Clinician and Youth Demographics

This year, we continued to collect data from clinicians, and also collected data from youth who participated in the STRONG program by use of focus groups and surveys.

**Clinicians**: Demographics were collected with the training survey (n=27); of note, there were clinicians and mental health leads from two boards at the training, even though just one board participated in the research. Most clinicians were female (81%; 5% male, 14% did not specify gender). The majority of clinicians were in social work, with a few coming from psychology. Again, not all clinicians provided this demographic information.

**Youth:** Consent to participate in the research was obtained for 29 of the 50 youth involved in the pilot groups (58%). 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. Most of the youth were female (n= 13). Youth ranged in age from 11 to 20 years and came from a variety of countries including (but not limited to): Syria, Iran, Iraq, Jamaica, Bangladesh, Cameroon, Ghana, Philippines, Pakistan, and Rwanda.

# Measures and Procedure

Data were collected at the clinician training, pre- and post-intervention for youth, and at post implementation. Measures included a combination of surveys and focus groups with clinicians and youth.

## Data from Clinicians

**Training feedback questionnaires:** Clinicians (n=27) completed a 27-item survey designed for this pilot. It included Likert scale ratings, open-ended questions, and retrospective pre- and post-questions asking clinicians to reflect on their knowledge (e.g., "I understand the mental health needs of newcomer students") and their self-efficacy (e.g., "I am confident I can teach newcomer students about common reactions to stress").

**Focus groups.** Three focus groups were conducted with clinicians in June 2019. One was held at the school board office and the other two were conducted by teleconference. A total of 11 clinicians participated as follows: the in-person focus group included three participants, one teleconference group included two participants, and the other teleconference group included six participants. All of the STRONG groups involved in the research were represented (i.e., had at least one clinician present). Focus groups followed a semi-structured format in that we asked pre-specified questions to identify strengths and challenges of the pilot, but there was flexibility to follow up on new areas introduced by clinicians. Focus groups lasted between 60 and 90 minutes and were audio recorded and transcribed.

**Implementation surveys**. Clinicians completed an online implementation survey after finishing the program. The survey included rating scales and open-ended questions that addressed a wide range of topics including recruitment and consent, implementation successes and challenges, issues with interpreters, and perceived benefits for students and clinicians. All together there were six surveys completed (i.e., one for each group).

## Data from Youth

**Youth Surveys.** 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, with the exception of the resiliency measure, which was completed by 17 youth. The measures included:

- *Connors-Davison Resilience Scale (CD-RISC).* 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").
- *California Healthy Kids School Climate Survey (CHKS).* 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").
- *STRONG skills measure.* Youth also completed a 10-item measure developed 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").

**Focus groups.** 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. Youth focus groups lasted between 20 and 40 minutes. We audio recorded and transcribed all groups.

## Ethical Considerations and Processes

All evaluation protocols were approved by Western University's 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 own participation. Guardian consent and youth assent were obtained for participants ages 11-17.

## Limitations and Caveats

The following methodological limitations provide important context for the year two findings. First, the sample size was small, with only six groups, and not all individuals within groups participating in the research. Although the groups were diverse, the limited number of research participants restricts the statistical generalizability of the findings. Because groups differed in age and gender composition, it is difficult to disentangle whether some of the activities worked better for boys versus girls or elementary versus secondary students.

Beyond specific methodological limitations, we offer this caveat: implementing any new program for the first time can be challenging. Some aspects that seemed challenging initially might seem less problematic in future implementation cycles. While a few clinicians had facilitated STRONG groups in year one of the pilot, for many schools and clinicians this year was their first time implementing the program.

# Findings

In this section we first present key findings across each phase of the project: training, implementation, and impact. In each section we draw on different measures to triangulate data. We then provide a summary of findings organized by each of the key feasibility domains. After the summary of each domain, we present data about benefits experienced by clinicians.

## Facilitator Training

Clinicians completed the training feedback survey at the conclusion of the two-day training in February 2019. A total of 27 training participants completed feedback surveys. All clinicians (n=27) agreed (30%) or strongly agreed (70%) that the training was very well organized and coherent. Furthermore, all clinicians agreed (15%) or strongly agreed (85%) that trainers were knowledgeable with relevance to the content of the training and were able to hold their attention throughout the training (44% agree/56% strongly agree).

Almost all clinicians agreed that their level of understanding increased as a result of the training (44% agree/48% strongly agree). Similarly, most indicated they would share what they learned with colleagues/trainees (33% agree/63% strongly agree). In addition, the majority of clinicians believed the training would greatly impact their work related to youth and families (44% agree/48% strongly agree). Upon completion of the training, most clinicians rated themselves as feeling prepared to implement the STRONG program (mean rating 4.1 out of 5, *SD* = 0.66).

The training feedback survey included the following three open-ended questions: (a) What were the two most valuable aspects of the training? (b) Do you have any concerns about implementing the program? And (c) Any other comments about the training? Clinicians particularly appreciated the warmth and knowledge of the presenters, the explanation of the manual and materials, and the opportunity to hear from other clinicians who had run the program in year one. The responses in Table 1 below illustrate the overall feedback:

*Table 1. Training Feedback*

| Most Valuable Aspects | Implementation Concerns |
|---|---|
| ☆ *Going through each session and how sessions were structured*<br>☆ *Inspirational panel*<br>☆ *Knowledge of presenters*<br>☆ *Being provided with materials*<br>☆ *Discussions with peers and colleagues*<br>☆ *Structured plan to support students*<br>☆ *Learning about the unique challenges to refugees*<br>☆ *Role play*<br>☆ *Discussing journey narrative* | ☆ *No major concerns*<br>☆ *Managing my workload and other duties while implementing STRONG*<br>☆ *Always first-time implementation concerns but nothing major*<br>☆ *Participants reactions/responses to stressors*<br><br>**Other Comments**<br><br>☆ *Material was organized, clear and well-presented, thank YOU!*<br>☆ *Excellent program, looking forward to implementing it*<br>☆ *Trainers were warm, evidently caring and passionate about the material*<br><br>☆ *A little nervous but also excited* |

The clinician implementation survey was completed after the program ended. A couple of questions on the implementation survey asked respondents to think back to the training. Clinicians who attended the full training session (n=4) agreed that the training had **"very much" prepared them to implement the program** (one participant indicated "not very much" and provided the following explanation: "I did not undergo the full training day, I supported the School Social Worker; we co-facilitated").

## Suggestions for Improvements to STRONG Training

Clinicians provided a few suggestions for improvements to the STRONG training on the training feedback survey and through the implementation survey and focus groups. See Figure 2 for a summary of suggestions.

***Figure 2: Clinician suggestions for future training***

Prepare for logistical considerations

- *Maybe a step by step on what you exactly need to prepare for each group i.e., photocopying, getting snacks, recruiting and recruiting processes etc. more about actual implementation and how this can be done.*
- *Perhaps more discussion of logistics: e.g., Parent and teacher sessions.*

Provide more guidance on individual sessions

- *It would have been nice to see the individual session modelled for us, and to have some debrief conversation about what clinical next steps could be taken if a student did rate high on the PTSD screen. (Note: a demonstration of the individual session is included in the training for both manuals, but time constraints during the February 2019 training meant that this demonstration was not provided for the secondary school clinicians).*

Focus more on goal setting content

- *Focusing a little bit more on [the goal setting and problem solving session] because I think that was a little overwhelming in terms of us trying to grasp the content and then teach it.*

Improve informational materials for students, teachers, and parents

- *The slides for teacher orientation were too detailed, so I created a condensed version.*
- *I wondered if there might be something that was more formalized that we could use in those first meetings with students before we have the group.*
- *We had seven different languages in our group of 13 so we didn't have parent material to send home every week for every student or we didn't have the letters to send home for every student.*

## Implementation

We gathered data from youth and clinicians to assess various aspects of the implementation of STRONG in year two. Below we summarize the successes and challenges experienced by youth and clinicians in the year two pilot, as well as suggestions for potential improvements.

### Implementation Successes

**Clinician Satisfaction and Perceived Student Benefits**. In the implementation survey, all clinicians (n=6) indicated that implementing the STRONG program was a positive experience, and they would recommend the STRONG program to others. Importantly, all clinicians indicated that the STRONG program was very beneficial for their students. All clinicians (n=6) said they would implement the STRONG program again if they had the opportunity.

> Implementation Successes
>
> - Clinician satisfaction and student benefits
> - Recruitment processes
> - Implementation supports
> - Individualize sessions
> - Program facilitators

Feedback in the clinician focus groups indicates a high level of satisfaction with the program content.

> *I think the way that it's set up is I think it works. I think it's a good progression of learning skills. There's tons of reminders of the previous week, and checking in, and I like the way it leads up to the journey narrative. I wouldn't change anything.*

**Recruitment Processes**. Overall, recruitment went well in the year two pilot. Clinicians were able to recruit participants using information they had at hand, or by connecting with other school staff, such as ELL teachers, settlement workers, guidance counsellors, and school administration.

> *Guidance put together a list for us and we went through the list*

> *Through the "ISRC" Internal School Review Committee, a multi-disciplinary team that meets regularly to discuss and problem solve re: student needs. Vice-principal attended, Guidance Counsellors, and school social worker, psychologist and settlement worker were also consulted re: referrals.*

> *The School Administration and ESL teacher identified members for the group. Then I facilitated a meeting with each of the potential member parents to get their consent and then I met with each student to get their consent to participate in the group as well.*
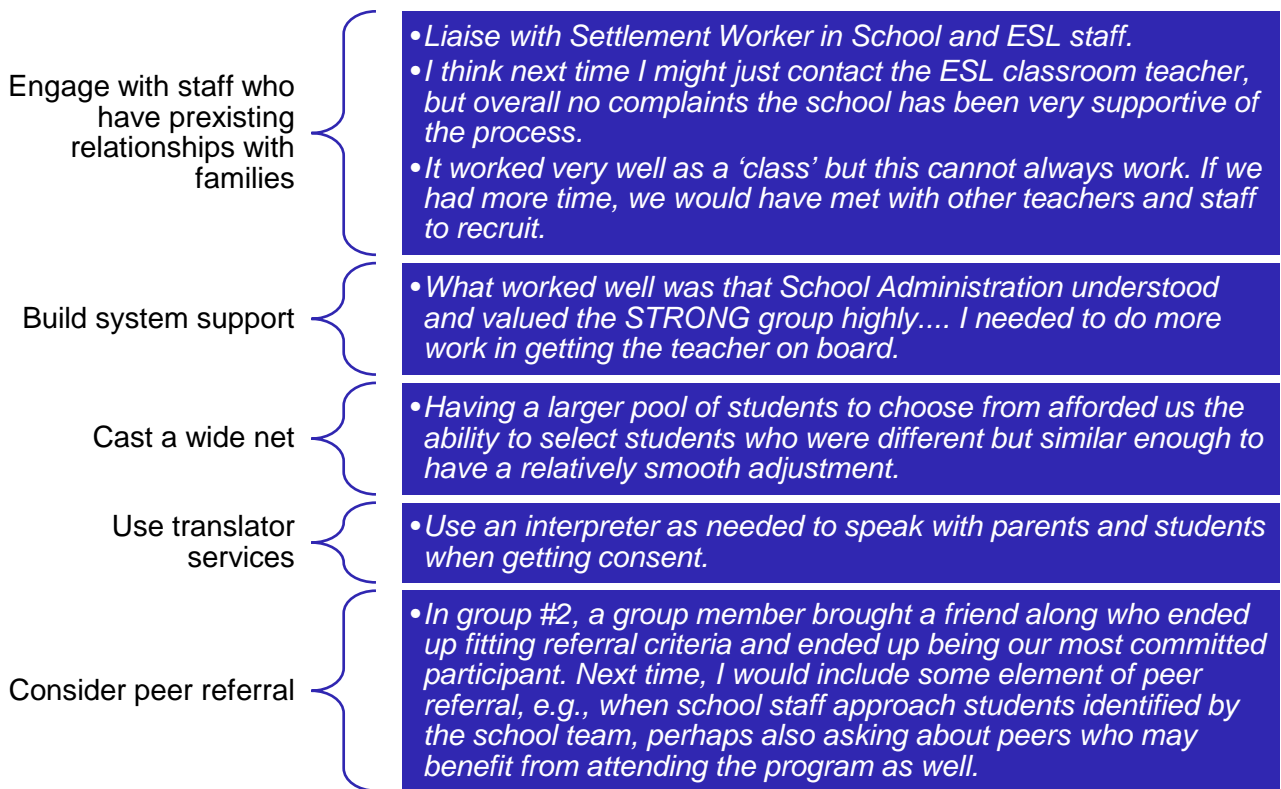
In one school, the STRONG group consisted of a whole class.

> *One of the successes was that we actually ran with the whole class. The teacher was very supportive, and this had a hugely positive effect on the group. … An email was sent to the school and the teacher and principal reached back with interest for this class. Each student was interviewed to ensure they understood the nature of the group and to get their consent to participate. Discussions were held with teacher and Spec Ed personnel.*

Only one out of the six research groups experienced challenges with recruitment, which was due to lack of support from school staff.

> *I did not have teacher buy-in to the STRONG program.*

*Figure 3: Recruitment advice from facilitators*

Engage with staff who have prexisting relationships with families
- Liaise with Settlement Worker in School and ESL staff.
- I think next time I might just contact the ESL classroom teacher, but overall no complaints the school has been very supportive of the process.
- It worked very well as a 'class' but this cannot always work. If we had more time, we would have met with other teachers and staff to recruit.

Build system support
- What worked well was that School Administration understood and valued the STRONG group highly.... I needed to do more work in getting the teacher on board.

Cast a wide net
- Having a larger pool of students to choose from afforded us the ability to select students who were different but similar enough to have a relatively smooth adjustment.

Use translator services
- Use an interpreter as needed to speak with parents and students when getting consent.

Consider peer referral
- In group #2, a group member brought a friend along who ended up fitting referral criteria and ended up being our most committed participant. Next time, I would include some element of peer referral, e.g., when school staff approach students identified by the school team, perhaps also asking about peers who may benefit from attending the program as well.

**Implementation Supports.** Implementation supports included calls hosted by the program developers and SMHO, as well as some financial resources to support implementation. In addition, the board Mental Health Lead offered individual support at the request of clinicians. Data from the implementation survey suggests that clinicians felt well-supported in year two of the pilot. When asked if there were any additional supports that would have been helpful, all respondents (n=6) indicated "No". In the focus group, one clinician explained the regular support they received:

*I would say, as part of the mental health resource team, we did we meet weekly as a team because we're a new team and [Mental Health Lead] was part of those meetings. So, I think we probably accessed more and most consistently through those weekly meetings. I know there was a lot of discussion about how to get STRONG up and running. Because both myself, [Name], [Name] and [Name] who was [Name's] partner and cofacilitator in the group, I think we accessed [Mental Health Lead] more informally through that conduit, just to say: What are we all doing for food? What are we all doing in terms of screening? Like, what's working? So, she was a big support.*

A couple of clinicians mentioned funding support for snacks as especially helpful. Another clinician received informal mentoring from a colleague who had implemented STRONG the previous year, and found this collegial support to be very helpful.

**Individualized Sessions.** The implementation of individualised sessions as part of the STRONG program was another success. Through open comments in the implementation survey, clinicians emphasized the importance of the individual sessions as a place for students to share their stories.

*They went very well, and were very important.*

*Overall they were very positive. Some students spoke more than others but all seemed to take the content and exercises seriously. They all enjoyed relaxation and sharing their stories seemed to be empowering for them.*

*Good to spend quality individual time to get to know them better.*

*Amazing! They shared a lot in the individual sessions but not a lot in the larger group.*

In one group, the clinician saw a change in group cohesion and individual attendance following the individualised sessions.

*The students liked the individualized sessions. They liked the opportunity to share their experience and have their concerns validated. In most cases after the individual sessions, attendance improved and there was more cohesiveness in the group, although they had not began to share with each other as yet.*

In one group, which involved an interpreter, the individualised sessions were quite time-consuming.

*I felt individualized sessions could have been a bit more streamlined. To include all elements with fidelity, would have taken approx. 1.5 hours, especially with an interpreter which is a very long time for students. As such, I made judgments about how to streamline myself as I saw students' attention waning.*

**Program Clinicians.** Although we did not ask youth about the facilitators who ran the program, youth expressed their appreciation for the clinicians during the focus groups.

*[Clinician name] is very important.*

*All the 'Misses' are very good.*

*[The clinicians] are really welcoming. They are such nice people.*

## Implementation Challenges

In the implementation survey, we asked, "Was there anything about the STRONG program that made it difficult to implement?" Respondents could select all that applied from a list of six options. Table 2 illustrates responses.

*Table 2: Implementation Challenges*

| | Number of Responses |
|---|---|
| Time frames difficult to meet | 2 |
| Poor attendance | 2 |
| Students' understanding of concepts | 2 |
| Use of interpreter | 0 |
| External influences (disruptions, assemblies) | 3 |
| Other, specified as:<br>• Needing to give weekly reminders for all but two participants<br>• Lack of teacher buy-in | 2 |

**Logistics**. Four out of six groups indicated there were challenges in finding a good time and space for the group.

Finding **suitable location** to hold STRONG sessions was a challenge for this clinician.

> *The ISSP teacher whose room we used kept coming in and out of the room. At one point she brought a student into the room to work while we were facilitating the group.*

In addition, clinicians debated various pros and cons of **when to schedule groups during the day**. Scheduling the program during class time worked well for the group that involved the whole class.

> *Just kind of another added benefit of running it in a class setting is that if the educator is able to join the group there is way more potential for reinforcement of concepts when the group is not running and so that was an additional kind of positive feedback piece that we received around our group is that the educator who had invited us into the class was actually reinforcing the concepts and talking about the concepts in between sessions.*

However, other groups faced challenges when the group was scheduled during class time, lunch break, or other when school activities were taking place.

> *We faced a lot of challenges as we tried to pull the students out of the class and teachers perceive that they're missing the same class almost every single time and a lot of them are not good attenders to begin with. So that was a bit of a challenge.*

> *Running the group during lunch hour was a challenge and one reason cited by participants for their choice not to continue in group. Students felt it was like "being in*

Implementation Challenges

- Logistics
- Obtaining guardian consent
- Using an interpreter
- Difficulties conveying concepts
- Declining enrollment
- Group composition

*class all day"; they need a break for their lunch. I would run the group during class time next time, or after school.*

*… there was a boys group that was running during the same time that we were running the STRONG group. So there was a huge confusion about which group the boys are going to. And we tried as much as we can to connect with [the teachers] and let them know so they're not pulled out from the whole group. 9 out of 10 times this does not happen. … it's a lot of going out of class for the boys.*

*We run our group after school and I guess some of the challenges we have come from competing with other activities that some of those students were had interest in. So, there were times that we had to have discussions with leaders of other activities in order to have the ladies stay with us. And then sometimes just half of the time then they had to go.*

Another challenge mentioned by clinicians was finding **an ideal time within the school year** to run ten group sessions.

*The timing of the year I think was a huge challenge. The majority of our boys, as newcomers, were fasting for Ramadan. So it was very difficult to have regular attendance. So we tried to switch the timing of the sessions before Ramadan started and after. I don't think it made a lot of a difference. And it was also the end of the school year that was a huge challenge as well.*

*I think the time of year was challenging for me in the sense of like really protecting that time. If I were to offer this group again, I think for me I would be trying to do it much sooner in the school year. I don't think this is the ideal time. Just given all the special things that were going on for kids at the end of the school year, you know especially in high school where they have exams to prepare for and final reviews going online and things like that to be pulled out of class. So that I think is a challenge.*

As with any new program, figuring out the logistics can be challenging. One clinician described initial challenges as follows:

*I think just like the organizational part of it like just in the beginning. Because it was the first time for me, so learning the content, organizing, getting the students together. … But I think that's the same thing with anything new. Right. You don't really know what you're doing. So, you're learning and getting everything together at the same time. I think once we kind of knew the flow and we had everything put together it went well.*

> ### Facilitator Tips About Scheduling
>
> ✎ *Encourage the owner of the space to honor the confidentiality and space of the group.*
> ✎ *Start near beginning of semester*
> ✎ *Not too close to Ramadan or exams.*
> ✎ *Allow minimum 1.5 hours*

**Organizing Parent Sessions and Obtaining Guardian Consent.** Although most clinicians indicated no challenges recruiting students for the program, obtaining guardian consent proved to be a challenge for four of the six groups. Clinicians described the challenges as follows:

*Parents consented on the phone but it was difficult to get them to come in. No parental consent for 18 and over.*

*We gave students the option of consenting themselves for participating and/or informing parents.*

Although clinicians made considerable effort to bring parents together, only one group was able to hold a parent information session, and only one parent attended that session.

*A parent session could not take place as hoped because of constraints related to time of year and fiscal Climate (could not engage admin).*

*We tried really hard, but we weren't able to get [a parent information session] going so what we did was we split up the parents between both of us and my co-facilitator met individually with parents […] she [facilitator] also spoke their language and then I met with the parents the other parents. Because we couldn't get them together. So we just took them whenever we could or wherever we could.*

*I share with everybody as well that we did not have a parent session happening. It was very challenging. So what ended up happening. We ended up calling the parents and explaining things and getting the consent like that, over the phone, and connecting with them over the phone and explaining to them about what the program is about.*

*We only had one parent who is so lovely and eager to be there [at the parent information session], so that was our parent session. But [co-facilitator name] did connect with parents. Well the ones who we would need consent for. Met with them, for one of them she met. But other that that was a phone call with the translator service.*

During one focus group, respecting confidentiality was mentioned as an important consideration in the consent process with parents.

*Currently in our board we have slightly different consent procedures for the mental health resource team and other PSSP, psychology, and social work. So one thing we talked about a lot was respecting confidentiality of the students during the parents session. So for example within newcomer communities students often expressed, "well our parents could know each other or a parent who shows up to a parent session could share this with someone else and it could get back to other parents." … some students indicated they did not want their parents to be involved. And so what happens at a parents session when some parents come and start putting things together that, "oh so and so's parents are there, so now we know that student in the group," things like that. So we did struggle with respecting confidentiality, the confidentiality of students and inviting their parents in, especially if parents know each other and then start making connections and discussing it in the community.*

Access to interpreter services was essential when communicating with some parents:

*One of the other supports that we accessed that I don't think we could have done the group without was interpreter services, which [Mental health Lead] helped us to arrange. So being able to have an interpreter on the line as we're calling parents really did facilitate some discussions that would not have probably happened otherwise.*

One clinician suggested having parent materials available in even more languages.

*I would just say one thing that comes to mind is parent materials in even more languages. I know as a group we are rich with materials already and you guys have done a lovely job of providing as much as possible but just even more options in terms of language would be helpful because we are a very diverse board.*

**Using an interpreter.** In the implementation survey, two of the four groups that used interpreters indicated they encountered challenges in this area. In one case, the clinician described the group as "choppy" due to the time taken for interpretation.

*The interpreters were professional, and it worked to have a female Arabic interpreter as our group was for female-identified students. However, only two students required interpretation; as such, allowing time for interpretation, at times, caused the group to feel choppy and I worried that other students "tuned out" and were less engaged while the interpreter was interpreting for others. Luckily, we had a patient group that gelled well; otherwise, this could have been more of a challenge if there were other group dynamics at play as well.*

In a different group, the lack of a consistent, well-informed interpreter made facilitating the group more challenging.

*Never had a consistent interpreter. Some of the interpreters had not provided group services before so did not know what to do. Others would push their service onto the students and I was not always sure what they were saying.*

In the group that comprised a whole class, students interpreted for each other.

*The students spoke varying levels of English and had very varied experiences as newcomers, and with their journeys to Canada. Sometimes the students spoke their own language and would 'translate' for each other.*

One clinician suggested grouping participants by language could help with interpretation.

*Next time, if using an interpreter, I would try to ensure interpreter could be used for all students (have all students who speak same language in the same group).*

**Group composition.** In the implementation survey, we asked whether there was anything about the composition of the group that had an impact on clinician's ability to deliver the program as intended. Four out of six clinicians indicated "no". In two of the groups, declining/changing enrollment was mentioned.

*Not in terms of composition, but attendance/attrition impacted delivery. We began with 8 students, 5 chose not to continue in the program, one joined at session two, so four total students completed the program. At least twice, we had to cancel a session due to low turn out, and as such we had to make decisions in the moment about how to cover group content with remaining available time with students prior to exam time.*

*We started out with 6 students, one left to another school and another returned to her home country. An additional student joined the group at the fourth session. Made for some disruption; overall not too impactful.*

In the focus group, we heard that the timing of the group can influence retention and attendance:

> *I would say retention for us was the issue and we believe it's in part at least because we were holding it over the lunch hour so it was a struggle for some of our students who are more social and want to hang out with their friends. They didn't want to lose their lunch gap. So, I would say just retention and the consistency of attendance.*

**Difficulty conveying concepts.** In the focus groups, some clinicians described challenges relating to conveying STRONG program material around goal setting.

> *The content that stands out for me that was especially challenging were the SMART goals and breaking down your goals into maps as well as a problem solving like that whole idea of to problem solve. Just throw out any plausible idea whether it's kind of right or wrong and we can evaluate whether it's right or wrong, or the correct course of action later. That felt really uncomfortable to them. They're like, "Why would I give these really unorthodox ideas when we could just go to something more reasonable?" So, there were certain concepts that it just felt uncomfortable for them. And the goal setting and breaking things down I found was very challenging not only to teach and facilitate but for them to get.*

> *I do agree with a lot of what was being said specifically around concrete goals. I think they can set a very general goal but bringing it down to a concrete goal. That was a bit of a challenge for a lot of the boys.*

This clinician suggested a solution may be to place more emphasis on the goal setting session during the clinician training.

> *I forget which session it was but it's the one about the breaking up the goal setting and the problem solving. I think [NAME] and I had thought maybe just when in the training focusing a little bit more on that one because I think that was a little overwhelming that that session in terms of trying, us trying to grasp the content and then teach it. I felt like it was a lot in that one session. So maybe in the training focusing more on that session and just more preparation for that session and there could have been and just because you know thinking back I can't really remember but when we were in it, yeah that would be like a recommendation or a suggestion.*

Other sections of the program that were mentioned by individual clinicians included (a) stress and (b) investigative questioning.

> *When we were trying to talk about the stress section, …it was very early in the process and we noticed from the last time that we did the group that day some of the young people they were having a little bit of difficulty grasping it, so we added a small video about stress and it seemed to have helped.*

> *I also found the section of investigative questioning where you have to ask yourself a series of questions. That was a bit difficult too. There's a lot of material in it. So while we had to skim through it was quickly because they were losing interest they were not getting it. So I found that specific section to be important. But I mean I don't think that the grasping of the actual material was there.*

Overall, clinicians were happy with program content, and they acknowledged that some of the challenges conveying program content were tied to language barriers.

> *I found that some of the concepts because they are English language learners, even though we had an interpreter there, it was very hard to convey the concepts. […] we improvised, and we broke it down the way we could to make sure that they understood. But you know, the program, it's very heavily language based which I mean they may not, we may not be able to do anything about that piece. But it was hard, and you can see some of them glaze over when there was too much talking.*

> *I think we did have some of the similar struggles with regards to the language and the amount of content.*

**Covering content.** Some clinicians adapted the program to fit the time they had available. Notably, larger groups may take longer to cover program content.

> *I would say one of our biggest challenges was probably just trying to fit in all the content. So we were lucky that we were running during class time slot, which meant we had 75 minutes rather than say a lunch hour time slot of 60. And we still found it challenging during some of the middle sessions to fit in all the content. Reflecting on the size of our group I think that contributed to it because we did have 13. But we still did find some of them were really tough to squeeze it all in. There was a lot to say from group participants and so that was a delicate balance we had to consider.*

One clinician suggested that some streamlining of the goal setting content could leave more time for covering other concepts, such as healthy coping thoughts and detective thinking.

> *I feel there could be an overall streamlining of some of the content, to allow greater focus/time spent on some of the concepts that were more challenging to grasp (e.g. healthy coping thoughts and detective thinking are consistently, in my experience, difficult for students to understand and engage with. It's a very cerebral concept that takes practice and ongoing exposure to understand...my suggestion: perhaps the goal setting and problem solving sessions could be streamlined a bit more, as well as the material about feelings, which tends to be more easily understood by students?*

# Impact

We gathered data from a variety of sources to assess the impact of STRONG. Data sources included:

- ✓ Youth perceptions (focus group data)
- ✓ Youth pre- and post- intervention survey data
- ✓ Clinician perceptions (survey and focus group data)

Below we summarize the findings from each source.

## Youth Perceptions: Program benefits

Across six focus groups in five schools, we heard from a total of 17 youth who participated in the year two STRONG pilot. The STRONG program was **very well liked** by all participants. Being part of the STRONG group helped students **build trust, increase confidence,** and **develop a sense of belonging.**

> *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. In terms of, okay, I am not a loser. There is lots of things going on. 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." No. 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, and also the exercise of debating and also talking about our main issues. 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 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.*

> *I think this program makes us more trust each other, and more getting to know each other.*

> *It made us close together more.*

> *You are not alone there [in STRONG].*

> *Actually, when I came here, we are like a family together, all sharing everything together and talking about everything together, like a safe place you can go to, especially if you're having lots of problems and stuff.*

For this student, the STRONG program strengthened feelings of connection, even though she did not feel especially close to other STRONG participants.

> *In this 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 [STRONG], let's say, if I see a student from here, I say HI. At least there's a "hi" in there. We're not that close, but we say "hi" to each other. That made a difference too. So there's a lot of students like that.*

Being in the STRONG program helped students cope with stressors and think positively:

> *I feel like, when I joined this class, my stress is less. I feel very comfortable, I feel good, yeah. My thoughts are very good and positive.*

To further understand the impact of the STRONG program, we asked youth about favourite activities and most important coping skills learned. Response categories are listed according to how frequently they were mentioned across all focus groups.

## Favourite Activities

**Relaxation exercises**. The relaxation exercises in the STRONG program were by far the youths' most favourite activity, mentioned in every focus group with secondary school students.

> *There were a bunch of favourites that I took from this program, but the first and most important one that I would recall would be the exercising in terms of relaxing and breathing... we had these before the program, which I enjoyed.*

> *The relaxing, we played relaxing music.*

> *I remember the relaxation exercises for the muscles.*

> *They taught us to remove our stresses using the breathing and then they taught me to [remove] the bad things in your head. Like when you're thinking about background, like mine, sometimes when I think about my background I cry and being sad. So, I have things in my mind, so I just listen music or finding something to forget.*

> *One of my favourites is when you do like the relaxing activity.*

Favourite activities included

- ✓ Relaxation exercises
- ✓ Getting together, sharing
- ✓ Special activities
- ✓ Body scan

One of the STRONG sessions included *My Calm Place,* a relaxation exercise that was mentioned as a particular favourite:

> *I loved the imaginary place practice. […] 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 all my family members and all are sitting.*

> *One of the skills that I actually personally like is the one where like whenever you are having a hard time and you not feeling, like you know, are stressed out a little bit. You just get a quiet place and just close your eyes and think about one of your favourite places in your country like where you like to go to relax. I just sit down and think about it.*

**Getting together, sharing.** Youth also really appreciated the opportunity that STRONG provided to get together and share with peers.

> *[My favourite activity] was about sharing thoughts and experiences.*
>
> *So you know I'm working [through] problems at home. One of my favourite is being not to really express my feeling but able to talk to whoever is here like you know so they can give me advice and all that.*
>
> *The discussion and also the teamwork.*

**Special Activities.** In the elementary STRONG program, the facilitator augmented the session on managing feelings to include a baking soda and vinegar science experiment.

> *[My favourite activity was] when we did the science experiment […] It was with the baking soda, and what was the other thing? …vinegar*
>
> *Moderator: and what did that represent?*
>
> *It was how when your temperature, when you get so mad, coz it explodes, and it cools down.*

**Body Scan.** In the focus group with elementary students, the body scan activity was mentioned as another favourite.

> *…The gingerbread man…whenever you're like scared or like angry at something, you know the parts where you can [feel it]*

## Important Coping Skills

We asked youth about the coping skills they learned in STRONG. Some youth spoke about the lasting impact of learning coping skills:

> *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.*

> Important coping skills includes
>
> ✓ Managing thoughts, feelings, and actions
> ✓ Reducing stress
> ✓ Listing steps to achieve goals

> *The coping skills, because it's not just help us to control ourselves, but it help us to really getting know about yourself. What we need, what we don't need to do.*
>
> *I learned how to lose my stress by myself and how to work away when thinking about my background.*

**Managing thoughts-feelings-actions.** When we asked about the most important coping skills they learned in STRONG, youth most often mentioned learning how to better manage their thoughts, feeling, and actions. They commented on the Thoughts-Feelings-Actions triangle,

thinking helpful thoughts, and the feelings thermometer as especially helpful ways to learn new coping skills.

*I really learned a lot about how to control myself, emotions, trust, something like that. How to control myself… When I get stressful, I know how to make myself relaxed by the exercise. I can do it myself at home.*

*They told us about the temperature thing, when we get angry what happens with our temperature, it gets high and when you're happy it gets low.*

*They 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. So, I always use these words from the sheet.*

**Stress reduction skills.** Using the relaxation exercises learning through STRONG helped youth cope with stress levels.

*The deep breathing exercise I do it when I'm stressed, and right after, when I do it, I feel more relaxed.*

*When you feel like you're scared, you need to like breathe and it will help you.*

*Exercising in terms of relaxing and breathing, talking, so slowly, … in terms of my pressure that was on me, I have taken some help from that exercise and applied that, into my life, my personal life, and use that on a daily basis, which helped me a lot.*

**Steps to achieve goals.** One secondary school student mentioned the most important coping skill was learning how to list the steps to achieving goals.

*The goals and the steps. I did it in my room and it helped me a lot. […] We just picked some goals that we need to do, and we just really the steps and everything I need to do something I just write it down and write the steps and then, if I want to do that thing, I just keep following the steps, and it helps me. […] It helped me to, like, if I want to study a test, how much should I do.*

### How Youth Describe STRONG

We asked youth in all focus groups whether they would recommend the STRONG program to other students who are new to Canada. Without exception, **all students indicated they would recommend the program**. In a couple of cases, students had already recommended the program to a peer, who then joined the group at the school. We also asked youth how they would describe STRONG to other newcomer students. Their positive descriptions indicate the program provided key benefits to youth who participated.

STRONG is a place to

✓ Share, de-stress, seek help
✓ Meet others, socialize
✓ Learn coping skills
✓ Practice English

**Share, de-stress, seek help.** Many described STRONG as a place to share, de-stress, and seek help.

*A place where you feel comfortable, sharing things, like your experience to come in Canada.*

*I would say there is some people who would listen to your story and also if you need any help they would help you.*

*To me like it's a place where you can come to talk, and you basically can do anything to calm yourself that you want. Yeah and it's really good.*

*If you're stressed or scared or anything, it just tells you what to do and it just helps you.*

*When I came here, we are like a family together, all sharing everything together and talking about everything together, like a safe place you can go to, especially if you're having lots of problems and stuff. The best thing we do in here is the relaxing, I don't know what they call, it's like a family place for me.*

*If you are having a problem because you just came [to Canada], for sure you are going to face with some problems, or you already confronted with some problems, so, speak up and also go see these people and share your stories with them. I think it would help you.*

**Meet others, socialize**. Some youth said they would describe STRONG as a group where youth could feel welcomed and could meet other newcomers and socialize.

*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.*

*It's a group that helps you with Canada.*

*This group can bring people together from the same country.*

*A place you can come, enjoy yourself, meet new people, and socialize.*

*There is someone who have the same experience like you. You are not alone here.*

**Learn coping skills.** Others placed emphasis on the opportunities that STRONG provided to learn coping skills and relaxation exercises.

*They do this deep breathing which is very comforting and relaxing.*

*Decrease your problems and all that.*

**Practice English.** The chance to practice English in an encouraging environment was another feature of STRONG worth mentioning to other newcomer students.

*Come join us, because you will be encouraged to speak in English.*

*Many new students come, so not understand English language, and not understand other language. So, it's very helpful [for newcomers].*

# Youth Pre- and Post-Intervention Survey Data

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 allows us to look at change over the course of the STRONG intervention. In Figure 4 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; $t(16) = 2.04, p=.05$. 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. This lack of improvement in school connectedness could be influenced by two factors. First, it is possible that the strong and positive sense of connection described by youth and facilitators is limited to the group setting and does not generalize to the larger school community. However, it is also possible that the lack of improvement is because there is no comparison group as a reference. There are numerous studies that have shown that school connectedness tends to *decrease* over the year, so this modest increase could be significant compared to the more typical decrease. This possibility would need to be explored in the context of a comparison group.

***Figure 4: Pre- and post self-report ratings of resilience, school connectedness, and STRONG skills***
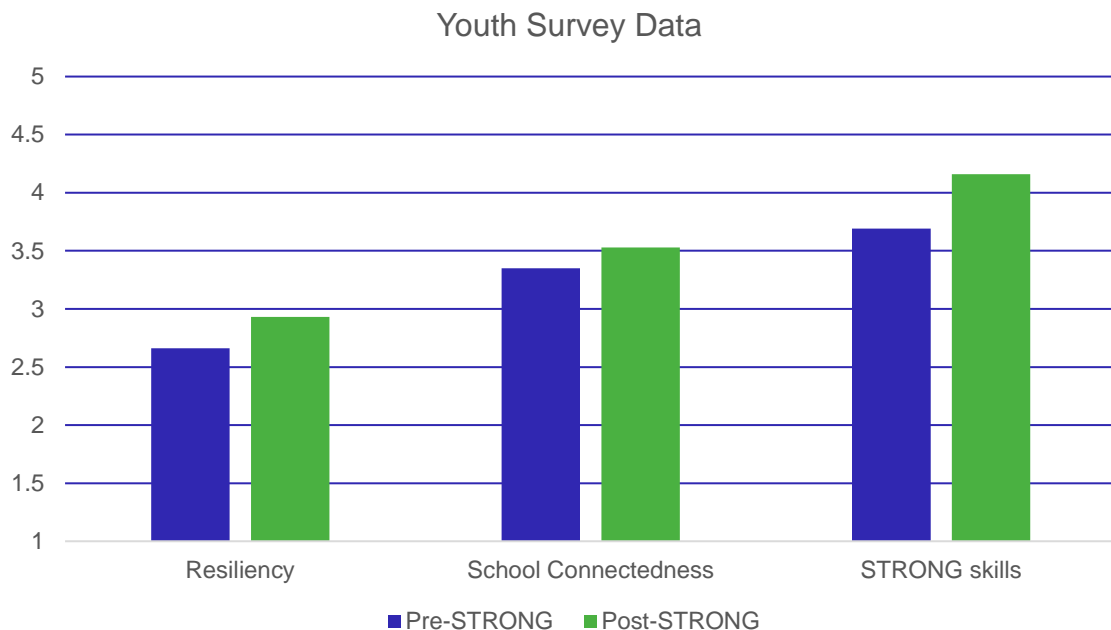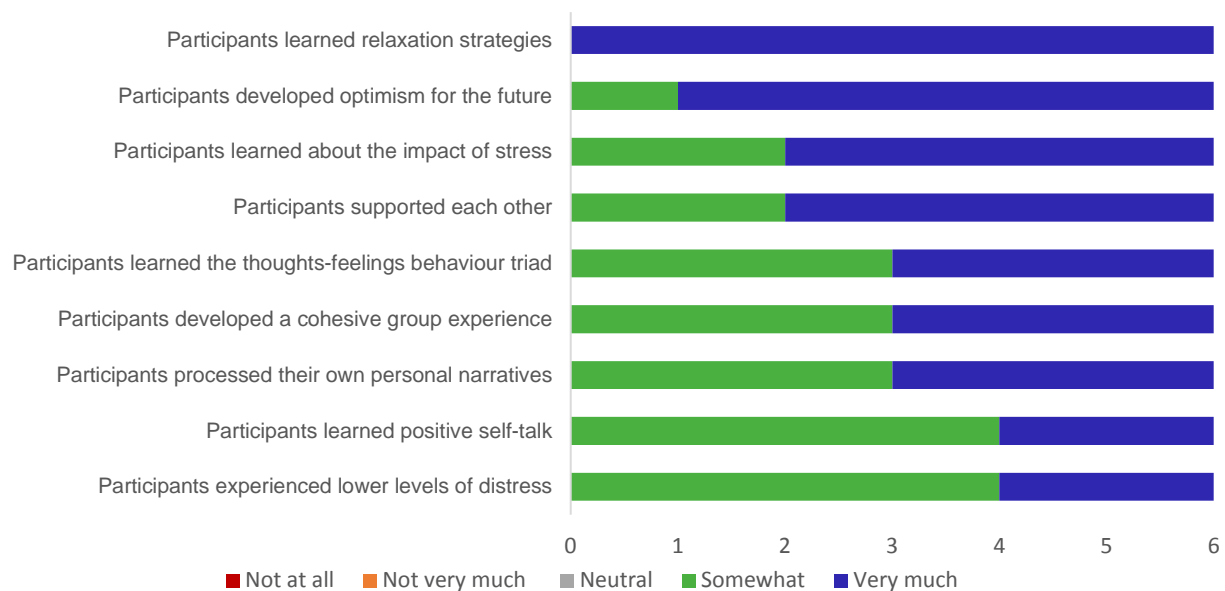
## Clinician Perceptions

We gathered clinician perceptions of impact through the implementation survey and post-intervention focus groups. Clinicians generally agreed that the STRONG program had a positive impact on students.

**Positive student response to program.** In the implementation survey data, all clinicians (n=6) agreed that students responded well or very well to the program overall and that the STRONG program had a positive impact on participants. Notably, all respondents agreed very much that participants learned relaxation strategies, and five out of six respondents agreed very much that STRONG participants develop optimism for the future (see Figure 5).

*Figure 5: Perceived impact of the STRONG program*



Data from the clinician focus groups supported perceptions of positive impacts for students.

> *I feel like the kids really benefited from the sessions. They seemed very engaged and very interested in what it was that we were doing. So that was good.*

> *I think bringing the students together so they had like-minded like-experienced people that are all meeting together and sharing their different experiences. But kind of all in the same situation, I think that was really validating and normalizing for them. So, I think that was a great success. I think also just the content of the group like the psycho-ed, the relaxation, just having them break down like you know the problem-solving and how to identify a problem, the CBT component, like pretty much all of the content of the group I think was a success for them. And then sharing their story, I think, was extremely validating for them.*

Specific examples of perceived impact were offered by some clinicians. For example, this clinician saw improvement in students' willingness to express their thoughts in English.

*I definitely I would say that there are some a couple of the young ladies who when they started, it was difficult for them to express themselves because there was a lot of struggle with the language and whether or not people wanted to hear them because of their accents and stuff like that. But throughout the group they became, they started to express themselves more freely because they felt there was that sense of acceptance. So that was definitely one thing that we noticed.*

And this clinician reported that students' awareness of strengths and resiliency increased over the course of the program.

*I'm also thinking of how their language just changed. There was more talk about resiliency and strength and learning I can think of one particular student as well. The shift that happened you know prior and after sharing her narrative there was a lot more language around learning and what she took from it even once she shared with the group afterwards and sessions even after the sharing of the journey.*

A couple of clinicians reported meaningful benefits to students who practiced the relaxation exercises.

*Two of our girls stated that they were no longer having headaches. They didn't know, initially, they didn't realize what the headaches could have been a result of. So the relaxation, especially teaching them those practices, some of them at least one I know really, really enjoyed that and continued to practice that at home. So that was nice to hear at least from the two girls that they noticed a reduction of tension and things like that.*

*Two of the boys that we did the sessions with have reported actually that understanding the common reactions on the body when there is stress has been quite helpful. Because they would answer questions, "why am I feeling that way? What's happening with me?" So two of them have mentioned that.*

Another clinician said the program helped a student to better understand her trauma reaction and use newly learned coping skills when she was triggered.

*One example I can think of, a young woman who I would say had a pretty difficult story, but she became more aware of her own, I would say triggering, when she was triggered by similar experiences to her traumatic experience. And that awareness was new for her but helpful as well. It gave me a chance to, I had done her personal journey, to help her, you know, not avoid those experiences just because they were triggering but to use her skills that she had learned to manage it. And she was much more open about talking about that.*

**Connecting and sharing journeys.** Echoing the findings in the youth focus groups, clinicians mentioned coming together as a group and sharing stories as particularly impactful for participants.

*I think in our group we had a lot of wins with the kids. What I noticed was several of them provided feedback that they knew each other previously but yet they had never spoken about their journeys to each other. And so I think this group just allowed those relationships both pre-existing and not pre-existing to go deeper than they had been previously*

*I would say one of the things that I noticed was just the cohesion with the group. They're sharing and then coming together was just amazing the group dynamics and I think that they just really all connected and supported each other incredibly.*

*I would say that it was nice just to have some of the newcomers who may not have known each other to match through that forum.*

*We had one male and he just was kind of quiet in the beginning and withdrawn, didn't really want to share a lot of information, you know giving the opportunity like if they want to share anything. [He would say] "No, no, no, no!" Then, the day that he told his journey narrative, he talked for like an hour. It was amazing. He just was so open. And you know [co-facilitator] and I asked him questions and we started talking about food and just like experiences that he experienced there and it was just nice to see him really open up from the beginning where he was in the beginning to the end because he had so much information to share. And it was fascinating, and we were just so curious about all of it. And he just, he lit up, his face lit up. So that was an example of real progress.*

The STRONG program enabled younger and older newcomer students to connect.

*I felt that this provided the opportunity for some of our maybe older students to connect with their younger ones and just provide that positive role model insight business as well.*

Recognising that others share similar stories was a particular benefit for some students.

*My group had primarily older students so I think it was the biggest part I think for them was that most people were assuming that they were all doing well. So when they came to the group it gave them an opportunity to share what was really happening with them and that kind of brought them together. So that cohesion came but the adults in the building they kind of thought that these kids really didn't need to be a part of the group. But then once they were in there then it was evident that they did need to be a part of it.*

**Personal and professional benefits.** In the implementation survey, all clinicians (n=6) indicated they experience personal and/or professional benefits from facilitating the program. Among professional benefits, clinicians described positive experiences building relationships, working with program content, and applying knowledge gained through STRONG to other programs.

*Experience of facilitating new concepts and building relationship with a group.*

*It provided a different lens to the school as to how to view these students.*

*Having a group created with script, session outlines, handouts, etc., made implementation more easy for me as a school-based mental health professional. It made me more ready and willing to deliver an evidence-based intervention. At another school where I was asked to run a group, I used much of the STRONG content from sessions 1-7 to run a Tier 2 healthy coping / skill building group, and the students responded very well (not necessarily newcomer students; just generally students identified by the school team as displaying some risk factors and "bubbling" at school).*

*Confirmation that it is the relationships you build vs the content...that is most important. Content is also good, and it helped professionally to have this template as a model for other similar groups.*

On a more personal level, some clinicians reflected on how rewarding it can be to work with, and learn from, newcomer students.

*It is always great to learn from our students, to be able to discover with them their inside skills or resilience and to see them bloom. It is especially rewarding when the ESL teachers talk of the changes they have seen. I particularly like learning about their cultural rites, customs and traditions.*

*Reminded me of the challenges of practicing social work in Mexico and the challenges of adopting to a new language, space etc.*

*Learning from the students their incredible stories, opening my mind more, learning from the STRONG content etc.*

*I thought it was really rich in a lot of ways. And as a facilitator and you get such an opportunity to learn about the different cultures and different countries of origin that students have come from and what their experiences have been. And it was really wonderful to hear, even when the students were in a lot of ways very happy in Canada and having opportunities here that really were different from home. You know they had such a strong connections to their country. And they could really share a lot of really beautiful things about their culture and their food and their lifestyle and things that are just so different for them. And I feel like that learning anyway was really great because I think of some of the other families that I know, that I'm working with, that have come from the same countries or communities and gave me a better lens, I think, from which to kind of understand what they might have experienced or what they...just I guess broaden my own understanding. So that was great for me personally.*

*It's just like I learned so much like that was just the amazing part. We sat there one time with one of the students and she was talking to us about her religion and just really opening up about her experiences and we had never heard of you know this sect of religion before. So the fact that you and she was sharing it and she was so filled with knowledge so I just learned so much and then you know we would Google afterwards like certain things that they had mentioned because you know we're just so not aware and it was just really eye-opening…So that was just. That was the best part for me.*

**Feedback from teachers.** A couple of clinicians reported positive feedback about the program from teachers.

*Four of the students were in one, it was an ESL class, [the teacher] was just extremely supportive of the group and she saw the benefits of it. And I think you know if her seeing the benefits of the group then she must've seen benefits of the students coming because I think they missed a couple of her classes, and she was always very supportive of it. So I think just in terms of that just you know the content and knowing that they're able to have that sense of community amongst other students.*

*We've had feedback from the two teachers who teach the ESL classes and they usually like say, well I know there's a difference with the student, they're calmed down.*
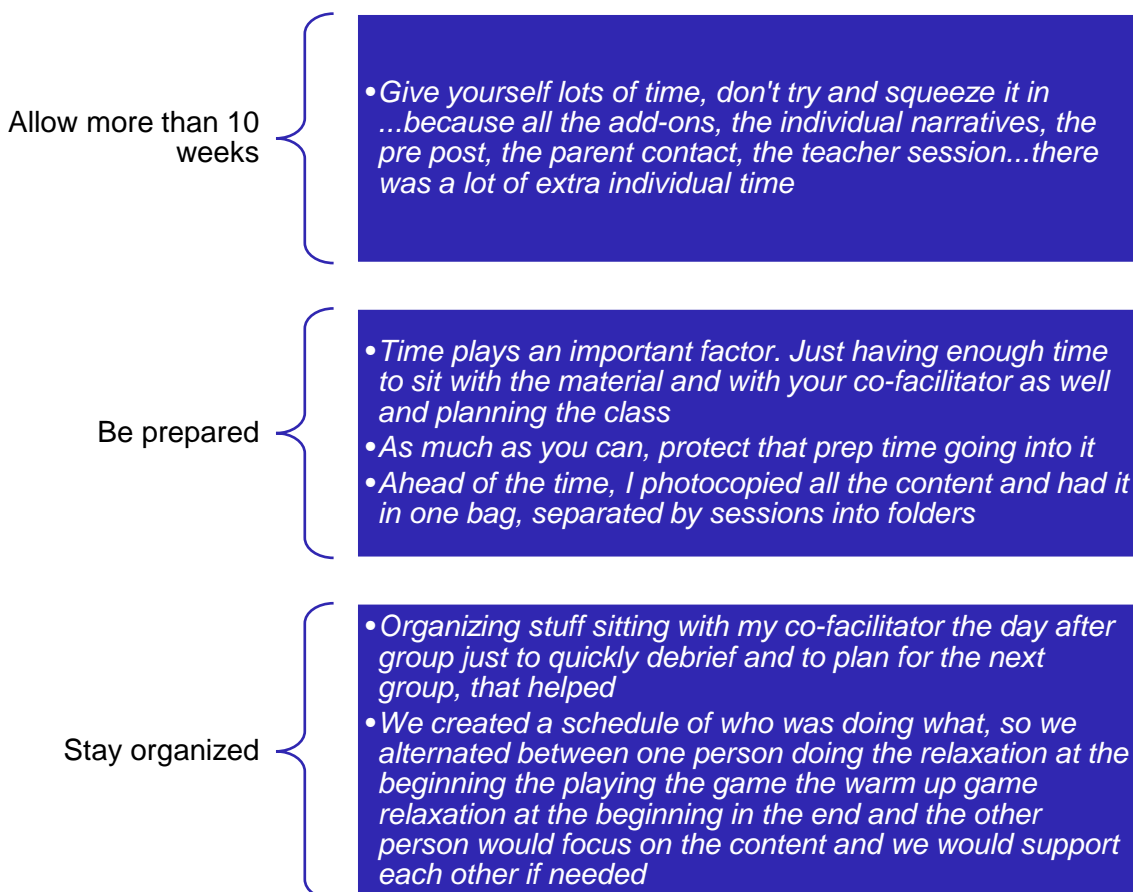
# Looking Ahead

A major objective of the pilot was to gather data to improve future implementation and programming with STRONG. Specifically, we documented clinicians' thoughts about advice for new clinicians, youths' recommendations for the program, clinicians' suggestions for future programming, and research suggestions.

## Advice to New Facilitators

In the focus groups, we asked clinicians what advice they would give to facilitators who were new to the STRONG program. Figure 6 illustrates their advice.

*Figure 6: Advice to new facilitators*

Allow more than 10 weeks

- *Give yourself lots of time, don't try and squeeze it in ...because all the add-ons, the individual narratives, the pre post, the parent contact, the teacher session...there was a lot of extra individual time*

Be prepared

- *Time plays an important factor. Just having enough time to sit with the material and with your co-facilitator as well and planning the class*
- *As much as you can, protect that prep time going into it*
- *Ahead of the time, I photocopied all the content and had it in one bag, separated by sessions into folders*

Stay organized

- *Organizing stuff sitting with my co-facilitator the day after group just to quickly debrief and to plan for the next group, that helped*
- *We created a schedule of who was doing what, so we alternated between one person doing the relaxation at the beginning the playing the game the warm up game relaxation at the beginning in the end and the other person would focus on the content and we would support each other if needed*

## Youths' Suggestions for Improvements

To better understand the program strengths *and* weaknesses, we asked youth what they did not like about the program. Without exception, **all students indicated they liked the program**. To dig a little deeper, we asked youth what could be done to improve the program. Their responses are reported below.

### Less repetition

One of the elementary students suggested that less repetition would be good:

> *I think for improvement, we always kind of do the same thing every time. I think we want to do something new.*

### More group members

Students in the secondary focus groups also made a few suggestions. In two of the secondary focus groups, youth suggested that having more group members might be more fun:

> *Just like adding more members more group members. I think that would be more fun. Maybe there should be more people.*

### More games

In a different focus group, one student suggested including more games in the program:

> *We do games at the start of each session. But we didn't do them on each of them, so hopefully we be doing more on each of them that would make it more fun, to start the session with more fun, and tell you all the feelings and thoughts.*

### Lunch-hour programming

In another focus group, a student suggested scheduling the program over the lunch hour, instead of during class time, but then recognized the challenges of lunch-time programming:

> *I don't see any problem because it's been a good program, except maybe the timetable…I personally, in my own opinion, I think at lunch would be a good time. … Like, 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, yeah, 50 minutes, and we couldn't have any time for grabbing some lunch.*

### Practicing English

In the focus group with an interpreter, this student suggested that improving her own English language skills would have made the program better:

> *[Student 1] My language, I need to be like more speaking English.*

> *[Student 2] The communication, it helps*

# Clinicians' Thoughts on Future STRONG Programming

Through the implementation survey and focus groups, clinicians voiced clear support for the STRONG program. They also wondered about various possibilities for future programming. In this section, we highlight clinician's suggestions as questions for consideration.

**Questions about STRONG resources.**

Can there be a central repository for STRONG resources?

> *Is there a way to link all the STRONG leaders together online so we can share our experiences, materials we use to complement the manual etc.?*

Is there a need for more tailored information for students, teachers, and parents?

> *One thing that struck me was just around the screening process and like when you first met with student, like, I wondered if there might be something that was more formalized that we could use in those first kind of meetings with students before we have the group where we're talking. I mean we gave them all the first that first hand about STRONG and tried to speak to it as much as we were able to get them on board make sure that they were motivated and able and that kind of thing. But I just wondered if there might be a benefit of having something a little bit more formalized that we could use in that first meeting.*

> *The slides for teacher orientation were too detailed, so I created a condensed version.*

> *I think there's value in having the teacher session so everyone knows what's happening in the building. But I almost reflect on, would it be possible to build maybe a more fulsome session for just say the ESL educators or the settlement worker come to learn about some of the concepts being reinforced and to see some of the worksheets and things like that? Because then they can be reinforcing that in their work. I don't know if that's possible…but even if there was a session built for facilitators that if we had a group of ESL educators or ESL educators and settlement workers who wanted to learn a bit more deeply, if that was built, I think that would be a good add-on.*

**Questions about STRONG implementation.**

Could STRONG be appropriate for all newcomers?

> *When we're screening students, we are supposed to be looking for signs of distress and things like that. But reflecting on our group not all the signs of distress were external. Once we started screening the students who were in the class, they all had signs of distress or distress around the journey some of which would not have been picked up by educators who were actually kind of responsible for identifying students to us for the group. So, I guess one of my reflections is this could be a good for all type of intervention for almost anyone with a newcomer experience.*

Is there an ideal group size?

> *One thing I wondered about is just if there should be a minimum number of kids …I think if the group is too large it can be hard to attend to everybody. And then, especially doing all those individual sessions can be challenging. But then I, I also wonder…when we*

> *were down to like four really in the end, and some weeks we had three, and that feels a little bit, you know strange, with two adults.*

Could STRONG be shortened?

> *We also had students agree to participate but then ended up not attending group as a 10-session commitment (plus research/focus group) felt like too much alongside other competing commitments such as school work, part-time jobs etc. I wonder about condensing the program to 8-9 sessions instead? ...In my experience, teachers and administrators would likely more readily agree to 8 sessions vs. 10 (due to not wanting to miss too much class time).*

All of these suggestions are important to consider, but it should also be noted that there was variability in suggestions and opinions across clinicians (e.g., some clinicians suggested booking more than 10 sessions and others suggested shortening the program). As more groups are implemented over the next few years, we will learn more about clinician experience with the program.

## Suggestions for Future STRONG Research

We heard clinicians' suggestions for future STRONG research through the implementation survey. Clinicians requested that we streamline the research components, because the number of research requirements created additional stress. In additions, clinicians asked that the research components be communicated more clearly at the outset of the project. Finally, there were requests for a central repository for research documents.

# Summary

During the 2018-2019 school year, we were able to conduct evaluation with six STRONG groups. The main findings of this second pilot were converged with findings from the first year: there is a clear need for a program like STRONG, clinicians appreciate the strengths-based focus and clear sessions, and clinicians observed significant benefits for the youth who participated. We were able to add youth voice this year by having youth participate in focus groups and complete pre- and post-intervention surveys. Although the sample size was small, both the qualitative and quantitative findings reinforced clinicians' observations that youth learn important skills, experience a high degree of connectedness to other youth, and experience numerous benefits. Similar to the first pilot year, clinicians continued to face challenges with implementation logistics. It will be important to develop a school wide shared understanding of STRONG so that the whole school community can support this important initiative by helping to identify appropriate youth for the program and supporting youths' participation.