Using group concept mapping to explore considerations for developing and implementing trauma-informed interventions in schools with newcomer children and youth

Alexandra Smith1, M.A., Claire V. Crooks1, PhD., C.Psych, Sharon Hoover2, PhD., C.Psych, Natasha Link2, M.A., & Shawn Orenstein2, M.P.H.

1 Centre for School Mental Health, University of Western Ontario; 2 National Center for School Mental Health, University of Maryland

INTRODUCTION
• Refugee children and youth are at risk for significant mental health problems (Durá-Vilà, Klaver, Makalini, Rahini, & Hodes, 2012; Lustig et al., 2003; Miller & Rasmussen, 2017)
• There is a gap in service delivery of culturally appropriate and accessible programs to address the mental health and diverse needs of these students.
• Few studies have explored and evaluated the development and implementation of evidence-based practices intended to enhance the mental health of young refugees (Enyuy, Huemer, & Vostanis, 2017).
• Schools are a suitable setting for the development and implementation of such programs given that they are often the first service system available to refugees, offer an ideal environment for early identification of concerning behaviour, and are familiar and accessible to young refugees and their families (Fazel, Garcia, & Stein, 2016; Kia-Keating & Ellis, 2007; Sullivan, & Simonson, 2016; Tyrer & Fazaeli, 2014).

STUDY OBJECTIVE
The purpose of this study was to explore key considerations for developing, implementing, and evaluating programming for refugee children and youth in schools through group concept mapping (GCM).

METHODS AND MATERIALS
Participants
Data were collected using a purposive sample of adults who were involved in the development, implementation, and evaluation of a school-based resilience program for refugee children and youth (STRONG). This included program developers, mental health clinicians, mental health leaders, and researchers evaluating the program. Across these stakeholder groups, 26 individuals were invited to participate. The actual sample size varied at different phases of the group concept mapping process; however, the overall sample was made up of females with the exception of one male, and participants ranged in age from 26-59.

Procedure
• 23 participants brainstormed ideas through an online portal considering the following focus statement: Please list any important considerations you can think of for designing, implementing, and facilitating programs to promote resilience among newcomer children and youth.
• 67 statements were generated. Statements were then reviewed for clarity and redundancy, resulting in 71 unique and clear statements.

Sorting
• 18 participants sorted and rated the generated statements into groups according to their meaning or theme and provided a label for each group they developed (Trockhin, 1989).
• This step was undertaken online and all participants were originally invited to be part of the study had the opportunity to sort statements, regardless of whether they had contributed to the idea generation.

Data Analysis
• A concept map was developed through Concept Systems Global Max™ using multidimensional scaling and hierarchical cluster analysis to categorize statements into conceptual domains (Burke et al., 2005; Johnsen et al., 2000).
• The data point map generated a Kruskal’s stress index of 0.29, indicating a stable solution (Trockhin, 1993).
• Solutions ranging from 3-10 clusters were examined independently by the first two authors for conceptual fit.

RESULTS

SUMMARY AND IMPLICATIONS
The findings from the group concept mapping analysis revealed five conceptual domains that were further organized into three larger theoretical groups. Participants acknowledged that when developing and implementing programming for young newcomers, the involvement of families and communities, as well as buy-in from school personnel, is critical. In this sense the importance of looking beyond the specific youth and program to the larger ecosystem to reduce resistance and overcome barriers was highlighted (Dornbirn, et al., 2008). The importance of considering the unique individual needs of young newcomers was also recognized.

Within the literature, the diverse clinical needs of newcomers has been acknowledged as a complex matter to address given the heterogeneity found within this population in terms of both culture and individual experiences pertaining to the migration journey (Rousseau, & Guzder, 2008). Lastly, specific considerations related to design and logistics, such as the need for culturally appropriate materials and group composition, and accessible language or interpreter services, are relevant for the development and implementation of newcomer programming.

• Solutions ranging from 3-10 clusters were examined independently by the first two authors for conceptual fit.

System Considerations
1. Take a Whole School Approach
2. Engage Family and Community
3. Attend to Group Composition and Setting
4. Make Material Accessible and Age Appropriate
5. Address Unique Clinical Issues

Individual Needs

Design Considerations

Engage Family and Community
Ten statements identified the importance of looking beyond the school setting to determine what was already being offered in the community and to consider how families could be involved in the development and implementation stages of this type of programming. The following example illustrates some of the comments in this cluster which highlights the importance of taking the time to develop appropriate relationships with families and community stakeholders to build a better foundation for the work being done with youth (e.g., “consider how to reach family members beyond parent letters and sessions”).

Take a Whole School Approach
Eleven statements developed a cluster (bridging value = 0.10) that spoke both to garnering support within the school system (e.g., ‘partner with natural allies in the school system [such as settlement workers, ELL teacher(s)], but also ensuring those with authority provide the required credibility for the program (e.g., “having the director or higher level management promote the importance so principals and teachers will be more open and receptive to students missing classes”).

Make Material Accessible and Age Appropriate
The fourth cluster included 14 items that spoke to matching developmental and linguistic needs of the groups (bridging value = 0.15). The cluster included items that provided specific considerations for addressing potential language barriers (e.g., “keep language simple”, “where language is a barrier, pictures and visuals could help”) as well as various considerations for the appropriateness of the programming with respect to age, gender, and culture (e.g., “ensure material is age appropriate”, “flexibility to allow for cultural and linguistic variations”).

Address Unique Clinical Issues
The final cluster included 17 items (bridging value = 0.28) that in some respects appeared to be quite variable; however, they were linked by an understanding of the complexities faced by refugee children and youth, including trauma, geopolitical context, and programs meeting basic needs. Interestingly, the impact of compassion fatigue was grouped in this cluster (e.g., include some supports for clinicians as they might experience vicarious trauma).