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Feasibility of STRONG in a University Teaching Clinic: Youth Impacts, Parental Perceptions, and Clinician Experiences

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Education

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Abstract

This study investigated the feasibility of a resilience focused intervention, Supporting Transition Resilience of Newcomer Groups (STRONG), within a university teaching clinic. STRONG aims to enhance resilience, teach coping-skills, and foster a sense of belongingness among newcomer youth. Using a qualitative approach, focus groups were performed with youth ($n = 7$), parents ($n = 5$), and clinicians ($n = 5$) exploring program impacts and implementation experiences. The results support the feasibility, utility, and acceptability of STRONG within this setting. Youth reported to enjoy and benefit from participating in STRONG. Parents reported observed growth in their child as a result of STRONG, and they emphasized the need for additional parent supports. Benefits for clinicians in terms of professional development were noted. Findings from this study may guide future research on STRONG for program improvement, and they may also inform mental health programming for newcomer youth within children's mental health clinic settings.

Keywords

Mental health, youth, newcomers, refugees, immigrants, resilience, community, implementation, intervention, professional development, COVID-19

Summary for Lay Audience

Immigrant and refugee youth may face various risk factors and potential adversities pre-migration, during their migration journey, and post-migration. This may include war, separation from loved ones, racism, and discrimination. Repeated exposure to adversity may place newcomer youth at an increased risk of developing mental health concerns, however, research has shown that newcomers possess many personal strengths and resilience. It is important to provide newcomer youth with culturally responsive mental health interventions early within the resettlement process, to help provide support and foster resilience. This study investigated the feasibility of implementing a resilience focused intervention for newcomer youth, Supporting Transition Resilience of Newcomer Groups (STRONG), within a university teaching clinic. STRONG is a manualized intervention aimed at enhancing resilience, teaching coping-skills, and fostering a sense of belongingness among newcomer youth. Employing a qualitative approach, youth impacts, parental perceptions, and clinician experiences participating in STRONG were explored in this study. Youth ($n = 7$), parents ($n = 5$), and clinicians ($n = 5$) participated in semi-structured interviews in order to gauge their perspectives. The results of the study support the feasibility, utility, and acceptability of implementing the STRONG program within a children's mental health clinic. Youth reported to both enjoy and benefit from participating in STRONG, which gave them a space to learn new skills and strengthen connections to peers during a global pandemic. Parents observed growth in their child's social skills, confidence, and use of strategies to deal with distressing emotions. Parents also emphasized the need for additional parent supports and opportunities for parental consultation within the program. Clinicians reported experiencing benefits regarding personal development and access to supervision, wherein they reported growth in their knowledge and skills to support newcomer groups. Findings from this study may guide and inform future research on STRONG for program improvement and growth, and they may also have important implications for mental health programming for newcomer youth within children's mental health clinic settings.

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Chapter 1: Introduction

Canada is recognized as one of the most desired destinations for resettlement among newcomer groups (Holley & Jedwab, 2019). Over the last decade, there has been an upward trend in the number of newcomers entering Canada, including 362,558 newcomers between 2019-2020 (Statistics Canada, 2021). The political unrest and war in Syria precipitated a Syrian refugee crisis, which led to high-income countries such as Canada welcoming and resettling refugee youth and their families in increasing numbers since 2014 (Hadfield et al., 2017). In contrast to historical trends that favoured adults, children and youth account for nearly half of the newcomer population, with 42.7% being under 18 years-old (Child and Youth Refugee Research Coalition, 2018). Within the current research, the term newcomer will be used to describe both immigrant and refugee youth who have resettled within Canada. However, it is noteworthy that immigrants and refugees represent distinct, heterogenous newcomer groups with diversities in respect to their demographic characteristics, cultural variables, and their pre-and post-migration journeys (Dura-Vila et al., 2012).

The migration journeys of newcomers can be broadly classified into three stages: pre-migration, migration, and post-migration (Pieloch et al., 2016). The migration experiences of newcomer youth may vary significantly due to possible exposure to trauma, migration stress, and experiences of social exclusion and discrimination, among other factors (Selimos & George, 2018). Due to the COVID-19 pandemic, newcomers have been faced with added stressors and challenges during the migration journey, including travel restrictions and border closures, increased health risks from residing in refugee camps, and reduced access to resettlement services post-migration (Barker, 2021; Browne et al., 2021). As a result, newcomer youth and their families, refugees in particular, might have experienced multiple adversities throughout their migration journey and, thus, may have complex mental health needs (Crooks et al., 2020c; Kien et al., 2018). Therefore, it is important to create interventions that specifically address the mental health needs and trauma of refugees and other newcomer groups as part of resettlement initiatives (Durà-Vilà et al., 2012; Hettich et al., 2020).

Mental health interventions for newcomer youth have been emphasized as a key contributor to positive adjustment and well-being during resettlement (Hettich et al., 2020). Despite many of their migration stressors, newcomer youth may have several personal and

environmental strengths that might contribute to positive adjustment during resettlement. Hence, there has been advocacy to develop and implement interventions for newcomer youth embedded in resilience frameworks rather than only focusing on deficits (Pieloch et al., 2017). In addition, newcomer youth face several barriers to accessing support for mental health care; thus, it is critical that interventions for newcomer youth are embedded within the social contexts in which they live and interact (Crooks et al., 2020b; Selimos & George 2018).

The notion of resilience has received a great deal of attention within newcomer research, for which many different conceptualizations of resilience have been put forth. For the purposes of the current research, resilience can be defined as the ability to positively adapt in the face of negative experiences or trauma (Brownlee et al., 2013). Many newcomer children and youth have strengths and demonstrate resilience even in the face of adversity (Crooks et al., 2020c). Researchers have identified several key factors contributing to newcomer resilience, including family and peer relationships, school, and individual factors such as good coping skills and feeling hopeful about the future (Betancourt & Khan, 2008; Burgos et al., 2016; Sleijpen et al., 2016). At the same time, newcomer youth may be at an increased risk of experiencing mental health issues throughout the migration process (Durà-Vilà et al., 2012).

Supporting Transition Resilience of Newcomer Groups, otherwise known as STRONG, is a program designed for newcomer youth using a strengths-based resilience framework. Originally developed for schools, STRONG is a holistic intervention designed to address the complex needs of newcomer youth within a Canadian context (Crooks et al., 2020b). STRONG aims to help newcomer youth increase their resilience, develop positive coping-skills, and develop a sense of belonging (Crooks et al., 2020a). Prior pilot research has demonstrated the feasibility and acceptability of STRONG within schools (Crooks et al., 2020a; Crooks et al., 2020b). The program has since been expanded and piloted within one community setting, wherein the results show promising support for program impact and the overall feasibility of implementing STRONG within the community (Saadeddin, 2021).

Schools have often been cited as an ideal environment for intervention implementation, as they are one of the first environments in which newcomer youth integrate post-migration (Selimos & George, 2018). However, community settings also offer an important context in which interventions for newcomer youth may be implemented. Organizations within the community may be better equipped to handle the unique mental health needs of newcomer

youth, particularly if more specialized or long-term care is needed. For example, community mental health clinics may be better equipped to take on more complex cases that require greater resources and supervision, and they can offer more streamlined services if follow-up care is required. Additionally, the inclusion of the family in care may be particularly important for newcomer youth in regards to promoting resilience and later help-seeking behaviours, and may be better accommodated within the community versus in schools (Herati & Meyer, 2020; Islam et al., 2017). Therefore, by embedding resources and interventions within the community, newcomer youth and their families may be able to access services more readily and with fewer barriers.

Furthermore, the Canadian Psychological Association (CPA) and other regulatory bodies within various disciplines of psychology have recently made statements encouraging members to actively fight against racism and discrimination in their work and engage in anti-racist and anti-oppressive practices (CPA, 2020). Anti-oppressive actions and practices in psychology and mental health professions also reinforce our responsibility to integrate them in the training and supervision of future professionals. The development of clinician cultural humility and responsiveness is crucial in working with newcomer youth. Cultural humility can be defined as “a lifelong commitment to self-evaluation and critique, [and] to redressing the power imbalances” within therapeutic relationships by challenging one's cultural biases and assumptions (Abe, 2020, p. 697). Related, cultural responsiveness refers to a clinician's ability to understand the cultural needs, perspectives, and values of a client and to respond in a culturally informed and sensitive manner (Collins, 2018). Research has found that when working with newcomer groups, a lack of these culturally related components may result in early termination of treatment potentially leading to worsening mental health (Kassan et al., 2017). Psychology trainees need adequate opportunities to hone their skills and abilities to work with newcomer youth and other equity-seeking communities and to learn about and practice culturally-informed care. Therefore, university training clinics are not only well-positioned to provide group and individualized mental health services with newcomer families, but integrating interventions like STRONG in this setting may also enhance psychology trainees' professional skills and capacities.

1.1 Purpose of the Current Research

The purpose of my study was to examine the feasibility of implementing a resilience-focused intervention for newcomer youth, STRONG, within a university teaching clinic setting. Although STRONG has previously been implemented within a community support agency, it has since been further expanded into a novel community mental health setting, whereby the implementation feasibility and program impacts have not yet been examined. Specifically, I investigated the implementation successes and challenges and the overall feasibility of STRONG within a university teaching clinic using youth, parent, and clinician¹ data. Youth impacts and parental perceptions of the STRONG program were explored, as well as the impacts of facilitating STRONG on emerging clinicians' professional development.

1.2 Overview of the Thesis

A comprehensive review of the relevant literature pertaining to newcomer youth mental health, resilience, and mental health interventions for newcomer youth is presented in chapter two. Chapter two concludes with an overview of the current research study, including the purpose of the research and the research questions. Subsequently, chapter three discusses the method of the current study, and the results of the study are presented in chapter four. Lastly, chapter five of the thesis offers a discussion of the study results and includes the implications and significance of the results, as well as the limitations of the study and future directions for research.

¹ Within the current research, the term clinician was used to describe STRONG facilitators, as they were acting in the capacity of a graduate student clinician within a formalized mental health treatment setting.

Chapter 2: Literature Review

Chapter two provides a review of the relevant background literature relating to newcomer mental health, resilience, and mental health interventions for newcomer youth, including information about the development, theoretical description, and clinical components of the STRONG program. The previous pilot research on STRONG within schools and the community will be reviewed, and the rationale for expanding STRONG to community mental health settings will be explored. The final section of this chapter will present the purpose of the study and the major research questions.

2.1 Newcomer Youth Mental Health

Newcomer youth are at an increased risk of experiencing mental health concerns throughout their migration journeys; however, the prevalence and severity of mental health problems vary between and across different newcomer groups (Kirmayer et al., 2011). Specifically, exposure to adversity and trauma before, during, and after migration and the frequency of exposure play a significant role in the development of mental health problems among newcomer youth (Kirmayer et al., 2011). In fact, repeated exposure to adversity is one of the strongest predictors of later mental health concerns for newcomer youth (Fazel, 2018).

2.1.1 The Migration Journey

At each stage in the migration journey, newcomer youth may face specific risk factors and potential adversities. Depending on the reason for migration (e.g., immigration versus displacement or escape from the home country) newcomer youth may be exposed to war and organized violence, the deaths of loved ones, limited access to healthcare, and disruptions to education pre-migration (Durà-Vilà et al., 2012; Filler et al., 2019; Hadfield et al., 2017). During the migration phase, newcomer youth may experience social isolation, a lack of food and stable housing, separation from caregivers, and exposure to violence and racism (Kirmayer et al., 2011). Refugees may face additional adversities during their migration due to residing in refugee camps or detention centres that hold few resources, risk separation from family, and the threat of violence (including physical, sexual, or emotional) is ever-present (Hadfield et al., 2017; Kirmayer et al., 2011).

Post-migration, newcomer youth may also face structural barriers and inequities, acculturation stress, racism, discrimination, and other adversities (Filler et al., 2019; Kirmayer et al., 2011). While resetting within a host country can bring with it the hope of a better future, the stressors and trauma experienced throughout the migration process and acculturation stress can have a lasting impact on newcomer youth and their families (Dow, 2011). Repeated exposure to trauma and stressors can have a cumulative effect on mental health, placing newcomer youth at an increased risk for developing mental health problems (Kein et al., 2018). Mental health problems may have long-term developmental, social and psychological impacts on the individual and their family systems; thus, it is crucial that newcomer youth receive appropriate mental health interventions early within the resettlement process (Hettich et al., 2020).

2.1.2 Prevalence of Mental Health Disorders in Newcomer Populations

An increased prevalence of mental health disorders among newcomer youth populations, especially refugee groups, has been documented within the literature (Kien et al., 2018). Refugee youth resettling in North America and Europe have been reported to be experiencing mental health problems, including depression, anxiety disorders, and post-traumatic stress disorder (PTSD; Fazel, 2018). Generally, research has found that the prevalence of mental health concerns among newcomer youth is higher than in non-newcomer populations (Close et al., 2016; Kein et al., 2018). However, prevalence rates for mental health concerns among newcomer youth vary across studies, possibly due to the heterogeneity of newcomer and migration experiences (Fazel, 2018; Kein et al., 2018). A systematic review by Kein et al. (2018) sought to examine the prevalence of mental health problems among refugee children and youth who have resettled within Europe. The time participants spent in Europe before data collection varied considerably between reviewed studies (i.e., ranging from four months to nine years). The findings of Kein et al.'s (2018) review indicated that 19.0- 52.7% of refugee youth experience PTSD, 10.3- 32.8% experience depression, 8.7- 31.6% experience anxiety disorders, and 19.8- 35.0% experience unspecified emotional and behavioural problems (Kien et al., 2018). In fact, PTSD has been identified as the most commonly experienced mental health problem among refugee youth, followed by depression (Hadfield et al., 2017; Kirmayer et al., 2011).

However, it is crucial to understand that many newcomer youth have good mental health and adapt exceptionally well post-migration (Kirmayer et al., 2011; Mood et al., 2017; Salas-

Wright et al., 2015). Several studies have shown that immigrant youth have strong mental health, and some youth may “surpass native-born peers in aspiration and academic achievement” (Kirmayer et al., 2011, p. E962). Some studies have found that both immigrant and refugee youth cope and maintain relatively good mental health post-migration (Kirmayer et al., 2011; Mood et al., 2017). It is important to note, however, that adjustment and positive mental health may be related to the number and intensity of stressors experienced during different phases of their migration journey (Kirmayer et al., 2011).

2.1.3 Barriers in Accessing Mental Health Care for Newcomers

Although newcomer youth may be at an increased risk of developing mental health problems throughout the migration process, they face significant barriers to accessing mental health care post-migration (Durà-Vilà et al., 2012; Thomson et al., 2015). Barriers to accessing mental health services may include a lack of linguistically appropriate services, stigmatization, and limited knowledge of mental health and mental health services (Durà-Vilà et al., 2012; Herati & Meyer, 2020). Newcomer youth may encounter difficulties obtaining appropriate referrals, such that they are less likely to receive referrals for mental health support than Canadian-born youth (Kirmayer et al., 2012). Indeed, one Canadian study found that "rates of first contact for mental health in the emergency department for Ontario's youth were highest among refugees and recent immigrants" (Saunders et al., 2018, p. E1190). Often, refugee youth are referred to mental health services through non-medical agencies such as schools or social services, indicating the need for different referral pathways to accessing care (Durà-Vilà et al., 2012). This is when compared to Canadian-born youth, who often receive referrals through primary care providers (Durà-Vilà et al., 2012). Addressing and reducing the barriers to receiving mental health support is of the utmost importance since reduced access to timely intervention may result in worsening mental health, difficulties with acculturation, and difficulties in relationships (Fazel, 2018).

2.1.4 The Covid-19 Pandemic and Newcomer Mental Health

The global health crisis caused by the outbreak of the COVID-19 virus in early 2020 has had significant social, economic, and psychological impacts on individuals across the globe (Im & George, 2021). The impacts of COVID-19 on mental health, particularly for vulnerable

populations, have been documented in the literature. For example, a systematic review by Samji et al. (2021) examined the impacts of COVID-19 on the mental health of children and youth. This review analyzed data from 127,923 children and adolescents from 116 included studies published between January and November 2020 (Samji et al., 2021). In comparison to before the pandemic, the results of the review indicate that participants experienced worsening anxious and depressive symptoms, an increased prevalence of self-harm and suicidal ideations, and worsening general mental health (Samji et al., 2021). In addition, neurodiverse children and youth and those with pre-existing mental health conditions were also found to experience "higher levels of psychological distress, depression, anxiety, and behaviour problems since the start of the pandemic" (Samji et al., 2021, p. 9). Although the impacts of COVID-19 on the mental health of newcomer children and youth have yet to be studied extensively, preliminary research offers insight into the potential negative impact on newcomer mental health.

To elaborate, the social and economic impacts of the pandemic may act as a trigger for past traumatic experiences, particularly for refugee groups (Im & George, 2021; Rees & Fischer, 2020). Factors such as food and medical supply shortages, increased police presence, and government-sanctioned prevention measures and monitoring may all serve as triggers from trauma experienced throughout the migration process, which might have worsened the mental health of newcomer groups (Nakhaie et al., 2022; Rees & Fischer, 2020). Further, many refugees might have experienced forced detainment at some point in their migration journey, whereby quarantining measures that have been frequently enforced throughout the pandemic may also trigger severe mental distress (Rees & Fischer, 2020).

The public-safety restrictions imposed due to COVID-19 have further compounded the barriers newcomer youth and their families face in trying to access mental health care, and additional barriers have developed (Browne et al., 2021). In response to the pandemic, the Canadian government opted to focus on delivering critical resettlement services, meaning that many immigrant and refugee families were left with only income and general support services post-migration (Barker, 2021). Consequently, services such as language supports may not have been readily available and accessible for newcomers, further exacerbating the existing language difficulties and barriers that newcomer groups often face (Barker, 2021).

Moreover, new barriers to accessing mental health care have arisen due to the pandemic, specifically regarding technology. Healthcare and service providers began offering virtual

services during the pandemic to conduct assessments and appointments (Im & George, 2021). Newcomers, particularly refugees, may have low digital literacy, and reduced access to proper electronic devices or reliable Internet. Furthermore, they might not have received adequate coaching in how to access and utilize virtual services, and language difficulties might be exacerbated with technology challenges (Brown et al., 2021; Im & George, 2021). Hence, it is important to examine how the pivot to virtual mental health programming might have affected the impact and experiences for newcomer youth and families seeking care.

2.2 Newcomer Resilience

Newcomer youth demonstrate many personal strengths and resilience, despite facing adversity (Motti-Stefanidi, 2019). Hence, there has been an increased focus on resilience within newcomer research, which was also partly precipitated by a shift towards a strengths-based, positive view of development (Brownlee et al., 2013; Motti-Stefanidi, 2019). Historically, resilience was conceptualized as internal in nature, stemming from personal qualities such as self-efficacy and personal strengths (Brownlee et al., 2013). Further research on resilience has demonstrated that the development of resilience also includes external factors, such as supports and influences from family, peers, spirituality, and community (Brownlee et al., 2013). Thus, it is important to understand newcomer resilience as partially embedded within a larger social context, for which external factors within a youth's micro-and- mesosystems may play highly influential roles (Brownlee et al., 2013).

Several individual-level factors have been identified as working to promote newcomer resilience. Providing newcomer youth with opportunities to assert their agency and autonomy has been shown to promote resilience and positive adjustment (Pieloch et al., 2016). For example, a Canadian study examining community-based programs for adolescent refugees found that programs promoting agency, self-determination, and empowerment helped ease the acculturative process post-migration by increasing overall resilience (Edge et al., 2014). These opportunities to assert agency and autonomy may be provided by allowing youth to offer feedback about mental health programming, as well as by providing youth with informational supports about resources and potential barriers they may experience while in the host country (Edge et al., 2014; Pieloch et al., 2016). Moreover, having a positive outlook and hopefulness

about the future have also been identified in the literature as important internal resilience factors that contribute to positive adjustment post-migration (Pieloch et al., 2016).

Families have been identified as an essential factor contributing to newcomer resilience (Burgos et al., 2016). Newcomer youth look to their families as a source of support and security throughout the migration process (Burgos et al., 2016). In a Canadian study using qualitative data obtained through focus groups, researchers identified several familial factors contributing to newcomer youth resilience (Burgos et al., 2016). These included family as a source of comfort during transition and times of uncertainty, and families also helped create routines and consistencies (Burgos et al., 2016). Moreover, families help to ease the acculturation process, during which newcomer youth could embrace the host culture while remaining connected to their culture of origin through their family (Sleijpen et al., 2016). Connection to culture and religion has also been identified within the literature as an important internal resilience factor among newcomer youth, whereby family supports can ensure this connection remains secure (Betancourt & Khan, 2009; Sleijpen et al., 2016).

Research findings also suggest that school and education improve newcomer youth resilience as internal and external assets (Sleijpen et al., 2016; Sleijpen et al., 2017). Sleijpen and colleagues (2016) performed a meta-ethnography, wherein it was identified that youth view education as a tool that gives them power and control within their lives, and their increased feelings of self-efficacy contribute to overall resilience. Schools also present newcomer youth with opportunities to complete developmental tasks, such as building and enhancing social connections and making positive peer relationships (Motti-Stefanidi, 2019).

Peer relations may also be an important external source of newcomer resilience. For example, peers may help to ease stress and anxiety, contribute to a sense of belonging, and act as a safe space (Sleijpen et al., 2016). It has also been found that newcomer youth who are socially accepted by their peers, particularly by their native-born peers, demonstrate fewer depressive symptoms and higher self-esteem over time (Motti-Stefanidi et al., 2021). Peers with the same cultural background have also been shown to help reduce the perceived threat of change and cultural loss during the acculturation process (Sleijpen et al., 2016).

In sum, the resilience of newcomer youth is developed and strengthened through an interplay of internal and external resilience factors within the youth's micro-and-mesosystems in particular (Betancourt & Khan, 2009). This highlights the importance of the current study, as it

seeks to understand the successes of STRONG and how these contribute to an increase in helpful coping skills and social connectedness, thus, allowing for a more holistic understanding of newcomer resilience. Noteworthy, post-migration stressors, including racism and reduced access to services, might interfere with newcomer youth's ability to strengthen and express their resilience. These experiences not only reduce youths' ability to develop connections with peers and their community, it may also work to undermine internal resilience factors such as their agency, autonomy, and hopefulness about the future (Pieloch et al., 2016; Smith et al., 2022). Additionally, the COVID-19 pandemic and the enforced public-safety measures potentially limited newcomers' access to different resources that foster resilience, such as peers and school (Browne et al., 2021). Therefore, through my research, I also sought to examine implementational successes and challenges of STRONG during the COVID-19 pandemic while also considering its impacts on resilience.

2.3 School- and Community-Based Interventions for Newcomers

Systemic efforts and policies are essential in reducing the risk of developing and intensifying mental health challenges (Zhou et al., 2018). Indeed, primary prevention programs for youth mental health have been noted to be more beneficial when they adopt a systemic approach to enhance social-emotional well-being that targets factors at both the individual and societal level (Colizzi et al., 2020; Weissberg et al., 2003).

In a systematic review of the literature on psychosocial interventions for refugee youth, Hettich et al. (2020) examined the types and efficacy of community interventions for refugees. The findings of the review suggest that a variety of interventions have been evaluated, including therapeutic group interventions and individual psychodynamic and trauma-focused interventions (Hettich et al., 2020). In addition, the review findings supported the use of these interventions, wherein participants experienced benefits such as improvements in mental health, increased self-efficacy, and increased connectedness with peer networks (Hettich et al., 2020). However, researchers have adopted a narrow focus in assessing program feasibility, relying heavily on youth and clinician data. Consequently, gaps emerge within the literature, as it excludes the perspective of members within a child's microsystem, such as family members. As the family system has important implications on resilience for newcomer youth, it is crucial to examine parental experiences.

Although support has been found for various school- and community-based interventions, research has shown that newcomer youth are less likely to engage in therapy due to several barriers, and they are also more likely to terminate therapy early in the process (Kassan et al., 2017). One of the reasons for early termination is clinicians lacking skills to effectively integrate culturally responsive techniques into their intervention care (Kassan et al., 2017). It is crucial that "newcomer youth's counselling needs are conceptualized within the context of their multiple and intersecting cultural identities and social locations, and within the context of migration" (Kassan et al., 2017, p. 222). It is essential that mental health interventions for newcomer youth are culturally-informed and strengths-based, such that they can address the unique needs of newcomer youth. One program that has been developed specifically for newcomer youth within a Canadian context is the STRONG program.

2.3.1 Supporting Transition Resilience of Newcomer Groups

Originally developed for school-based implementation, STRONG aims to help increase resilience, develop positive coping skills, and develop a sense of belonging among newcomer youth (Crooks et al., 2020a). The central elements of STRONG include "resilience-building skills, understanding and normalizing distress, cognitive-behavioural intervention skills [...], a journey narrative, as well as parent and [clinician] engagement tools" (Crooks et al., 2020b, p. 6). The STRONG program employs a holistic approach, adopting a strengths-based, ecosocial framework (Crooks et al., 2020b). In response to the influx of Syrian refugees and other newcomer youth entering into the Canadian education system in 2015, the Ontario Ministry of Education asked School Mental Health Ontario (SMHO) to assess and monitor the mental health needs of newcomer youth in schools (Crooks et al., 2020a). SMHO serves as an implementation support team for mental health programming within Ontario schools (SMHO, 2021). After implementing universal measures designed to promote safe and welcoming environments for newcomer students, reports from teachers and school-based mental professionals indicated that a tier-2 targeted intervention was required to sufficiently meet the needs of newcomer youth (Crooks et al., 2020a).

SMHO and the developers of STRONG explored existing evidence-based interventions for newcomer youth to determine whether program adaptation or the development of a new program would be most appropriate. There are several evidence-based interventions for

addressing trauma and distress in youth. Many of these school-based trauma interventions employ cognitive behavioural strategies, such as the Cognitive Behavioural Intervention for Trauma in Schools (CBITS; Jaycox et al., 2012). However, these programs often take a Westernized approach, typically emphasizing lingering stress reactions without emphasizing individual strengths or resilience (Crooks & Syeda, 2020). The conclusion that was garnered from the literature exploration and consultation was that there was a need for an evidence-informed intervention that focused on promoting newcomer inner and outer strengths and teaching coping skills (Crooks & Syeda, 2020). Thus, STRONG was developed to help address this need.

To date, two pilot evaluations examining the feasibility of the STRONG program within schools have been conducted. In the first study (Crooks et al., 2020a), researchers incorporated mixed methods to assess program acceptability, utility and implementation from the perspective of program clinicians. According to their findings, STRONG had a high level of program acceptability and utility, as students seemed highly engaged with the program content and appeared to benefit greatly, particularly in regard to increased connectedness (Crooks et al., 2020a). In the second pilot study on STRONG, the feasibility of the program was investigated from the youths' perspective (Crooks et al., 2020b). Using a mixed-methods approach, researchers explored the youth impacts of participating in STRONG using six intervention groups (Crooks et al., 2020b). The results of the study provide additional support for the feasibility and acceptability of the program within school settings (Crooks et al., 2020b). Participants demonstrated significant increases in outcomes of resilience, school connectedness and coping skills, such as relaxation and breathing techniques (Crooks et al., 2020b). Additional perceived benefits associated with STRONG were identified, including improved self-regulation and self-concept, increased trust in peers, reductions in stress, and increased knowledge about the Canadian context (Crooks et al., 2020b). While the initial pilot research supports the feasibility of STRONG in schools, gaps remain in understanding its feasibility within community settings.

2.4 Expanding STRONG to Community Settings

Along with schools, researchers have also emphasized the importance of implementing interventions for newcomer youth within diverse community settings. There is a broad range of community settings in which mental health programming and support may be offered to

newcomer youth. This includes community cultural agencies, resettlement services, resource centers, and children's mental health clinics. These settings may vary widely in terms of the services offered, organizational mandates, and staff credentials, among other factors. Thus, it is important to make these distinctions, as there are unique advantages and disadvantages for program implementation within each setting, with important implications on program feasibility, impacts, and participant experiences. Within the current research, STRONG was expanded and implemented in a children's mental health clinic which also served as a university teaching clinic for graduate student clinicians.

There are several potential advantages of offering tier-2 programming, such as STRONG, within a university teaching clinic. Within this setting, newcomer youth and their families have access to support from staff who hold specialized knowledge in mental health intervention and assessment. Additionally, offering STRONG at a psychology teaching clinic may reduce or eliminate some of the barriers newcomer families face when accessing mental health care post-STRONG, such as difficulties obtaining referrals for service. Through their participation in STRONG, youth and their families would be connected to the clinic wherein there may be a simplified referral process that allows youth to access appropriate and timely services more easily. For example, should it be indicated that a youth participating in STRONG required additional individualized supports, their connection to the mental health clinic through program participation may allow for a more seamless transition to follow-up care at the clinic post-STRONG. In addition, the relationship built with parents during STRONG programming may ease their comfort having their child receive individualized care, should it be indicated. Moreover, clinicians working in this setting receive clinical supervision to support them in integrating culturally responsive techniques and principles into STRONG programming. Culturally-informed care has important implications on participant outcomes and continuation in treatment (Kassan et al., 2017), and thus, supervision may be crucial for effective implementation, which may not be available in other settings.

Furthermore, Nadeau et al. (2017) used youth, parent and clinician data to explore factors relating to access, efficacy and satisfaction with community mental health services for newcomer youth. Youth and parent participants identified concerns over the sharing of personal information throughout schools with the potential to impact the youth and their families (Nadeau et al., 2017). Additionally, families expressed concerns over mental health stigma from accessing or

consulting with professionals in a school context (Nadeau et al., 2017). Moreover, the involvement of parents in interventions for newcomer youth has been emphasized in the literature. Parental involvement in mental health programming can be challenging within schools for newcomer families, for example, due to language differences, distrust of authorities, and family demands (Cureton, 2020). However, parental involvement within interventions may reduce barriers to accessing mental health care and promote later help-seeking behaviours (Islam et al., 2017). Specifically, the inclusion of parents in interventions may decrease levels of mental health stigma and distrust of authority figures in both parents and youth (Herati & Meyer, 2020; Islam et al., 2017). Providing explicit and active opportunities for participation (e.g., parent sessions) may help parents gain more insights into their children's mental health and the intervention (Herati & Meyer, 2020; Islam et al., 2017). Therefore, it may be more feasible to facilitate parental involvement in community-based interventions leading to more positive outcomes for the child.

2.4.1 STRONG Within the Community

STRONG has been implemented at a local non-profit community resource agency that works closely with newcomer youth and their families to provide culturally integrative services through various branches of their organization (Saadeddin, 2021). Specifically, Saadeddin (2021) examined implementation feasibility, youth impacts and parental perceptions of STRONG in the community using a mixed-methods approach. The STRONG program was also expanded to include three parent/caregiver sessions which were piloted within this study. The parent sessions were delivered while the program was being implemented with youth, and they were offered in Arabic, as this was the language spoken by all parents involved in the study (Saadeddin, 2021). Overall, parents identified the sessions to be beneficial. Specifically, parents reported in a focus group that the parent/caregiver sessions offered a safe space where they could share their perspectives and connect with other newcomer parents who may share similar experiences (Saadeddin, 2021). Many of the parents had pre-existing relationships with the community agency site. Some of the parents had participated in other parent or women's programs offered by the agency, and these existing relationships might have contributed to the sense of safety felt within the group and with facilitators. Parents also noted the sessions were beneficial in teaching them the coping strategies taught in the STRONG program (Saadeddin, 2021).

In addition, the results of this study demonstrate high acceptability and utility for youth as they appeared to benefit from the program, for example, by being able to apply the skills they learned in the program to various areas of their life (Saadeddin, 2021). Clinicians also reported that they observed growth in confidence, leadership skills and peer relationships among youth participants (Saadeddin, 2021). Further, Saadeddin (2021) found that clinicians experienced personal and professional benefits as a result of facilitating STRONG, including increased understanding of the needs and resilience of newcomer youth and the utility of programs such as STRONG. Clinical supervision, having good relationships with parents, and facilitating the program with clinicians who had previous experience supporting newcomer groups were cited by clinicians as factors that enhanced STRONG implementation within this community setting (Saadeddin, 2021). It is noteworthy that the clinical supervision offered in this study was only provided within this setting because a CSMH trainee was acting as a STRONG clinician. Generally, community agencies such as the one in this study may not have the capacity to provide the high quality clinical supervision that was provided during STRONG implementation. Additionally, the cultural agency implementing STRONG in this study may hold unique advantages relating to the setting, such as having pre-existing relationships between participants and clinicians, and having broadly culturally competent staff and Arabic speaking clinicians.

One of the current study aims was to examine the strengths and challenges of implementing STRONG at a university teaching clinic setting, including youth and clinician impacts and parental perceptions. Aforesaid, the importance of culturally-informed care when working with newcomer youth cannot be understated such that the development of cultural humility and responsiveness in clinicians is essential to work effectively with these populations (Kassan et al., 2017). Thus, understanding how the experience of implementing an intervention designed for newcomer youth impacts clinician professional development is also crucial, particularly within this unique setting.

2.5 Current Research Study

The purpose of this research study is to investigate the feasibility of implementing the STRONG program in a children's community mental health setting. I employed a qualitative methodology to assess the overall implementation experience of STRONG in a university

teaching clinic setting, and the success and challenges therein. Specifically, the research questions were as followed:

1. What are the youth impacts of participating in STRONG within this community setting?
2. What are the experiences of parents who participated in STRONG?
3. What are the implementation successes and challenges for facilitators implementing STRONG within this community setting?
4. How did implementing STRONG enhance graduate student clinician's professional development and capacity to support newcomer mental health?

I investigated these research questions using qualitative methods and data collected from youth, parents, and clinicians involved with STRONG at a university teaching clinic. Next, the methods of the current research will be discussed, and the results of the study will be presented along with a discussion of the results and their implications.

Chapter 3: Method

3.1 Community Partners

The STRONG intervention groups were implemented in partnership between the Centre for School Mental Health (CSMH), housed in the Faculty of Education at Western University, and the Mary J. Wright Child and Youth Development Clinic (CYDC)². Along with its role as the evaluator (i.e., administration and completion of research activities), CSMH provided implementation support to help the community partner facilitate the STRONG program. Specifically, CSMH trained the site clinicians, offered weekly clinical supervision, and created implementation materials (e.g., youth workbooks, orientation packages, and parent packages). CYDC is a university teaching clinic housed at Western University that offers mental health services for children, youth, and families in the community. CYDC offers assessments, interventions, and consultations for children and youth between the ages of three to 18 years old, and families. Services are offered to clients by graduate student clinicians enrolled in professional psychology programs under the supervision of registered psychologists.

3.2 Participants

3.2.1 Intervention Groups

The university teaching clinic implemented three intervention groups in 2021, and two STRONG clinicians facilitated each group. There were ten youth participants in total, and each intervention group had 3-4 youth participants. Out of the ten program participants, seven youth consented to participate in the research tasks (see Table 1 for an overview of youth demographic information). Although CYDC had its own eligibility criteria and process for identifying and recruiting youth for intervention programming, the CSMH provided eligibility guidelines for consideration (see Appendix A for STRONG referral form). STRONG is generally recommended for newcomer youth within the first five years after their arrival to Canada. During recruitment, referral sources (e.g., parents, teachers, school social workers) were consulted to get some insights about referred youth's conversational English skills, but youth were not excluded if they required additional language support. STRONG clinicians interviewed parents to screen for

² The Mary J. Wright Child and Youth Development Clinic (CYDC) granted permission for the use of their name in this study.

severe mental health disorders and significant self-harming and suicidal behaviours among youth to determine their readiness to participate in a tier-2 intervention like STRONG. Whenever necessary, CSMH provided language support in Arabic or Spanish to parents during these intake and referral activities.

Parents or caregivers of the youth participating in STRONG were also invited to participate in the research. In total, seven parents provided research consent, and five completed the research tasks.

3.2.2 STRONG Clinicians and Clinic Director

STRONG clinicians were graduate doctoral students enrolled in a professional psychology program at Western University (see Table 2 for the clinician demographic information). All clinicians reported that they had some form of experience working with newcomer youth before implementing STRONG (e.g., conducting psychoeducational assessments with newcomer students at schools), though it was not a requirement for clinicians to have previous clinical, school or community-based experience supporting newcomer children and youth. STRONG clinicians received weekly clinical supervision while they were implementing the program. The clinical supervisor was a registered child and adolescent clinical psychologist who had extensive experience supporting newcomer children, youth, families, and individuals with minoritized identities. The clinical supervisor was also a researcher of the STRONG team at CSMH. The director of CYDC participated in one of the focus groups to share his perspectives on the success and challenges of piloting STRONG in this setting. The clinic director was a registered child and adolescent clinical and school psychologist who oversees both CYDC and graduate student clinicians, including overseeing the implementation of STRONG.

Table 1*Demographic Information on the Youth Focus Group Participants from All STRONG Groups*

Demographics	Intervention Group		
	Group 1	Group 2	Group 3
Research Participants (<i>n</i>)*	4	2	1
Age (Range)	14 – 15	11	9
Gender	Male: 2 Female: 2	Male: 2 Female: 0	Male: 0 Female: 1
Country of Birth	Syria (2) Congo (1) Egypt (1)	South Korea (2)	Columbia (1)
Number of Years Spent in Canada (Range)	1 Year or longer – 2 Years or longer	2 Years or longer	4 – 7 Months

* Actual group size: Group 1 (*n* = 4), Group 2 (*n* = 3), and Group 3 (*n* = 3).

Table 2*Demographic Information on the Clinicians from All STRONG Groups*

Demographic	Total Number of Participants (<i>n</i> = 5)
Gender	Female: 5
Age (Range)	26 – 33
Program of Study	PhD in School and Applied Child Psychology: 5
Year in Program when Facilitated STRONG	Year 1: 1 Year 2: 2 Year 3: 1 Year 4: 1

3.3 Data Collection Tools

3.3.1 Youth Demographic Form

Youth research participants completed a demographic form prior to taking part in the focus group (see Appendix B). The demographic form asked participants to report on various demographic variables, including their age, gender, country of origin, and the amount of time they have resided in Canada. Participants completed the form virtually. For participants needing language support, items from the demographic form were verbally translated into their first language.

3.3.2 Youth Focus Group

After program completion, youth were invited to participate in a focus group to share their experiences with STRONG. Specifically, we asked youth to share their perspectives on positive experiences from the program, skills that they might have learned from STRONG, program challenges and potential improvements, online implementation experiences, and whether they would recommend the program to other newcomer youth (see Appendix C for focus group questions). Three focus groups were conducted, one for each of the STRONG groups. Two of the focus groups were completed in mixed languages (i.e., English with translation and interpretation supports for Arabic or Spanish), and the other focus group was conducted in English.

3.3.3 Parent Focus Group

Parents who consented to take part in STRONG research participated in a focus group after their child completed the intervention. The purpose of the focus group was to gauge parents' perspectives on the STRONG program generally and as it relates to their child's experience, as well as their experiences in the parent/caregiver sessions (see focus group questions in Appendix D). Although we intended for parents to participate in a larger focus group, one group interview and three individual interviews were conducted with parents. As many of the parents required language support, individual interviews were conducted to allow parents to share their perspectives in their first language. The group interview was conducted in mixed languages (i.e., English and Korean), and the individual interviews were conducted in English, Arabic, and Spanish, respectively.

3.3.4 Clinician Professional Development Questionnaire

After program implementation was complete, STRONG clinicians were invited to complete a brief questionnaire aimed at understanding how facilitating STRONG impacted their professional development and skills to support newcomer mental health (see Appendix E). Clinicians were asked to share their previous experience working with newcomer groups, how their implementation experiences contributed to their professional development, and any clinical recommendations for other student clinicians working with newcomer groups. All clinicians were emailed a link to complete the questionnaire virtually via the online survey portal, Qualtrics (www.qualtrics.com).

3.3.5 Clinician Focus Group

After the completion of each group, STRONG clinicians were invited to participate in a focus group. The focus groups aimed at gauging the clinicians' perspectives on the overall implementation of the program, and the specific strengths and challenges they encountered. We asked clinicians about the strengths and successes of the program, including perceived participant benefits, implementation challenges, the supports they received during implementation, and recommendations for future implementation (see Appendix F). Two focus groups were held in total, and clinicians were placed into focus groups based on when program implementation occurred (i.e., Winter/Spring versus Spring/Summer), and they were grouped with the clinician with whom they co-facilitated STRONG. One STRONG clinician implemented two intervention groups and thus participated in both of the focus groups. All focus groups were conducted in English.

3.4 Procedure

3.4.1 Participant Recruitment and Compensation

The administrative team at CYDC distributed information about the STRONG program to local public and Catholic school boards, and other community partners to recruit participants via email communication and posters. Information about the STRONG groups was circulated to families and professional that were part of the clinic's list serve. Family physicians, settlement workers, and school professionals are part of this list serve, and they were asked to relay information about STRONG to newcomer parents and families. Additional recruitment methods

were employed, including social media blasts on Twitter (twitter.com) aimed at teachers and parents. Interested parents and families contacted CYDC directly to discuss participation. STRONG clinicians completed a brief intake call with parents to determine whether their child's presenting needs and concerns could be addressed via STRONG. The age group (i.e., elementary or secondary) of each intervention group was pre-determined. CYDC was interested in piloting one secondary and one elementary STRONG group. For the intervention group with adolescents, clinicians also performed an introductory call with youth prior to program implementation.

All youth and parent participants received compensation for their participation in the research components of the STRONG program. Youth and parents both received a \$20 gift card after completing each of the various research tasks. STRONG clinicians also received a \$20 gift card after completing the professional development questionnaire.

3.4.2 Intervention

STRONG is a manualized, evidence-and-trauma informed intervention designed for newcomer youth within a Canadian context (Crooks et al., 2020b; Hoover et al., 2019). It consists of one-individual and ten-group sessions that aims to enhance resilience, promote individual strengths, teach different coping-skills, and foster a sense of belongingness (Crooks et al., 2020a). STRONG combines cognitive-behavioural group processes with "sociotherapy techniques that allow for participants to provide peer support in helping each other learn and practice strategies, while engaging in individual learning to build and strengthen personal resilience" (Crooks et al., 2020b, p. 6). Weekly STRONG sessions were conducted virtually using Zoom video conferencing at a mutually agreed upon date and time, for approximately seventy-five minutes per session (see Appendix G for an outline of research and program activities). Two of the STRONG groups were conducted in English. The third group was conducted with mixed languages (i.e., English and Spanish) based on the need for extensive language support. One of the STRONG clinicians in the mixed language group spoke Spanish and provided interpretation support to two of the three participants.

Parents and youth received welcome packages when they enrolled, which were delivered to their home. For youth, packages consisted of a STRONG workbook as well as other stationaries. Parents received details about the program as well as some self-care items. At the start of the first group session, clinicians obtained youth assent for program involvement from

each participant. Participants engaged in a warm-up activity designed to promote connectedness and social inclusion to begin each session. Each group session had a specific topic focus, such as understanding stress and using helpful thoughts, wherein participants engaged in activities and discussions to promote individual learning (see Appendix H for an outline of STRONG sessions). The individual session provided participants with the opportunity to share their journey narrative with a clinician. Specifically, participants were able to share their migration stories and collaboratively identify their personal strengths and the external supports and relationships they had to navigate and cope with difficult situations (Crooks et al., 2020b). During the individual session, participants chose whether or not they would like to share their journey narrative with the rest of the participants in subsequent group sessions and which components of their journey they wished to share. The final session of the program consisted of a graduation celebration, and a review of the new skills and strategies participants had learned throughout the program. The graduation celebration for the first intervention group took place virtually, and pizza was delivered to each participant's home. For the other two intervention groups, the graduation celebration took place in-person.

In addition, three parent/caregiver sessions were offered as part of the STRONG programming for each intervention group (Saadeddin, 2021). Attendance in these parent sessions was optional. The first session aimed to provide parents with information on the STRONG program, including an overview of session content, the parent's role, and the potential benefits for youth. Parents also received an introduction to the individual journey narrative component of the program and what it would involve for their children. The second parent session occurred after the youth completed the sixth STRONG session. Parents were familiarized with a few of the coping strategies that their child learned in STRONG (e.g., breathing techniques), and they received guidance on how they may use them at home to further bolster their child's learning from the program. The third parent session took place after the program was complete. Clinicians provided parents with information on community resources and home-based strategies (e.g., apps for deep breathing) that might support their families' mental health and well-being. Given parents' demanding schedules, parent/caregiver sessions had to be postponed and rescheduled a number of times. We offered evening and weekend times to accommodate parents' schedules. For intervention group one, two of four parents were available for all of the sessions, and clinicians performed individual check-in meetings with the other two parents towards the end of

program implementation. All three parents from the second intervention group attended the first session, and two out of three parents attended the final two sessions. Two of three parents attended all of the sessions from intervention group three. Language supports were available for parent sessions, but it was challenging to have cohesive and group conversations due to multiple language needs.

3.4.3 Focus Groups

Focus groups lasted approximately one-hour in duration. Focus groups were facilitated by a CSMH staff member or graduate students who received appropriate training. All participants were invited to participate in the focus groups, and there was no minimum number of participants required to complete a focus group. Parent participants were recruited to participate in the research components of the study by STRONG research team members at the parent orientation session prior to program implementation. The focus groups adopted a semi-structured format using prepared questions designed to explore the experiences of the participants involved in STRONG, including their perceived strengths and challenges of the program. This format provided facilitators with the flexibility to explore other topics and new areas that may have arisen during the conversation. Member checking occurred in a group format at the end of each focus group to assess whether we had captured participant perspectives accurately. At this time, the focus group facilitator provided a summary of participant responses and offered participants the opportunity to correct any inaccuracies and add anything else that they felt had not yet been captured. Focus groups were held virtually via Zoom video conferencing. Additional safety measures were employed to help ensure the privacy of participants during the focus groups. These included having to enter a secure password prior to joining the Zoom call, and participants were asked to keep their video feed off while recording to help ensure anonymity. All focus groups were audio-recorded and transcribed verbatim to ensure accuracy. Transcription was completed by STRONG team members using the online transcription program Trint (<https://trint.com/>). Focus group transcripts in non-English languages were translated and transcribed into English to prepare for data analysis.

3.5 Data Collection

STRONG researchers obtained consent from parents/legal guardians for their children (under the age of 16) to participate in the focus group (see Appendix I). At the end of the first

program session, research team members joined to obtain verbal assents from youth to participate in the focus groups (see Appendix J). Individual consent was also obtained from parents to participate in the focus groups (see Appendix K). Clinician consent was obtained prior to completing the clinician professional development survey and focus groups (see Appendix L for survey consent and Appendix M for focus group consent). Participation in the research tasks was not mandatory for any participant (i.e., youth, parents, clinicians), and youth and parents may have still participated in the program if they refused or withdrew from research participation. Clinicians were still able to implement the program if they declined or withdrew their participation in the research components.

3.6 Analysis

I used a qualitative, exploratory method based on a post-modern, post-constructivist perspective. We used Braun and Clarke's (2021) Reflexive Thematic Analysis (RTA) method, where participants shared their experience and perspectives as they made meaning of them, and the results of the study represent my interpretations of participants' accounts. In RTA, participants and researchers are knowledge creators. Braun and Clarke's (2021) RTA approach offers theoretical flexibility that could be applied to examine people's experience with programs and systems. In addition, Braun and Clarke's approach helped to move past surface descriptions and instead provide deeper interpretations of participants' experiences and the influences of these experiences (Braun et al., 2019).

3.6.1 Researcher Positionality

Important to the reflexive and interpretive process in RTA is contextualizing the researcher's positionality so that readers can further assess the appropriateness of the findings (Braun & Clarke, 2021). I was born in Canada to first-generation Canadian parents, and I am the granddaughter of immigrants. My grandparents immigrated to Canada from Europe after World War II. They were displaced from their homes, forced to flee and find refuge in neighbouring countries after witnessing the atrocities of war and the deaths of their loved ones. I have had the privilege of hearing their stories throughout my life, including the triumphs and hardships that my relatives faced throughout their migration journeys. I have witnessed the impacts of the trauma and adversity that my grandparents faced, which they continued to struggle with post-migration in regards to their own mental health challenges. Hearing their stories and seeing their

challenges motivated me to support newcomer families along their journey, particularly with the mental health challenges they face post-migration.

Within my role as a graduate student and as a member of the STRONG research team, I have received training in the STRONG program. I also attend weekly project meetings as part of my ongoing learning and training in regards to newcomer mental health. I acknowledge that my previous learning experiences may bias the ways in which I analyze and interpret the results of this study. Additionally, I recognize the biases and privileges that I hold as a Canadian-born, Caucasian, able-bodied, educated woman. I acknowledge that my experiences hearing the stories of my grandparents may shape the way I interpret and give significance to the findings of this research and thus, one of my primary goals in this research was to highlight and share newcomer voices and perspectives in their own words. I wanted to better understand the lived experiences of newcomer youth and their families migrating to Canada and to honour those lived experiences while minimizing my bias in the interpretation of the results.

3.6.2 Data Analysis

A thematic analysis was performed using youth, parent, and clinician focus group data, and data obtained from the clinician professional development questionnaire. Within a thematic analysis, researchers are able to minimally organize the data such that they are able to identify, analyze, and report emerging themes (Braun & Clarke, 2006). Adopting a deductive and inductive approach, the researcher employed the six-phase model of thematic analysis presented by Braun and Clark (2006).

The researcher first familiarized themselves with the data by reading and re-reading the focus group transcripts and questionnaire data and making notes of initial impressions. Initial codes were generated from the data by the researcher and a second coder. The second coder was a team member of the STRONG research at the CSMH. They are a racialized immigrant, who has both extensive clinical and research experience in the field of newcomer mental health. Next, the two coders worked to identify themes within the data based on the research questions. This involved examining the previously identified codes and analyzing the codes for overarching themes or patterns that were representative of a group of similar codes. In addition, themes were organized into semantic sub-themes in order to describe participant responses and interpret the

significance of the themes and their implications (Braun & Clarke, 2006). The researcher and coder then further refined and subsequently defined the themes and sub-themes from the data.

3.7 Ethical Considerations

We have received ethics approval from Western University's Non-Medical Research Ethics Board to carry out the larger STRONG evaluation study in school and community settings. Applications for the amendment were submitted to the Research Ethics Board to seek approval for any changes made to the study design, tasks, and data collection procedures for this study (see Appendix N). Furthermore, parental consent and youth assent were obtained prior to starting the STRONG program. A key consideration regarding consent, was the need to provide parental consent forms in a language that is accessible to participants. For parents to be able to fully comprehend and assert their rights and agency over participating and what it means to participate fully, it was crucial that consent forms were provided in a familiar language. Thus, parental consent forms were offered in English, French and Arabic, and additional language support was provided as needed. Participation in the STRONG program was not dependent on a willingness to participate in the research components, such that participants were still able to receive the intervention while not participating in the current study. Additionally, while participating in the research components, participants were able to assert their right to skip any questions or tasks. They were also able to withdraw their consent at any point during the study and implementation. Moreover, the privacy and confidentiality of participants is of the utmost importance, and thus, several methods to protect their information were employed. For example, all participant information and data were stored within secure, password-protected digital folders.

The content of the program and certain activities and discussions inviting participants to identify and reflect on their thoughts, feelings, and migration journeys may have been challenging and elicited distress. STRONG adapts trauma-informed care into its programming, wherein the safety of participants was prioritized, including transitioning from activities that may be distressing and providing individual check-ins when necessary. In addition, all research tasks were administered in a safe and controlled setting under the supervision of trained research staff, who were able to provide opportunities for individual debriefing if needed (Syeda et al., in press). Moreover, program clinicians performed a PTSD screening with each youth participant

while performing the journey narrative portion of the programming. If a youth indicated signs of PTSD or other mental health concerns warranting clinical attention, families were offered to be connected to additional mental health services at the implementation clinic for immediate, individualized care.

Chapter 4: Results

The results of the current investigation, including program impacts, implementation experience, and clinician professional development are presented within this chapter. The results from the qualitative analysis using youth, parent and clinician data are presented in the following order: 1) Youth impacts and program experience; 2) Parental perceptions and program impact; and 3) Clinician implementation experience and professional impact. The emerging themes and sub-themes for each participant group are presented.

4.1 Youth Impacts and Program Experiences

A total of seven youth from three STRONG groups participated in the focus groups. The purpose of the focus groups was to examine the youth impacts of participating in STRONG within a university teaching clinic setting, including their perspectives on program implementation. We identified four themes from the focus groups: 1) STRONG helped me in different ways: Coping and connections; 2) Wish STRONG gave us more: Need for recreational activities and individual supports; 3) It's not black and white: Pros and cons of virtual STRONG; and 4) If you are new to Canada, join STRONG: Learn skills in a safe place.

STRONG Helped Me in Different Ways: Coping and Connections

During the focus group, youth were asked to share their favourite memory or activity from the program and the coping strategies they might have learned through STRONG. Youth reported that they experienced various benefits from participating in the STRONG program, including learning coping strategies to help manage stress, and an increased connectedness with peers. A majority of youth endorsed that they both enjoyed and benefitted from learning the different coping strategies taught within the STRONG program. The coping strategies taught within the program include body-based stress management (e.g., deep breathing), identifying helpful thoughts, goal setting, and problem solving (Hoover et al., 2019). Several youths endorsed that they could better manage their stress as a result of being able to identify helpful thoughts and positive qualities about themselves. Youth believed that engaging in this strategy allowed them to shift their focus away from their stress and anxiety, allowing for a change in perspective which they found helpful in promoting relaxation. For example, one youth explained,

"I start to think of positive things or like the strong qualities in my personality [...] I start to forget about the anxiousness little by little" (Participant 3, Youth Focus Group 1).

Participants most often endorsed body-based stress management skills as the most helpful in managing their stress and promoting relaxation. Body-based stress management skills are those that incorporate both body awareness and visualizations to help promote relaxation. The body-based stress management skills taught within STRONG are deep breathing, progressive muscle relaxation, body scan, my calm place, and drawing (Hoover et al., 2019). Out of the five coping strategies, participants most often endorsed deep breathing, my calm place, and drawing as their favourite or most beneficial strategy. The deep breathing exercise asked participants to take slow, deep breaths while using the imagery of blowing up a balloon to help guide participants (Hoover et al., 2019). My calm place is a visualization activity that helps participants imagine a calm and safe place of their choosing while taking deep breaths (Hoover et al., 2019). Participants described using these strategies to assist in reducing their stress, managing distressing emotions such as anger, and promoting relaxation. For example, one participant described how they use one of the strategies from STRONG in their lives:

For me, it's the calm place again, because my favourite place to go to is the beach. And when I'm at the beach, I just, everything that I was worried about I just like, I just forget about it. So like, every time I'm stressed or upset or anything like that, I just lay down, put some music on and just relax and do [the] calm place exercise. (Participant 2, Youth Focus Group 1)

Connectedness to peers was identified by youth as a benefit of participating in STRONG. Four participants identified the in-person component as their favourite part of the program (i.e., pizza celebration), as it gave them an opportunity to interact with their peers and have fun playing games. Additionally, many youths shared that they enjoyed being with peers their own age in STRONG, as it allowed for them to socialize and make new friends. One youth explained that they enjoyed "[...] being with girls my own age, [...] I liked that they were my age. That they liked to play and that they liked to play with me and that you know we could be friends and we had things in common" (Participant 1, Youth Focus Group 3).

Wish STRONG Gave Us More: Need for Recreational Activities and Individual Supports

When discussing potential areas of program improvement, participants identified recreational and one-on-one support components that they would want to add to STRONG. Participants shared that they wanted increased opportunities to socialize and play games with their peers, which was often remarked as being a highly valued part of their experience in the program. Youth often cited that having more games and opportunities to interact with peers would make the program more fun and engaging and contribute to their overall experience. For example, one of the youth said, "Probably to make it more fun, maybe like add some games or something like that. [...] Yeah, just like any kind of game, that like, we will all play" (Participant 2, Youth Focus Group 1).

Some youth identified wanting more one-on-one time with their STRONG clinicians to get individualized support for school adjustment and mental health. One younger participant indicated that they would have liked a few individual sessions with their STRONG clinicians to process distressing emotions like fear. Others expressed an interest to seek advice from their STRONG clinicians about studying, managing the demands of high school and resettlement in Canada. Youth perceived that having individualized supports on school and life adjustment topics would have helped them to have more practical solutions to their day-to-day stressors. For example, a grade-10 participant indicated:

If they um, gave us advice, maybe that would make it better, because like, maybe sometimes you're stressed about school [...] Let's say in grade nine, marks don't really matter. So if they said that, don't worry like marks don't matter in this grade, maybe you won't be as stressed. So like, if they give advice, it would've been better. [...] Yeah, or whatever, like anything that is stressing you out, maybe like if they gave you the advice for it because, yeah, like they have experience, so maybe they would like yeah, make you not stress as much. (Participant 1, Youth Focus Group 1)

It's Not Black and White: Pros and Cons of Virtual STRONG

Youth discussed their experiences completing STRONG programming online, and participants identified both advantages and disadvantages of online implementation. With respect to advantages, some youth shared that it was easier for them to access the program from home. Along with reducing transportation challenges, some youth also found it more comforting to

engage in some of the program activities at home, such as the breathing exercises. To elaborate, one participant noted that, "Yeah, no like, I like it. I even would like school to be online. [...] Treatment is sometimes easier online, or, or like the Zoom meeting is easier..." (Participant 3, Youth Focus Group 1).

Participants identified two key disadvantages of completing the STRONG program online. First, youth perceived the online programming to be less authentic in building connections with other peers participating in STRONG. Participants believed that in-person implementation would have allowed for participants to engage in a wider variety of interactive activities, which they felt would have made the program more fun, and it would have helped foster stronger connections between the youth. In fact, for many of the youth, the in-person celebration was one of their favourite memories of the STRONG program. One youth highlighted the importance of social connections for youth, and the associated disadvantage to virtual programming:

I didn't really like doing it online, mostly because it's a little bit harder for me. I don't really like the virtual. I really enjoyed the in-person piece because I felt you didn't have to be there glued to a screen. [...] The other thing I really like about being in person and having a chance to get to know other people, and that's what I really enjoy. (Participant 1, Youth Focus Group 3)

The second disadvantage of online implementation was longer wait times during sessions. Many times, STRONG sessions began late as participants would be delayed logging in to the session, meaning those who joined on time needed to wait for their peers. As well, older youth particularly believed that their STRONG clinicians needed to ask more questions online to check for engagement and comprehension of the program content and activities, which also caused delays in the flow and transitions between discussions and topics. When discussing their experience with virtual implementation, one youth stated:

I think it's not like too good to do it online, because like Facilitator 1 and Facilitator 2, were, when they ask questions, they wait longer and we don't really have any, like what's it called, questions to add, and they just wait, and they think we have questions. So if they were like face to face, they would know that we don't have any questions and they will continue. (Participant 1, Youth Focus Group 1)

If You Are New to Canada, Join STRONG: Learn Skills in a Safe Place

All participants indicated that they would recommend the STRONG program to another newcomer to Canada. Youth identified specific examples of how participation in STRONG might help other newcomer youth to have a more positive adjustment experience after moving to Canada. Some youth suggested that the coping strategies (e.g., breathing exercises, problem-solving skills) learned in STRONG might help other newcomer youth deal with post-migration stress, such as acculturation and understanding the Canadian context. For example, one youth stated:

... Usually when someone wants to come to Canada, or to any other country [...] They would be anxious and stressed. And this program helps make the individual not anxious or even helps them get introduced to Canada more. So of course, I would recommend it. (Participant 3, Youth Focus Group 1)

Participants recognized that moving to a new place could be stressful, and it appeared like they appreciated having a structured place to learn coping strategies to deal with stress. A few participants identified that STRONG is a safe space where newcomer youth can meet people around their age who share similar backgrounds. The shared lived experience of migration and the non-judgmental and accepting space offered by STRONG were deemed to have facilitated participants' comfort in sharing stories about their stress, struggles, and challenges. Some youth particularly recognized the benefits of participating in a group with other newcomer youth, and how this can assist in processing their migration journey and the stressors experienced along the journey. When reflecting on why they would encourage other youth new to Canada to join STRONG, one participant explained:

It's a really nice program, you can share a lot, you can be around people who are in a similar situation, and you can also, it's a safe space where you can be away from the things that are bothering you, and you can share as much as you want [...] because sometimes you know, they may have experienced something during their journey to Canada, there might have been something that hurt them, something that is bothering them, that here they could share it with other people who sort of are in the same situation, or they could share it with people who understand those feelings and where they feel there are people who they trust... (Participant 1, Youth Focus Group 3)

4.2 Parental Perceptions and Program Impact

During the focus groups, we asked parents to share their perspectives on the perceived changes and growth that they have observed in their children as a result of participating in STRONG. We also asked parents about their experiences participating in the parent/caregiver sessions and any recommendations for youth and parent programming. Three main themes emerged from the data: 1) STRONG helped my child: Perceived utility of STRONG for newcomer youth; 2) Left us wanting more: Limitations of STRONG programming; and 3) We need more connections: Recommendations for STRONG parent sessions.

STRONG Helped My Child: Perceived Utility of STRONG for Newcomer Youth

Parents of the youth participants endorsed that their child benefitted from participating in STRONG in various ways. Specifically, parents observed growth in their child's communication skills, confidence, and use of strategies to deal with distressing emotions. Further, the reported growth was observed in youth both inside and outside of the home, with some parents reporting changes within the family system and in the youth's relationships with peers. For example, one parent highlighted observed changes in their child's confidence and interactions with peers as a result of STRONG:

He [was] very shy, not social. He [was] afraid or scared [to] meet new people... But I think now after, after he started [STRONG], he started to be more, more [social] and more confident, and he speak and, uh, and explained his ideas like this. And the main thing I feel, he [does] not have the same difficulty to meet new people. (Parent 1, Parent Focus Group 1)

Furthermore, parents observed specific growth in their children's emotional development, including appropriately expressing their emotions and having conversations with family members about emotions. Parents also indicated they had observed their children using the coping skills taught in STRONG to deal with distressing emotions. Specifically, parents reported that they had seen their children using breathing exercises and problem-solving skills to deal with distressing emotions. To illustrate, one parent explained that:

I think STRONG [had an] impact, had an impact on his, um, his attitude and [...] his coping skills a little bit. So, [he's now] talking to me nicely and gently. [...] Through this STRONG program, we have, we were able to have good conversation talking about, you

know, how to cope with, how to deal with our humans' emotions [...] because [my child] participated in this, this STRONG program, so, we were, that was easier for us to have a conversation about, conversation talking about emotion. (Parent 2, Parent Focus Group 2)

Left Us Wanting More: Limitations of STRONG Programming

Parents in the focus groups also identified some drawbacks of the STRONG program that might have limited its impact on their children. First, parents revealed that it would have been helpful to receive additional programming and resources on parenting skills to better support their children. For example, parents discussed wanting opportunities in the program to learn how to support their child in establishing boundaries and effective communication techniques. Parents felt that it would be beneficial to receive support from clinicians in order to enhance parenting skills and learn new strategies to assist in managing family issues. For example, one parent shared that they wanted to learn:

How to converse with your parents [...] I know he, in his mind, he wanted to say something to me, and he want to talk gently, but sometimes he just saying, 'I don't know. I don't, I don't matter about that,' something like that. [...] And also, I want to make some parent session to conversation with their children. (Parent 1, Parent Focus Group 2)

Moreover, a few parents reflected that the scope or structure of the STRONG program was not sufficient to address the impact of some significant stressors that newcomer children and youth may experience at different stages of their migration journey. These parents shared that systemic stressors (e.g., racism, financial struggles) or individual trauma experienced in pre-migration could not be adequately addressed in a group program. For example, a parent of an 8-year-old STRONG participant who recently moved to Canada from Columbia shared his perception:

Because when children leave their country, there is tremendous trauma, wounds that can't possibly heal in a 30 or 20-minute session, especially ones that are group sessions. [...] The focus needs to be on the individual work because the emotional baggage you bring with you is so heavy that you can't unpack it in a 30-minute group session. You can't heal that damage. You won't heal that deeply rooted emotional trauma. (Parent 1, Parent Focus Group 3)

These parents also offered recommendations in which these stressors could be addressed in structured psychological programming. It was recommended that STRONG should begin offering parents resources about systematic stressors, and it was also recommended to include individualized sessions with youth in order to provide them with support in addressing their trauma and any mental health concerns.

We Need More Connections: Recommendations for STRONG Parent Sessions

Parents overall endorsed the utility of the parent/caregiver sessions, since they helped in clarifying program aims, goals, and expectations, and it gave parents the opportunity to learn coping skills. However, parents proposed two recommendations to improve the utility of the parent sessions. The first is to create a dedicated parent group where they can share their experiences and problems, and the second recommendation is to offer parents individual consultation opportunities.

A few parents expressed that it would have been helpful to have additional space and opportunities to discuss parenting, newcomer experiences, and resettlement. Parents believed that there were not adequate opportunities to interact with other parents in the program. They wanted additional and personalized time to connect deeply with other parents in the group to enhance their sense of belonging and share their migration stories and challenges. Importantly, parents felt that connecting and sharing migration and parenting stories with other newcomer parents would help in knowing that they are not alone in their struggles, and there are others who may share similar experiences which can offer support. These sentiments are reflected in one parent's response:

Sharing this as a parent, not just a newcomer, when caring for your children, there are specific challenges, and when sharing these concerns with other parents, you start to realize that others are going through similar hardships. And as parents share similar concerns, we can discuss effective strategies to resolve common challenges encountered by our children. For example, some parents might share, 'My child coped this way' or the facilitator might say, 'We can handle certain situations this way'. I think having these conversations would be helpful. (Parent 1, Parent Focus Group 2)

Moreover, a few parents expressed wanting opportunities to individually consult with clinicians about their child's progress, and to discuss parenting, family, and personal challenges.

Parents felt that more opportunities were needed to receive feedback on their child's progress in STRONG. Parents reported that feedback about their child was important for them, and they wanted to receive feedback on a more consistent basis. One parent even suggested using part of the parent/caregiver sessions to individually check-in with parents and offer feedback on their child's progress. For example, one parent shared:

There was no room for a parent to come in and talk about their child and what they saw [...] I was expecting so much more from [the parent] session. [...] Having the opportunity to describe my child, to give my opinion about the program, and to not feel rushed. So maybe not making these group meetings because parents may want to express themselves or share a bit more about the experiences they've lived through, and obviously, some parents may not do this in a group setting. (Parent 1, Parent Focus Group 3).

4.3 Clinician Implementation Experience and Professional Impact

In the focus groups, clinicians were asked about their experiences implementing STRONG at a psychology teaching clinic, and how their experience impacted their professional development. A total of five graduate student clinicians and the training clinic director participated in the focus groups. We identified two subordinate themes that explored the overall benefits and challenges of implementing STRONG at a training clinic.

Benefits for Clinicians: Flexibility, Adapting, and Understanding the Newcomer Experience

According to clinicians and the site director, integrating the STRONG program at the psychology training clinic resulted in key benefits for clinicians' growth and professional development. Namely, the integration of STRONG provided access to culturally-responsive-and-tailored supervision to clinic trainees, and it gave them an explicit pathway to have clinical experience working with newcomer children, youth, and families contributing to their professional development.

In the focus groups, STRONG clinicians noted that the supervision they received was particularly beneficial in enhancing their awareness and ability to be flexible with program content. Clinicians further shared that the program supervision taught them how to modify activities and discussion topics to meet participating children and youth's developmental and

social needs. Supervision also reportedly allowed clinicians to further bolster their understanding of culturally-informed and anti-oppressive practices, such as placing the lived experiences and knowledge of participants at the forefront in treatment. When describing her experiences while implementing the program, one clinician emphasized the importance of supervision for clinicians:

I think, I really relied on [Name of the Clinical Supervisor], she gave us so many tips every week in preparation to make sure that despite the fact that we have this wonderful program that's really laid out for us that we can follow, she knows so much right. And so we were able to then even further have a lot of information about, ok so, this week you're gonna be talking about this, make sure that you're asking the question this way and not this way, right. If you ask that question in a certain way, this is what could happen. So I think having that, that person to rely on to give just some pushes, some things like instead of trying to change their thought distortions or just, talk about helpful thoughts, because they may not be thought distortions, they might actually be realistic thoughts because of some of situations they've been in. So those kinds of things were really helpful to learn. (Clinician 2, Clinician Focus Group 1)

Clinicians also reported professional growth and development as a result of implementing STRONG. Specifically, clinicians noted that through implementing the program, their knowledge of newcomer youth mental health and the skills to best support the mental health of newcomers increased (e.g., flexibility, understanding diversity in the newcomer experience). Clinicians indicated that implementing STRONG helped them better understand the diversity in newcomer experience, and the trauma that newcomers may face as a result of their migration experiences. They felt that this helped them to better contextualize newcomer mental health and the barriers they face when accessing support in their community. Overall, implementing STRONG helped clinicians directly interact and provide clinical services to newcomer youth and families, which in turn enhanced their knowledge about newcomer experience. One clinician reflected on how implementing STRONG contributed to their professional development:

It gave a "real life" feel to what I had learned from the literature and has sensitized me to the immigrant and refugee experience. I feel more prepared and comfortable interacting with individuals who are different than me and asking about their experiences. I am more aware of how to approach situations when language barriers are present (e.g., patience,

visual resources, and allocating more time for various activities to make sure I understand a youth and they understand me). I also have learned about various resources and other practical support options available to newcomer youth that I didn't know about prior to. Finally, it reminded me to always be open, curious, and willing to reflect. (Clinician 5, Professional Development Questionnaire)

Additionally, clinicians felt implementing STRONG helped them to develop and enhance their skills to support newcomers' mental health, and what is needed to implement a culturally-informed intervention. One of the most frequently cited skills that clinicians developed through implementation was flexibility and being able to adapt and modify program content in order to meet the developmental and language needs of newcomer youth. One clinician reflected:

I think for me as well, it was more of a learning opportunity. [...] So, I think just having the opportunity to have this structured program that I can use and then have Clinical Supervisor as someone I can refer to when I had questions made it so I had this very kind of safety net place to develop the skills and knowledge to be able to work with the newcomer youth in a professional and good way. And I think more so, it gave me another perspective on working with youth that have experienced trauma because it's completely different trauma than I've seen before. And I think being able to do their journey narratives just taught me a lot about them. And it was a much more emotional experience for me to listen to their narratives than maybe listening to other trauma narratives... So, I think it was really just an opportunity to learn and grow... (Clinician 2, Clinician Focus Group 1)

From a supervisory perspective, the implementation site supervisor echoed clinicians in the ways in which he has observed growth and development within clinicians as a result of implementing STRONG:

I think one of the great pieces I think I've heard was from supervision is the increased confidence and comfort as part of our student clinicians working with newcomer youth. [...] We know the diversity of London is not fully represented in our referral pathways and the clients who do show up [at the clinic] and are supported. So, I think this was a real intentional learning opportunity, certainly to provide clinical support for the newcomer community, but also a real learning opportunity on the student clinician side to be increasing their skills and confidence and comfort of working with newcomer youth

and, and their families as part of that. And I think this is a wonderful entry point, thinking about, given the format of the group and some of the structure as well, that it's it's not an open-ended perhaps kind of clinical intervention the way that some supports might be, but that it is it's manualized, it has a structured format there that allows it to be followed in a way that's it's a great entry point particularly when you're starting a new kind of learning area. (Site Supervisor, Clinician Focus Group 1)

Setting Makes a Difference: Benefits of STRONG for Newcomer Families

According to clinicians and the clinic director, the availability of free and timely individual tier-3 services for STRONG children and youth after program completion was a key benefit of implementing STRONG at a psychology training clinic. During program implementation, it was apparent to clinicians that a few youths needed tier-3 care and they were offered free individualized follow-up support through CYDC. Clinicians identified that the pre-existing relationships and trust developed with the youth and their family through STRONG allowed for a more seamless and timely transition to accessing individualized mental health support at the clinic. Additionally, by offering tier-2 and tier-3 services, youth and families involved in STRONG had continuity of care regarding service providers and treatment settings, which has been found to be an important aspect of treatment for newcomer families (Nadeau et al., 2017). The implementation site supervisor highlighted the role that STRONG played in both identifying youth who may require individualized support, and in providing follow-up care after program implementation is complete:

Because I think as a strength, [...] I think this is such a wonderful tier-2 intervention in that it really does help identify some of those youth who might benefit for some further kind of clinical support because of PTSD or other kind of potential mental health challenges. And I think kind of the one, I guess, challenge or kind of accessory to that is about when you're running STRONG to be able to have that kind of tiered intervention care kind of at your disposal to be able to offer to participants knowing that relationships are often really important as part of trust as well. And not every organization may have that ability at that moment to, to offer some of those kind of follow-up care pieces, [...] having that clinician that might be directly connected to the family as a follow up support. (Site Supervisor, Clinician Focus Group 1)

This was echoed by a STRONG clinician in the same focus group:

I agree with [Name of the Clinic Director] that it's a benefit of hosting it at the clinic because I know that in a past group there was at least one individual that we wanted to sign them up for individual care. And that transition was kind of awkward for them, and they weren't comfortable going to this other place and talking to a new person. Where this one, like we have relationships with each of our youth and we did the journey narrative with them. They know us, so they're comfortable continuing with us. But it may not be the case with other groups. It just might. You know, I think that having that relationship is helpful. (Clinician 2, Clinician Focus Group 1).

We Needed to Adapt: Challenges with Language Differences

All clinicians identified some challenges with program implementation. Clinicians described implementation challenges due to language barriers and the need to adapt programming, and challenges as a result of virtual format of STRONG. Clinicians noted that it was challenging to manage language differences while implementing the program, since they often had to modify and adapt program content in order to meet the needs of the youth. Clinicians found it to be additionally challenging when the youth had widely varying levels of English fluency, as clinicians were tasked with ensuring content comprehension while also trying to keep youth engaged, which they felt sometimes made the program less fun. In their perceptions, clinicians felt that the language barriers made it increasingly difficult for youth to build connections with each other, and it contributed to difficulties establishing rapport. This challenge is not surprising, since several STRONG youths required language support (e.g., interpreter), and some of the youth had minimal or no English fluency. One clinician reflected,

Language was a difficulty in our group because we had two fully Spanish-speaking participants that couldn't speak any English. And then one who could understand English, but she was the younger of the group, and so the translation time took up a lot of time. And so she often would kind of ask, like, how much longer do we have to do this? And it felt lengthy, I think [...] it just made the group not as fun for her. And then it took a lot of our time to let them connect because they couldn't connect that well with language, so I think language was a bigger barrier for us. (Clinician 1, Clinician Focus Group 2)

These feelings were echoed by another clinician in the focus group, while also highlighting the challenges associated with adapting program content,

I think the big one that stood out to me initially was how to adapt the level of language and content for our groups level because we had kind of a range of some of our participants were more fluent in English than others, and some could understand more of the abstract concepts than others. So it was, I found each week it was trying to find this happy medium between, you know, what was going to be understandable, but also engaging to everyone because you don't want the kids who are more fluent to be all bored, but then you don't want it to be too hard for the kids who are still really learning and becoming more proficient, so that was definitely one piece. (Clinician 4, Clinician Focus Group 2)

It was a Learning Experience: Challenges with Technology and Virtual Programming

Clinicians identified several challenges with implementing STRONG programming virtually. Clinicians shared that they faced challenges with technology and session logistics, and difficulties establishing rapport and connection within the group. There were various technological issues that the clinicians experienced, including participants joining the session at various times, and poor connectivity resulting in participants dropping off the Zoom call. The issues with technology also had important implications on the session logistics, as sessions often began and ended late as a result of the technological issues. Moreover, all clinicians shared that they found it more challenging to establish rapport with youth due to virtual implementation, and it took longer for connections to form within the group. Clinicians frequently endorsed youth having their video cameras off as being a main contributor to the difficulties in establishing rapport. Participants were given the option to turn off their cameras in order to respect their privacy. Clinicians also identified that connections among group members took longer to develop online, and often not until the end of the program. One clinician reflected on the various challenges they faced while implementing STRONG virtually:

I mean, it was a very good learning experience, but I think it was definitely tricky at times, whether it was just tech issues of, um you know, people getting dropped off the call or having difficulty joining or what have you. There's all just the logistics of trying to get into the meeting and keep it going and so on or coming on time, like all of that. And

then there's the engagement piece where when you're working with younger kids and it's the summer and it's late afternoon, um that could be hard, you know, to get the buy-in of like, yeah, let's spend, you know an hour and a bit talking about feelings and stuff. So whereas you know, if you're in person, you're thinking like, OK, some of the activities and things we could do, we can at least get them up and moving and kind of get, you know, more connection happening that way. So it does feel like you have to put a lot more effort into trying to build rapport not only between the group members, but among, you know, between the participants and the facilitators. And I just think it's, you know, it is quite effortful. (Clinician 4, Clinician Focus Group 2)

Chapter 5: Discussion

Newcomer youth may be at an increased risk of experiencing mental health concerns, and it is essential to provide them with culturally responsive, trauma-informed care early within the resettlement process (Kassan et al., 2017). We sought to examine the program impacts and implementation experiences of youth, parents, and clinicians participating in a resilience enhancing intervention for newcomer youth, STRONG. The impacts of facilitating STRONG on clinician professional development were also explored. The availability of community resources and supports may have important implications on a variety of outcomes for newcomer youth, and it was therefore important to perform a case study examining the feasibility of STRONG within this novel children's mental health setting. A discussion on the implications of the results of the current study is presented in this chapter, including limitations and future directions.

5.1 Youth Impact and Experience

Youth reported that they benefitted from participating in the STRONG program, as they were able to learn coping skills and build connections with peers in a fun environment. Indeed, all youth reported that they would endorse STRONG to another newcomer to Canada. The results of this study add to the existing research literature on STRONG demonstrating the benefits for youth participating in the program. In both pilot investigations examining STRONG in schools (Crooks et al., 2020a; Crooks et al., 2020b), youth were reported to benefit from the program in various ways, including reductions in stress through learning coping skills, and increased sense of belonging and connectedness. These findings were replicated by Saadeddin (2021) within a community setting, as youth also reported gaining coping skills and increased connectedness to peers. This strengthens the support for the acceptability and utility of STRONG for newcomer youth within a children's mental health setting, as youth appear to both enjoy and benefit from the program.

Youth found that the body-based stress management skills taught in STRONG were the most helpful in managing their stress and promoting relaxation, and they were able to use them in their daily lives. All prior STRONG research has found that youth utilize and enjoy these body-based skills (Crooks et al., 2020a, Crooks et al., 2020b, Saadeddin, 2021). Indeed, the research literature has found that programs emphasizing body-based coping strategies are particularly beneficial for newcomer youth in helping to regulate their emotions (Langley et al.,

2017; Mancini, 2019; Unterhitzberger et al., 2015). This may be because somatic coping skills require fewer language demands, which may resonate more deeply with youth who experience language difficulties due to limited English fluency (Mancini, 2019). These findings suggest that mental health interventions for newcomer youth should continue to emphasize these body-based coping strategies within its programming to help maximize benefits for youth.

Increased connectedness to peers is significant, since peers are an important contributor to newcomer resilience and helping to ease the acculturation process (Sleijpen et al., 2016). The findings from previous STRONG research were echoed in the current study, as youth emphasized the importance of interacting with peers and strengthening social connections (Crooks et al., 2020a, Crooks et al., 2020b, Saadeddin, 2021). This is noteworthy, as STRONG offered youth the opportunity to build connections to peers during the pandemic when most structured opportunities for interaction were cancelled (e.g., school, extra-curricular activities). The social isolation caused by COVID-19 has had a significant impact on the mental health and wellbeing of children and youth, including increased feelings of worry, helplessness, depressive symptoms, and loneliness (Samji et al., 2021). Since the STRONG groups were implemented during the pandemic when youth had fewer opportunities to socialize due to the school closures and quarantining measures, the opportunities for youth to interact with peers may have been of increased importance. This has important implications for mental health interventions for newcomer youth particularly during the pandemic, as the results suggest that connection to peers and opportunities for socialization should be emphasized within programming.

A consideration for future research is to investigate peers as a potential mechanism to ease adjustment and improve the mental health of newcomer youth. Youth reported to have enjoyed connection to peers within STRONG, and it may be beneficial to expand this sense of belongingness and being connected to peers. Youth felt that the safe and accepting space offered by STRONG was facilitative for the sharing of participant stories about their stress, struggles and challenges. Some youth emphasized the benefits of participating in interventions with other newcomer youth, and how the shared lived experience of migration may assist in adjustment and acculturation. Research has supported the use of peer-mentoring interventions and programs for newcomer youth with both Canadian-born peers as mentors, and with other newcomers who have resided in the host-country for longer (Burton et al., 2021; Crooks et al., 2021; Oberoi,

2016). Peer-mentioning interventions with Canadian-born and newcomer peer mentors have been shown to facilitate various positive outcomes, including increased connectedness and a sense of belonging (Crooks et al., 2021; Oberoi, 2016; Pryce et al., 2019). Indeed, Crooks et al (2021) argue that peers “need to be conceptualized not merely as a resource for newcomers, but as an intervention target in their own right” (p. 4). Although the inclusion of social skill training within mental health programming for newcomer youth may be beneficial, it may not be sufficient to develop meaningful connections to peers (Crooks et al., 2021). This has important implications for future STRONG programming, as researchers may consider the addition of a dedicated peer component to the program to help foster a sense of connection and social belonging among youth.

Although youth reported that they enjoyed and benefitted from STRONG, they also discussed a need for individualized supports within the program. Youth wanted both non-therapeutic advice on general topics such as school, as well as individual mental health support. The desire for individual mental health support is a novel finding in STRONG research. Interestingly, parents of the youth in this study also wanted individual therapy sessions for their children to help address any mental health concerns or trauma. A potential area for future STRONG research may be to investigate and compare whether youth and parents identified a need for individual mental health support within different implementation settings. STRONG was implemented at a children’s mental health clinic, and participants may have held the expectation that they should receive individualized support due to beliefs about the nature of the setting and the services offered. Therefore, it would be interesting to see whether the desire for individualized supports is a function of the setting in which the program was implemented, or if more efforts are needed within different implementation settings to identify youth who may require further individualized supports.

Moreover, it was indicated that there is a need to provide newcomer youth with pathway resources to other supports (e.g., tutoring) that may extend beyond the scope of the program. It is important to remember that program implementation occurred during the COVID-19 pandemic when there were various service reductions or closures, including nonemergency mental health services and school programs (Courtney et al., 2020). This offers insight into the gaps in available services and supports as a result of the pandemic, and the needs for additional supports

beyond mental health support for newcomer youth. It may be helpful for STRONG clinicians to develop a database of external resources and supports within the community (e.g., tutoring services) that may assist youth in accessing additional services that they may have limited knowledge of.

Within the focus groups, youth identified that they wanted more from STRONG in terms of recreational activities, which is in alignment with past STRONG research (Crooks et al., 2020b). These findings make sense, since youth had identified the social aspects of STRONG (e.g., pizza celebration) to be among their most favourite memories in the program. Youth suggested integrating additional games and activities to the program that they could play as a group. The feedback provided by youth on program improvements (e.g., recreational activities) highlights the need for more interactive components and activities that will prioritize building connections, which future STRONG clinicians should consider. This feedback also speaks to the reduced access to social and recreational activities that newcomer youth experienced due to the pandemic and service closures. Since youth experienced increased social isolation due to COVID-19 (Samji et al., 2021), this highlights the need for mental health programs to incorporate more social connection activities to make up for the missed opportunities due to the pandemic.

Furthermore, youth participants identified that there were both pros and cons to online implementation, which aligns with past research by Saadeddin (2021) that also found advantages and disadvantages to virtual STRONG. One of the disadvantages to online implementation cited by youth was that it did not foster a strong enough connection with their peers, and it made their experience less fun. This has important implications for virtual mental health programming, as the results suggest that connection to peers is a highly valued aspect of STRONG and they indicate the need to prioritize connections particularly when delivering a program virtually. Research has shown that the use of features such as breakout rooms and reaction buttons that are unique to videoconferencing platforms may facilitate both program engagement and engagement among participants (Martinez et al., 2022). Additionally, Martinez et al (2022) sought to examine the impact of *Fuerte*, a school-based program for Latinx immigrant youth aimed at improving mental health literacy and connectedness. Martinez et al. (2022) found that having explicit opportunities for youth to share with their peers about their ambitions, hopes, and worries helped

foster a sense of belonging among participants. Therefore, future STRONG clinicians implementing the program virtually may consider additional strategies to foster connectedness among participants. Although STRONG offers explicit opportunities for peer interaction, it may be beneficial to create additional opportunities for socialization to help facilitate the building of connections among participants, particularly earlier in the program. The findings on virtual STRONG and the need for peer connection also has implications for newcomer mental health programming generally, as programs may consider the development and integration of dedicated interactive activities and peer components to help foster connections in a virtual format.

5.2 Parental Perspectives and Needs

It is important to integrate a parental perspective when examining the utility and acceptability of newcomer mental health programs in a community-based children's mental health centre. As families play an essential role in the acculturation process and development of resilience, parents can offer unique insight into the observed growth and changes in youth as a result of participating in STRONG (Burgos et al., 2016; Sleijpen et al., 2016). All parents endorsed that they would recommend STRONG to other newcomer families. Participating parents indicated that participation in STRONG helped their children strengthen their coping and social skills. Parents also identified limitations to STRONG programming, and they offered some recommendations for the parent sessions, including more dedicated parent support and opportunities for individual consultation.

In previous STRONG evaluations, parents, youth, and clinicians also saw growth in social and coping skills after completing the STRONG program (Crooks et al., 2020a, Crooks et al., 2020b; Saadeddin, 2021). What is noteworthy about the current results when compared to past STRONG research looking at parental perspectives (Saadeddin, 2021) is that different parents reported different youth impacts from participation in the program. Although there was consensus among parents that youth benefitted from gaining coping skills and social skills, there was variability in terms of the observed growth and change among youth (e.g., increased connectedness to peers versus more confidence in the family system). STRONG is not a disorder-specific based program, meaning that its programming may benefit youth experiencing a range of mental health concerns, rather than targeting specific symptomology of a mental health disorder, such as depression, anxiety, or PTSD. Therefore, participants may benefit from

different aspects of the program based on their presenting concerns, which would account for the variations in reported growth and change among youth.

Parents in this study identified that they wanted additional opportunities for involvement within the program, as they felt STRONG was not parent-centered enough. Parental involvement within community-based mental health interventions has “been associated with improved child outcomes,” wherein the inclusion of parents may increase program utility and enhance program implementation (Haine-Schlagel et al., 2011, p. 647). Research literature also suggests that trust between parents and community agencies may increase the likelihood of parental participation in interventions (Este & Van Ngo, 2010). Therefore, clinicians working with newcomer families must ensure that they dedicate sufficient time to engage and build rapport with parents which may help to build trust and facilitate parental participation. This feedback from parents also suggest that STRONG clinicians may need to be more explicit about the nature and purpose of the parent/caregiver sessions, such that they are aimed at providing psychoeducation, not intervention. Parents may have held varying beliefs about the intent of the parent/caregiver sessions, which may provide a partial explanation as to why they endorsed the addition of individualized parental support. This is something that future STRONG clinicians should consider at the outset of treatment, to help ensure that parents and clinicians hold the same expectations for the parent/caregiver sessions and what support can be provided.

A few parents in the study also indicated that the scope of STRONG is insufficient at addressing the systemic stressors that newcomer families face, such as racism, discrimination, and financial strains. The parent’s feedback reaffirms the need to adopt a systemic approach in mental health interventions for newcomer youth. Previous research has emphasized the important role community organizations play in promoting mental health, particularly when systemic inequities and stressors greatly influence youth outcomes and may require supports that extend beyond mental health (Castillo et al., 2019). This highlights that it is not only the responsibility of newcomer families to learn skills to take care of their mental health, but we need significant shifts in programs targeting dominant population groups and policies to address systemic issues such as racism.

Furthermore, although parents reported that the parent/caregiver sessions were helpful, the results of this study are somewhat in contrast to prior STRONG research. Saadeddin (2021)

piloted the parent/caregiver sessions, and the results demonstrated high acceptability and utility of the sessions, as parents enjoyed being involved and it offered a safe space to share their experiences. Parents in Saadeddin's (2021) study spoke Arabic, and many of the parents had prior connections to the community agency by participating in parenting and women's groups. Existing connections and language and cultural similarities might contribute to the development of trust and comfort to engage in discussions among newcomer parents. A recommendation for future STRONG research is to explore whether the parent/caregiver sessions should be extended to include activities and discussions that will facilitate conversations and connections between and among parental participants. Additionally, participants in the current study noted that a challenge of connecting to other parents was due to language differences, which has implications for future STRONG parent/caregiver sessions in terms of group composition. Community agencies can consider the implications of language fluency on group dynamics and engagement and how to adapt the structure of the parent sessions (e.g., individual sessions, smaller groups) to further bolster the utility of the sessions.

The study findings highlight the need for dedicated parent support. Parents generally wanted additional opportunities to interact with other newcomer parents in the program to connect and share migration and parenting challenges and experiences. Having a dedicated space to connect with other newcomer parents was emphasized, as parents felt that it would be helpful to connect with those who may have shared lived experiences. Past research has found that newcomer parents are faced with unique parenting challenges within the context of resettlement, such as acculturation-based conflict with children, which may indicate the need for dedicated parent supports and resources for newcomer parents (Baghdasaryan et al., 2021). When considering these findings in the context of COVID-19, parents have been negatively impacted by the pandemic as a result of financial stressors, possible job loss, and increased child-rearing responsibilities, among others (Courtney et al., 2020). Thus, newcomer parents may be facing increased stress on their mental health and increased family conflict, and they may have a higher need for support at this time. As parents also wanted more individual consultation opportunities with clinicians to discuss parenting and personal challenges, future STRONG research may consider the development and addition of more explicit opportunities to provide parents with support in groups and individually within the program.

5.3 Clinician Experience of STRONG in the Community

One of the aims of the current research was to examine implementation feasibility in a psychology teaching clinic, while also looking at clinician experiences to better understand how the process of implementing STRONG contributes to professional development. Two overarching themes emerged. First, there were benefits to implementing STRONG within a teaching clinic for both clinicians and newcomer families. Second, there were challenges to implementing STRONG in a teaching clinic setting, including the language difficulties and technological challenges faced by clinicians.

A key finding from the results is that STRONG clinicians experienced benefits and growth regarding their professional development through program implementation and clinical supervision. Clinicians shared that implementing STRONG enhanced their understanding of newcomer youth mental health and the skills needed to implement culturally responsive programs effectively and meaningfully. Professional benefits for clinicians have been observed in past STRONG research, such that clinicians felt that they had a better understanding of the mental health needs of newcomer youth and how their mental health needs relate to their resilience (Crooks et al., 2020a; Saadeddin, 2021). It has been argued that the delivery of culturally competent care is partially dependent on a clinician's self-awareness, cultural responsiveness, and cultural humility (Abe, 2020). Within this is the need for clinicians to possess multicultural counselling skills, culture-specific knowledge, and the ability to tailor interventions (Kassan et al., 2017). An inability to integrate culturally responsive techniques into therapy could lead to newcomer youth terminating mental health services early (Kassan et al., 2017). STRONG clinicians reported enhancements in knowledge, skills, and their ability to be flexible and modify content. Future STRONG research may explore this area further to see how program implementation can help in developing multicultural competencies and skills to support newcomer and other equity-seeking groups. It would also be interesting to add a follow-up study in future STRONG research to examine whether clinicians were able to incorporate their training from STRONG within other programs and settings.

Having access to culturally responsive supervision during STRONG implementation was found to be a major benefit for the clinicians at the university teaching clinic. Supervision was not studied in previous school-based STRONG evaluations, however, even experienced

clinicians in school boards indicated that implementing STRONG strengthened their capacity to better support newcomer mental health (Crooks et al., 2020a). Having this supervision benefitted clinicians and enhanced program delivery, as it gave clinicians a more comprehensive understanding of the newcomer experience, cultural factors to consider, and how to make program adaptations to meet the needs of participants. Clinical supervision has been cited as an essential aspect of effective practice and a key contributor to professional development (Wheeler & Richards, 2007; Wilson et al., 2016). It may be worthwhile for agencies and schools to provide supervision and ongoing professional consultation and mentorship when implementing mental health interventions with diverse and minorized groups. This is because many clinicians, novice or established, might not have received concrete training or supervision on working with newcomer groups. Thus, inclusion of supervision in mental health programming for newcomer youth is an important consideration for future research, particularly as it relates to the development of clinician cultural competencies. Moreover, it has been put forth within the literature that clinicians should consider participant characteristics, intervention characteristics, and characteristics of the setting when adapting mental health programming (Sterrett et al., 2020). Clinical supervision may be instrumental in delivering culturally responsive services by offering clinicians knowledge and guidance regarding aforesaid characteristics to make program adaptations to meet the needs of participants. Clinicians working with newcomer children and youth should prioritize their understanding of the youth's background, lived experiences, demographic characteristics, and so forth. It is important to be mindful of these characteristics in order to appropriately adapt session content to meet the developmental level and needs of participants, which may be facilitated through supervision.

It is important to contextualize the significance of supervision within the setting in which it was implemented, since a university teaching clinic was able to offer graduate student clinicians with culturally responsive clinical supervision. CYDC was able to offer this supervision due to their existing partnership with CSMH, who was able to supply a supervisor who had extensive experience supporting newcomer populations and other minoritized groups. Thus, it is crucial for clinics considering future program implementation to reflect on their ability to provide clinicians with culturally responsive supervision as part of STRONG implementation, and if not, how they can train and support their existing supervisors to do this job.

STRONG clinicians and the implementation site supervisor highlighted the benefits of delivering the program within a university teaching clinic setting, as it allowed for easily accessible follow-up care post-STRONG. Other research has emphasized the continuity of care as an important factor for newcomer families when receiving mental health services (Nadeau et al., 2017). STRONG is a tier-2 intervention, and some youth participants required further individualized tier-3 services after completing the program. Some youth had more severe mental health challenges due to individual differences in pre- and post-migration traumas, and thus, required more intensive interventions. The implementation clinic was able to provide free one-on-one support to youth who required it. The results indicate a need for additional individual mental health supports, and the findings may have implications for future STRONG expansion, as it gives us context as to what supports are needed for youth and whether a mental health clinic has the capacity to provide follow-up services.

Furthermore, the language barriers within STRONG groups necessitated the adaptation of program content to meet the developmental and language needs of youth. This implementation challenge has been identified in past STRONG research, as clinicians have previously expressed concerns over language barriers, and they reported on the need to modify program content to meet the needs of youth (Crooks et al., 2020a; Saadeddin, 2021). Providing services with cultural adaptations is essential in providing anti-oppressive, culturally relevant and sensitive services to newcomers (Eruiyar et al., 2018). Additionally, research has consistently found that language difficulties are a barrier that newcomers face when trying to access mental health services (Durà-Vilà et al., 2012). Hence, clinicians should remain cognizant of language barriers and the implications this has on program modifications, and they should spend time making adaptations as needed to better meet the needs of the youth. This may also have important implications for STRONG training for clinicians, wherein additional training pieces around language barriers and how to modify content to meet the unique needs of your group may be added. Since adequate training and ongoing support have been deemed essential in providing mental health services to newcomer youth, this is something that STRONG developers should consider (Eruiyar et al., 2018).

The use of an interpreter in mental health services has been deemed to be crucial in overcoming communication barriers by assisting individuals with limited English proficiency in

expressing themselves (Chang et al., 2021). Importantly, interpreters may act as cultural brokers who can provide information on the sociocultural context of the participant, which may allow the participant to feel more understood (Chang et al., 2021). However, the use of an interpreter is not without drawbacks. Issues with direct translations and translator interpretations have been recognized in the literature as potential factors impacting how a clinician understands the client and their presenting problems (Pugh & Vetere, 2009). Additionally, as STRONG clinicians pointed out in the current study, much translation time is needed to accommodate varying levels of language fluency which can disrupt the flow and transition between topics and discussion. Therefore, it may be helpful to examine how the use of an interpreter in STRONG sessions and parent/caregiver sessions may alter participant experiences and their perceptions of the utility and acceptability of the program. Alternatively, it is important to highlight the benefits of receiving mental health services in individuals' first or native languages (Griner & Smith, 2006). Therefore, there should be intentional and concerted efforts by psychology training programs to reduce barriers that many multilingual and diverse trainees face when applying and getting admitted to these programs. Further, psychology training programs have been criticized for their lack of diversity, and therefore, increased emphasis should be placed within these programs to provide sufficient multicultural training to future clinicians to help foster their knowledge and skills to support diverse populations (Callahan et al., 2018; Green et al., 2008).

This was the second evaluation of virtual STRONG, and in both studies clinicians identified implementation challenges due to the online format of the program (Saadeddin, 2021). Clinicians specified that they faced challenges regarding technological issues (e.g., poor connectivity), and difficulties establishing rapport with youth. Technological issues have been cited as a major disadvantage to teletherapy within the literature, as well as concerns for privacy and confidentiality, and issues of access to technology (Stoll et al., 2020). However, there are several advantages to online mental health care, including increased access to services particularly for those in remote/rural area, fewer transportation costs, and possible reductions in fear of social stigma (Stoll et al., 2020). Although the first pilot on STRONG was implemented within schools (Crooks et al., 2020a), clinicians still identified issues with session logistics (e.g., interruptions from teachers) which had negative impacts on implementation. Indeed, although school-based mental health interventions offer advantages such as early identification and collaborative care with teachers, there are challenges to implementation which may influence

program utility and feasibility (Clauss-Ehlers et al., 2013). Additionally, there are potential implementational challenges in intervention work within children's mental health clinics, such as lack of access to supervision. As there are both strengths and limitations to online and in-person implementation, as well as specific challenges based on the type of setting, it may be helpful to compare how the feasibility of implementing STRONG is moderated by the type of setting and format of program delivery. Future STRONG researchers may consider performing a comparative analysis on the feasibility of implementing STRONG both in-person and virtually in diverse settings. This may allow researchers to gain a more holistic understanding of the impacts of STRONG based on the format of delivery (i.e., online or in-person), while also comparing the implementation challenges and successes between settings.

Difficulties establishing rapport with participants was frequently cited as a challenge in this study. This makes sense, as a major concern for clinicians using teletherapy methods cited in the literature surrounds the development of the therapeutic alliance (Barker & Barker, 2022). However, research has found that rapport can be developed to the same degree using teletherapy methods (e.g., phone, video conferencing) as they would during in-person implementation (Barker & Barker, 2022; Phillip et al., 2020; Simpson & Reid, 2014). It is noteworthy that much of the research investigating rapport and the therapeutic alliance in online therapy has primarily focused on adults rather than youth. Additionally, there is a noticeable lack of research examining the development of the therapeutic relationship with newcomer or other minoritized groups using teletherapy methods. Future research may consider directly investigating rapport development between clinicians and children and youth with language differences within the context of online mental health programming. It would be helpful to consider how the virtual format of the program interacts with this process, and whether there are any additional considerations for rapport building when working virtually with newcomer youth. It is important to note that although clinicians in the study reported difficulties establishing rapport with youth, the youth participants endorsed building meaningful connections to their program clinicians. STRONG researchers may consider a follow-up study focusing on youth perceptions of rapport building with clinicians, and how this impacted their program experiences and the utility of STRONG. It may also be beneficial to add a comparative piece to the study, wherein differences in program delivery format (i.e., in-person vs. online) may be compared to investigate whether

there are significant differences in youth's perceptions of the therapeutic relationship and rapport building between in-person and online implementation.

The results of this case study offer great insight into the feasibility of implementing STRONG within a university teaching clinic, and the successes and challenges therein. This study adds to the growing body of research on the implementation of STRONG within diverse settings, and the results support the utility and acceptability of the program for newcomer youth and their families. Although the purpose of qualitative data is not to generalize, this study provides context on how to transfer STRONG to other teaching clinics. It offers insight into the additional considerations or adaptations needed for effective implementation within this type of setting. It also informs clinicians on the unique needs of newcomer youth and how they can best support them. The results can help inform STRONG researchers as to what capacity is needed to effectively implement the program within this setting, and what additional resources (e.g., supervision) may be needed to support clinicians during implementation. The implications of the results may extend beyond STRONG, as they may offer guidance regarding the capacity needed to effectively implement a culturally informed resilience intervention for newcomer youth within unique community settings.

5.4 Limitations and Future Directions

One of the limitations of the study was the small sample size for all participant groups (i.e., youth, parents, clinicians). Across the three STRONG groups, seven youth participants, five parents, and five clinicians participated in the research components. Each intervention group had fewer than five youth participants, which allowed for easier check-ins with clinicians and helped to facilitate more meaningful discussion. However, one should take caution when interpreting the results as there may be different sets of benefits and challenges in different settings, which may be influenced by the number of participants in each intervention group. Additionally, due to the small number of participants there was minimal variability in terms of the number of years youth had resided in Canada, with most of the participants having resided here for two years or longer. Consequently, the results may not fully embody the experiences and perspectives of newcomers who may have spent less time in Canada post-migration. It may be helpful for future STRONG research to consider the length of time spent in Canada and how this may impact the youth and parents' experiences within the program.

The occurrence of response bias within the focus group data may also be a limitation of the study. Participants, youth in particular, may have provided socially desirable responses to research questions which has the potential to overinflate perceived success of STRONG while not fully capturing areas for improvement. However, we tried to mitigate response bias within the data by having a member of the CSMH research team conduct the focus groups, as opposed to having STRONG clinicians or clinic staff conduct the groups.

Furthermore, the results of this study indicate the need for the development of additional parent resources and supports. It is evident that newcomer parents face their own unique challenges relating to parenting, acculturation, and post-migration stressors, for which parents may benefit from having the opportunity to connect and share with other parents from similar backgrounds. A future direction for research could be to codevelop parent resources and supports (e.g., parent support group) to implement in concert with the STRONG program.

University teaching clinics are well-positioned to provide student clinicians with the opportunity to implement interventions such as STRONG which may also enhance their professional skills and capacities. Indeed, the results of the study suggest that implementing STRONG increased clinician's knowledge and skills to support newcomer youth and their families. With the recent calls to action from the CPA and other regulatory bodies for the integration of anti-oppressive practices within counselling, this is an important area of study, especially since these practices have important implications on whether newcomers continue to engage in treatment. Future STRONG research should continue to examine the impact of program implementation on clinician professional development, and how their experiences contribute to their ability to provide culturally informed and relevant services. It may be particularly helpful to compare various community settings to see if the type of setting moderates the benefits experienced by clinicians, for example, due to their ability to provide supports such as supervision during implementation.

One important future research direction is to incorporate quantitative research methods to further bolster our understanding of STRONG, participant impacts and their experiences. There is a growing body of consistent evidence demonstrating that STRONG is reportedly helpful in increasing newcomer youth's understanding and use of various coping skills to manage their stress and promote relaxation. With the continued expansion of STRONG in schools and the

community and as research sample sizes become larger, future research should employ the use of quantitative measures to strengthen our understanding of STRONG and its utility for newcomer youth within the community. This includes employing the use of quantitative measures to examine pre- and post-STRONG differences in levels of reported coping skills and social connectedness, among other variables. However, it will remain crucial for researchers to employ a mixed-methods approach, as there are concerns about whether existing measures are valid cross-culturally, and concerns regarding literacy challenges. Therefore, the use of qualitative methods within mental health intervention research for newcomer youth will remain crucial to get a holistic understanding of program impacts and experiences.

5.5 Conclusion

The current research contributes to our understanding of STRONG in different settings and the successes and challenges therein. The aim of the current research was to examine the feasibility of implementing STRONG, a resilience-based intervention for newcomer youth, within a university teaching clinic setting. Youth impacts, parental perceptions, implementation successes and challenges, and clinician impacts were all examined within the current study. The results of the research support the feasibility, utility, and acceptability of implementing STRONG within a university teaching clinic, however, the program is not without limitations. Youth reported to both enjoy and benefit from participating in STRONG, and parents also observed growth in their child as a result of participating in the program. It was identified that additional resources are needed to better support parents and strengthen their involvement within the program. Additionally, clinicians were also reported to benefit from implementing STRONG, as they experienced growth in terms of their professional development. Overall, the STRONG program provided newcomer youth with a safe space to learn new skills and strengthen connections to peers during a global pandemic.

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Appendices

Appendix A

STRONG Program Referral Form



STRONG Referral Form

Does the student appear:

Sad	Yes	No	?
Anxious	Yes	No	?
Isolated/Withdrawn	Yes	No	?
Fearful, distrustful, apprehensive	Yes	No	?
Inattentive	Yes	No	?
Hyperactive	Yes	No	?
Impulsive	Yes	No	?
Angry/hostile/destructive	Yes	No	?

Physical problems:

Is the student complaining of physical problems (e.g., headaches, stomach aches)?	Yes	No	?
---	-----	----	---

Student's Strengths

What are some of the student's strengths?

Other Circumstances

We would like to know about other circumstances to help us better understand the student's experience:

Does the student have stable housing?	Yes	No	?
Does the student experience food insecurity?	Yes	No	?
Can the student converse in English or French?	Yes	No	?
Does the student have additional health considerations?	Yes	No	?
Does the student have other significant role responsibilities (like childcare, part-time employment, etc.)	Yes	No	?

Other comments

Appendix B

Youth Demographics Form

The youth demographics form was included as part of a pre-STRONG program survey.

PART D: Demographics

1. What is your age? _____
2. What is your gender? _____
3. What is your place of birth? _____
4. What is your race/ethnicity? _____
5. How long have you lived in Canada? Please mark an "x" in the box below that best indicates your answer:
 - a. Less than three months
 - b. Four to seven months
 - c. Eight to eleven months
 - d. One year or longer
 - e. Two years or longer
6. What best describes where you live? A home includes a house, apartment, trailer, or mobile home. Please mark an "x" in the box below that best indicates your answer:
 - a. A home with one or more parent or guardian
 - b. Other relative's home
 - c. A home with more than one family
 - d. Friend's home
 - e. Foster home, group care, or waiting placement
 - f. Hotel or motel
 - g. Shelter, car, campground, or other transitional or temporary housing
 - h. Other living arrangement

Appendix C

Youth Focus Group Questions

STRONG Focus Group Protocol and Questions for Students

Facilitator introduces self.

[Introductory script]. We are here today for a focus group about the STRONG program and your experiences at school in general. A focus group is a conversation where I have some questions and you can answer them and respond to other students' answers. You do not need to answer every question. It is important that information shared in this focus group is kept confidential. Do you have any questions before we begin?

The first questions are about the STRONG program.

1. To begin, what was your favourite activity or the best memory you have from the STRONG program?
2. What were the most important coping skills and/or strategies you learned from the program?
3. What did you not like about the program or what did you find challenging or unhelpful? What could be done to improve that part of the program?
4. How was your experience completing the STRONG program online?
5. Would you recommend the STRONG program to other students who are new to Canada, and if so, how would you describe your experience with the program to them?

*Summarize main points

6. Is my summary of our group's discussion accurate or have I missed any important points?

Final Question

7. Is there anything you didn't get a chance to say that you would like to share?

Appendix D

Parent Focus Group Questions

STRONG Focus Group Protocol and Questions for Parent/Caregiver Participants

The facilitator introduces themselves.

[Introductory script]. We are here today for a focus group about the STRONG program and your experiences with us. A focus group is a conversation where I have some questions, and you can answer them and respond to other parents'/caregivers' answers. You do not need to answer every question. It is important that the information shared in this focus group is kept confidential. Do you have any questions before we begin?

The first questions are about the STRONG program.

1. To begin, what did you like most about the STRONG program?
2. What did you think of the topics of the sessions done with your child? (A follow-up statement can be: based on the weekly parent letters your child might have shared with you that summarizes the content of the sessions)
3. Is there something that you felt was missing from the STRONG program, that you wanted your child to learn more about? If so, what additional skills/topics do you wish the program offered to your child?
4. Can you comment on any changes you noticed in your child at home after being a part of STRONG?
 - a. What new skills are they using at home?
 - b. Have you noticed any differences in ways that your child is interacting with you, siblings, and other family members? If so, how are these interactions different?
5. Would you recommend the STRONG program to other families who are new to Canada, and if so, how would you describe your experience with the program to them?

Now I have some questions about your experience as a parent/caregiver in the parent's/caregiver's sessions

6. What did you like about the parent/caregiver sessions?
7. What did you enjoy learning from the sessions?
8. What did you not like about the parent/caregiver sessions?
9. What would you change about the parent/caregiver sessions (e.g., length, number of sessions offered, more or less structured)?
10. What other recommendations do you have for the parent's/caregiver's sessions?

*Summarize main points

11. Is my summary of our group's discussion accurate or have I missed any important points?

Final Question

12. Is there anything you didn't get a chance to say that you would like to share?

Appendix E

Clinician Professional Development Survey



STRONG Facilitator Questionnaire

Please provide detailed answers to the questions provided below.

1. What were your experiences working with newcomer youth prior to implementing the STRONG program?
2. How did your experiences implementing STRONG contribute to your professional development, and preparedness to support newcomers and other equity-seeking populations?
3. What are three clinical recommendations that you would give to other student clinicians working with newcomer youth?

Appendix F

Clinician Focus Group Questions

STRONG Evaluation

Clinician Focus Group Questions

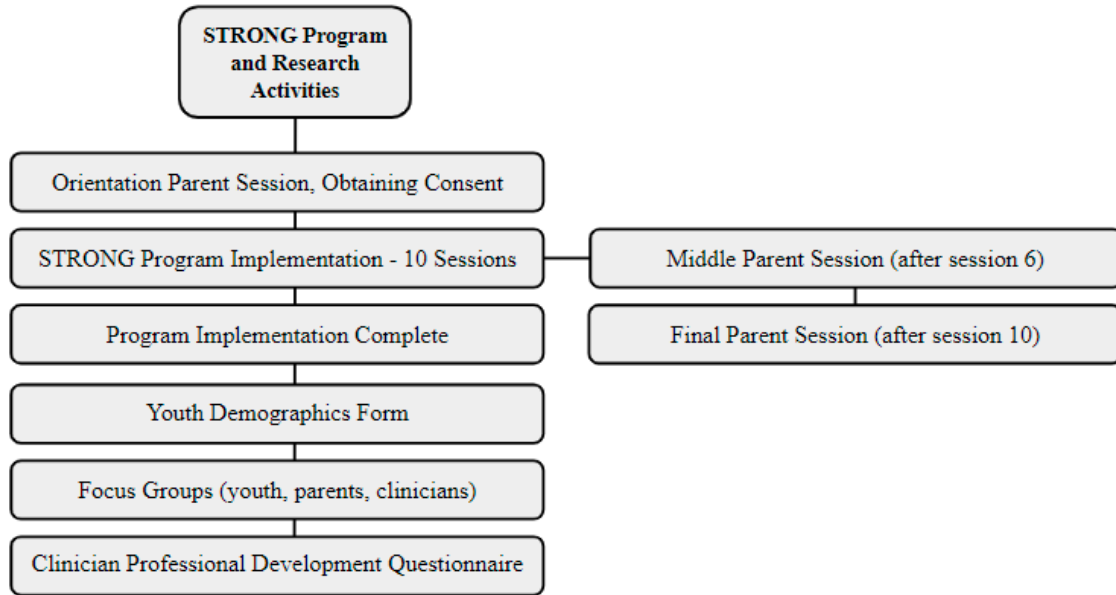
Preamble:

Thank you for agreeing to participate in this focus group. We are interested in collecting your experience and wisdom based on your involvement in the initial pilot of the STRONG program. Please remember that it is important to maintain confidentiality of what is discussed in this focus group so that participants can feel safe to express any views and experiences. Are there any questions?

1. Overall, what were the biggest successes of the STRONG pilot?
2. What were the biggest challenges?
3. Do you have any specific examples of progress that you observed among participants?
4. Did this experience change the way you think about the mental health needs of newcomer youth and what is effective? In what way?
5. How did you integrate anti-oppressive practices in your implementation of STRONG?
6. Can you describe the support you received? Can you tell me about the recruitment/referral process?
7. Are there additional supports that would be helpful for implementing this programming?
8. How was your experience facilitating the STRONG intervention virtually?
9. Do you have any recommendations for improving the STRONG program?
10. What advice would you give to clinicians just starting to use STRONG?
11. Is there anything else you want to share with us about the pilot?

Appendix G

STRONG Program and Research Activities Overview



Appendix H

STRONG Program Session Content Overview

The following table provides an example outline of the session content for each week of the STRONG program (Crooks et al., 2020a; Hoover et al., 2019).

Session	Topic Focus	Session Overview
Session 1	Individual Strengths and Outside Supports	Participants will learn about their inside strengths and outside supports. Group expectations and confidentiality will be discussed. Suggested Activity: Deep Breathing
Session 2	Understanding Stress	Learning about stress, including what is stress and what are some common reactions to it. Define and discuss thoughts, feelings and behaviour, and how they are all connected. Suggested Activity: Muscle Relaxation
Session 3	Common Stress Reactions and Identifying Feelings	This session focuses on trauma. We define traumatic events, when they can occur, and what reactions they can lead to (e.g., loss of appetite, sadness, etc.). Also discuss how to identify different feelings within ourselves. Suggested Activity: Body Scan
Session 4	Measuring and Managing Feelings	Introduction to emotion regulation via the Feeling Thermometer, to help better understand feeling identification and measurement. Suggested Activity: My Calm Place
Session 5	Using Helpful Thoughts	Learning how to distinguish between ‘helpful’ and ‘unhelpful’ thoughts and how they relate to different actions. Introduce cognitive coping skills to help identify and address unhelpful thoughts. Suggested Activity: Drawing
Session 6	Steps to Success	Learn about “SMART” goals (specific, measurable, achievable, relevant, timed) to help break down tasks into manageable steps and minimize avoidance. Suggested Activity: Relaxation Activity

Session 7	Problem Solving	<p>Introduce steps to problem solving. Youth engage in problem-solving activities for difficult situations to find different ways of responding.</p> <p>Suggested Activity: Relaxation Activity</p>
Session 8	My Journey Part I	<p>Youth share components of their migration journey with the group, including their strengths and what they have learned.</p> <p>Suggested Activity: Relaxation Activity</p>
Session 9	My Journey Part II	<p>Youth share components of their migration journey with the group, including their strengths and what they have learned.</p> <p>Suggested Activity: Relaxation Activity</p>
Session 10	Graduation	<p>Review achievements in the program and review learned content and skills. Celebrate completing the program with games and help participants identify their steps for success.</p> <p>Suggested Activity: Relaxation Activity</p>

Appendix I

Parental Program Consent Letter of Information and Consent Form



Project Title: Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing

Document Title: Verbal Consent form for guardians

Principal Investigator:

Claire Crooks, PhD, Director of Centre for School Mental Health
Faculty of Education, Western University

Letter of Information About the Study

Invitation to Participate

You are invited to participate in a research study because your child is participating in the STRONG program for newcomers at their school.

Purpose of Letter

This letter provides information so you can make an informed decision about participating in this research.

Purpose of Study

We are studying the STRONG program to learn how well it worked, to identify any challenges, and to look for possible improvements. We want to know whether students are engaged in the program, and if they learn how to cope with stress.

Inclusion Criteria

If you have a child participating in a STRONG group, you are eligible to participate in this study.

Study Procedures

As part of the STRONG program, the group leader will collect some information about your child from the person who refers your child to the program. If you agree on this consent form, this information will be shared with our research team. **Information about your child will be kept confidential.**

Students will be asked to complete surveys that ask about their resilience and wellbeing. These surveys will be provided in English, French or Arabic depending on your child's preference. Students will complete the survey online. Your child will complete the online survey during the first and last session of the STRONG program. During the sessions, your child will receive an electronic link to the survey.

identifiable information. Direct quotes may be used in the reported findings but will not be linked to your child's identifiable information.

If you agree to participate in this study, you will be asked to:

1. Allow the group leader to share why the child was referred to the STRONG program.
2. Give permission for your child to complete surveys before the STRONG program starts and at the end of the program
3. Give permission for your child to participate in a discussion group if one is held on ZOOM

Possible Risks and Harms

There are no known or anticipated risks or discomforts associated with participating in this study. It is possible that your child might feel bored completing the surveys or feel some stress if it is difficult for them to read the survey questions.

Possible Benefits

There are no personal benefits for participating in this study. The information you provide will help us improve group interventions for newcomer youth.

Voluntary Participation

Participation in this study is voluntary. You child can still participate in the STRONG program if you decide not to participate in the study. You do not lose any legal rights by signing this consent form. If you decide to withdraw from the study, the information that was shared by the group leader prior to you leaving will still be used. No new information will be shared without your permission.

Confidentiality

All data collected will remain confidential. Only study researchers will have access to the information. Your child's surveys will be collected anonymously through a secure online survey platform called Qualtrics. Qualtrics uses encryption technology and restricted access authorizations to protect all data collected. In addition, Western's Qualtrics server is in Ireland, where privacy standards are maintained under the European Union safe harbour framework

The researchers cannot guarantee confidentiality of the information shared in discussion groups. The discussion group will be facilitated through the use of a third-party online video conferencing software called Zoom. Since this is a third-party software, your child's confidentiality cannot be guaranteed. However, researchers will put in place several measures to help protect their confidentiality by enabling features in Zoom that allow only permitted participants. Zoom automatically records both audio and video files. Immediately following the focus group, the video files will be destroyed. Audio files will be used for transcription and destroyed after transcription has been completed. The researchers will remind participants to respect the privacy of other participants

and not repeat what is said in the discussion group. If the results are published, your name will not be used. All data collected from this study will be destroyed after seven years. Representatives of the University of Western Ontario Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

Compensation

Your child will be provided a \$20 gift card for completing each survey, as well as another \$20 gift card for participating in the discussion group.

Consent

To indicate your consent, please sign the attached consent form.

Verbal Guardian Consent Form

Project Title: Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing

Principal Investigator: Claire Crooks, PhD, Director of Centre for School Mental Health Faculty of Education, Western University

1. Do you confirm that I have read you the Letter of Information, that you understand what I have read, and that all of your questions have been answered to your satisfaction?

Yes

No

2. Do you give permission for the group leader to share why your child was referred to the STRONG program with the research team?

Yes

No

3. Do you give permission for your child to complete the survey before and after STRONG programming?

Yes

No

4. Do you give permission for your child to participate in the discussion group via Zoom?

Yes

No

Guardian's Name:

Child's Name

Date:

Time

Your Name (person recording consent):

Signature and date: _____

My signature means that I have explained the study to the participant named above. I have answered all questions.

Was the participant assisted during the consent process?

Yes No

If yes, the person signing below acted as a translator for the participant during the consent process. The translator attests that the details in this form were accurately translated and the participant has had any questions answered.

Name of person translator: _____

Signature and date: _____

Language used: _____

Appendix J
Youth Assent Form



Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing

Principal Investigator:

Claire Crooks, PhD, Director of Centre for School Mental Health
Faculty of Education, Western University

Youth Assent Form

I have read the Letter of Information. I understand what I have read. All my questions about this study have been answered. I agree to participate in this study. I have kept a copy of this letter and this permission form.

Please initial beside all that apply:

_____ I give my permission to the STRONG group leader to share information about why STRONG was recommended for me with the research team

_____ I agree to participate in a survey at the beginning and the end of the STRONG program

_____ I agree to participate in a discussion group if one is held on Zoom

Signature _____

Date _____

Appendix K

Parent Focus Group Letter of Information and Consent Form



Letter of Information and Consent Form

Project Title: Supporting Transition Resilience of Newcomer Groups (STRONG)

Principal Investigator:

Claire Crooks, PhD, Director of Centre for School Mental Health
Faculty of Education, Western University

Study Information

You are being invited to participate in this study because you are currently or had previously facilitated STRONG group(s) while completing a graduate practicum or pre-doctoral internship at a community organization or mental health agency.

The purpose of this study is to gain a better understanding of how facilitating STRONG enhances the professional development of clinicians to better support newcomer communities and other equity-seeking groups in the future.

Study Procedures

In this phase, you will be asked to access Qualtrics, an online portal, and complete a brief demographic form. Immediately after completing the demographic form, you will be provided with three short-answer questions asking about how your experiences facilitating STRONG augmented your professional development and your ability to support newcomer communities. This is expected to take approximately 10-20 minutes to complete. During this phase, your responses will be de-identified and no longer linked to your personal information.

Possible Risks and Harms

There are no known or anticipated risks or discomforts associated with participating in this study.

Possible Benefits

There are no personal benefits to participating in this study. The knowledge provided by participants will allow for researchers at the Centre for School Mental Health to gain a better understanding of the effect of implementing STRONG on facilitators regarding their professional development working with newcomer populations. Additionally, this information may also offer insight into the ways in which STRONG may be refined for improved implementation and providing more meaningful engagement and training for clinicians.

Voluntary Participation

Participation in this study is voluntary. You may refuse to participate in the study with no effect on your ability to facilitate future STRONG programming or your training at and affiliation with the community organization or mental health agency. Your participation will remain confidential. The supervisors and administrators of your affiliated organization/agency won't be informed whether or not you decide to participate in this research study. You do not waive any legal rights by signing this consent form. You may refuse to answer any specific questions at any time. You have the right to withdraw from the study at any time. To withdraw from the study, contact the research team. However, in the event that you choose to withdraw from the study after

completing and submitting the questionnaire, we will not be able to remove your information because it is not linked to your personal information.

Confidentiality

Your survey will be collected anonymously through a secure online survey platform called Qualtrics. Qualtrics uses encryption technology and restricted access authorizations to protect all data collected. In addition, Western's Qualtrics server is in Ireland, where privacy standards are maintained under the European Union safe harbour framework.

All data will be stored in a secure location and kept separate from the information you provide. Your individual data will not be linked to your name or shared with anyone outside of the research team. The information is reported only as group findings. Your data will be stored in locked files in a locked office at the Centre for School Mental Health at Western University separate from your consent form. Electronic data will be stored on a secured server at Western University. All data collected from this study will be destroyed after seven years. Representatives of the University of Western Ontario Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

Compensation

You will be compensated with a \$20 gift card for participating in this study.

Consent

To indicate your consent, please fill out the consent form by clicking the next button.



Consent Form

Project Title: Supporting Transition Resilience of Newcomer Groups (STRONG)

Principal Investigator:

Claire Crooks, PhD, Director of Centre for School Mental Health
Faculty of Education, Western University

I have read the Letter of Information and understand what I have read. You understand what you have to do as a research participant and the associated risks and benefits associated with your research participation. By clicking the button(s) below, you acknowledge that your participation in the study is voluntary, you are 18 years of age, and that you are aware that you may choose to terminate your participation in the study at any time and for any reason.

Please check if you agree to participate in the following activity:

- I agree to participate in completing the demographic form and the short-answer questions on Qualtrics.

Name: _____

Date: _____

Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

Appendix L

Clinician Professional Development Survey Letter of Information and Consent Form



Project Title:

Supporting Transition Resilience of Newcomer Groups (STRONG):
A school-based intervention to promote wellbeing

Document Title:

Consent form for facilitators to participate in surveys and/or focus groups

Principal Investigator:

Claire Crooks, PhD, Director of Centre for School Mental Health
Faculty of Education, Western University

Letter of Information

Invitation to Participate

You are invited to participate in this study because you facilitated one of the STRONG groups for newcomer children and youth who are experiencing trauma symptoms.

Purpose of Letter

The purpose of this letter is to provide you with information required for you to make an informed decision regarding your participation in this research.

Purpose of Study

We are conducting a study of the STRONG program to look at how well it worked, as well as identifying specific challenges and room for improvement.

Inclusion Criteria

Individuals who are facilitated or co-facilitated one of the pilot groups are eligible to participate in this component of the study.

Study Procedures

If you agree participate in this study, you will be asked to:

1. **Complete session tracking sheets about the program implementation.** You will be asked to share your session tracking sheets. You will be provided with a template for these and there are to be completed with no identifying data for group participants. You will be provided with a courier account to send these securely to the research team.
2. **Complete an online implementation survey when you are finished your group.** You will be sent a link to the survey once you have completed the STRONG group. The survey takes 5-15 minutes to complete and includes questions about successes and challenges regarding the pilot of the STRONG program.
3. **Participate in an audio-taped focus group with co-facilitator(s)** This focus group will take place after the end of the program. It will provide an opportunity for facilitators to share strategies that worked well and recommendations for change. The focus group will take place over Zoom, a video conference software, with a research staff member. By consenting to participate in the focus group you are also consenting to be audiotaped. The focus group is expected to last 60 minutes.

Possible Risks and Harms

There are no known or anticipated risks or discomforts associated with participating in this study.

Possible Benefits

Participating in the focus group might provide an opportunity to hear how other facilitators addressed challenges with the pilot. Data provided by you will help us identify important considerations for developing appropriate trauma interventions for newcomer youth.

Voluntary Participation

Participation in this study is voluntary. You may refuse to participate or answer specific questions. You may also choose to complete only one or two parts of the study with no effect on your future participation in the STRONG program. You do not waive any legal rights by signing this consent form. If you decide to withdraw from the study, the information that was collected prior to you leaving will still be used. No new information will be collected without your permission.

Confidentiality

Your survey will be collected anonymously through a secure online survey platform called Qualtrics. Qualtrics uses encryption technology and restricted access authorizations to protect all data collected. In addition, Western's Qualtrics server is in Ireland, where privacy standards are maintained under the European Union safe harbour framework.

The focus group will be facilitated through the use of a third-party online video conferencing software called Zoom. Since this is a third-party software, your confidentiality cannot be guaranteed. However, researchers will put in place several measures to help protect confidentiality by enabling features in Zoom that allow only permitted participants. Zoom automatically records both audio and video files. Immediately following the focus group, the video files will be destroyed. Audio files will be used for transcription and destroyed after transcription has been completed.

Confidentiality cannot be guaranteed in focus groups, but the focus group participants will be reminded of the importance of confidentiality. All data collected will remain confidential and accessible only to the investigators of this study. If the results are published, your name will not be used. Only unidentified quotes will be utilized. All information collected for the study, including surveys, will be stored securely in my office for a period of seven years. All data collection from this study will be destroyed after seven years. Representatives of the University of Western Ontario Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

Publication

Any reports and publications will be distributed to all individuals involved with the STRONG program, regardless of whether they participate in this research.



Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing

Principal Investigator:

Claire Crooks, PhD, Director of Centre for School Mental Health
Faculty of Education, Western University

I have read the Letter of Information and understand what I have read. All questions have been answered to my satisfaction and I agree to participate in this feasibility study. I have kept a copy of this letter and this permission form.

Please initial beside all that apply:

- _____ I agree to participate in an online implementation survey following the completion of the STRONG pilot
- _____ I agree to provide my session tracking data following the STRONG pilot
- _____ I agree to participate in a 60-minute focus group with other facilitators from the STRONG pilot
- _____ I agree to the use of unidentified quotes obtained during the study in the dissemination of this research

Participant name: _____

Signature and date _____

If you are participating in this study, please provide an email so that we can send you the link to the survey, the courier information, and the details about the focus group. Your email will be kept confidential and stored separate from study data.

Participant Email: _____

Name of person obtaining consent: _____

Signature and date: _____

My signature means that I have explained the study to the participant names above. I have answered all questions.

Appendix M

Clinician Program and Research Letter of Information and Consent Form



Project Title:

Supporting Transition Resilience of Newcomer Groups (STRONG):
A school-based intervention to promote wellbeing

Document Title:

Consent form for facilitators to participate in surveys and/or focus groups

Principal Investigator:

Claire Crooks, PhD, Director of Centre for School Mental Health
Faculty of Education, Western University

Letter of Information

Invitation to Participate

You are invited to participate in this study because you facilitated one of the STRONG groups for newcomer children and youth who are experiencing trauma symptoms.

Purpose of Letter

The purpose of this letter is to provide you with information required for you to make an informed decision regarding your participation in this research.

Purpose of Study

We are conducting a study of the STRONG program to look at how well it worked, as well as identifying specific challenges and room for improvement.

Inclusion Criteria

Individuals who are facilitated or co-facilitated one of the pilot groups are eligible to participate in this component of the study.

Study Procedures

If you agree participate in this study, you will be asked to:

1. **Complete session tracking sheets about the program implementation.** You will be asked to share your session tracking sheets. You will be provided with a template for these and there are to be completed with no identifying data for group participants. You will be provided with a courier account to send these securely to the research team.
2. **Complete an online implementation survey when you are finished your group.** You will be sent a link to the survey once you have completed the STRONG group. The survey takes 5-15 minutes to complete and includes questions about successes and challenges regarding the pilot of the STRONG program.
3. **Participate in an audio-taped focus group with co-facilitator(s)** This focus group will take place after the end of the program. It will provide an opportunity for facilitators to share strategies that worked well and recommendations for change. The focus group will take place over Zoom, a video conference software, with a research staff member. By consenting to participate in the focus group you are also consenting to be audiotaped. The focus group is expected to last 60 minutes.

Possible Risks and Harms

There are no known or anticipated risks or discomforts associated with participating in this study.

Possible Benefits

Participating in the focus group might provide an opportunity to hear how other facilitators addressed challenges with the pilot. Data provided by you will help us identify important considerations for developing appropriate trauma interventions for newcomer youth.

Voluntary Participation

Participation in this study is voluntary. You may refuse to participate or answer specific questions. You may also choose to complete only one or two parts of the study with no effect on your future participation in the STRONG program. You do not waive any legal rights by signing this consent form. If you decide to withdraw from the study, the information that was collected prior to you leaving will still be used. No new information will be collected without your permission.

Confidentiality

Your survey will be collected anonymously through a secure online survey platform called Qualtrics. Qualtrics uses encryption technology and restricted access authorizations to protect all data collected. In addition, Western's Qualtrics server is in Ireland, where privacy standards are maintained under the European Union safe harbour framework.

The focus group will be facilitated through the use of a third-party online video conferencing software called Zoom. Since this is a third-party software, your confidentiality cannot be guaranteed. However, researchers will put in place several measures to help protect confidentiality by enabling features in Zoom that allow only permitted participants. Zoom automatically records both audio and video files. Immediately following the focus group, the video files will be destroyed. Audio files will be used for transcription and destroyed after transcription has been completed.

Confidentiality cannot be guaranteed in focus groups, but the focus group participants will be reminded of the importance of confidentiality. All data collected will remain confidential and accessible only to the investigators of this study. If the results are published, your name will not be used. Only unidentified quotes will be utilized. All information collected for the study, including surveys, will be stored securely in my office for a period of seven years. All data collection from this study will be destroyed after seven years. Representatives of the University of Western Ontario Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

Publication

Any reports and publications will be distributed to all individuals involved with the STRONG program, regardless of whether they participate in this research.

Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing

Principal Investigator:

Claire Crooks, PhD, Director of Centre for School Mental Health
Faculty of Education, Western University

I have read the Letter of Information and understand what I have read. All questions have been answered to my satisfaction and I agree to participate in this feasibility study. I have kept a copy of this letter and this permission form.

Please initial beside all that apply:

_____ I agree to participate in an online implementation survey following the completion of the STRONG pilot

_____ I agree to provide my session tracking data following the STRONG pilot

_____ I agree to participate in a 60-minute focus group with other facilitators from the STRONG pilot

_____ I agree to the use of unidentified quotes obtained during the study in the dissemination of this research

Participant name: _____

Signature and date _____

If you are participating in this study, please provide an email so that we can send you the link to the survey, the courier information, and the details about the focus group. Your email will be kept confidential and stored separate from study data.

Participant Email: _____

Name of person obtaining consent: _____

Signature and date: _____

My signature means that I have explained the study to the participant names above. I have answered all questions.

Appendix N

Ethics Approval



Date: 20 April 2018

To: Dr. Claire Crooks

Project ID: 111632

Study Title: Feasibility study of the STRONG program for refugee children and youth experiencing distress and trauma symptoms

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: May 4 2018

Date Approval Issued: 20/Apr/2018

REB Approval Expiry Date: 20/Apr/2019

Dear Dr. Claire Crooks

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Facilitator survey and focus group consent v 2 clean April 19 2018	Written Consent/Assent	19/Apr/2018	2
Guardian consent v2 clean April 19 2018	Written Consent/Assent	19/Apr/2018	2
Recruitment Email for Group Concept Mapping Study	Recruitment Materials	25/Mar/2018	
Recruitment Script at Training	Oral Script	25/Mar/2018	1
School board and SMH ASSIST consent v2 clean April 19, 2018	Written Consent/Assent	19/Apr/2018	2
STRONG Facilitator Focus Group Questions March 18, 2018	Focus Group(s) Guide	22/Mar/2018	1
STRONG Interview Questions March 22, 2018	Interview Guide	22/Mar/2018	1
STRONG Facilitator Implementation Survey (exported from Qualtrics)	Online Survey	25/Mar/2018	1
Youth assent v 2 tracked April 19 2018	Written Consent/Assent	19/Apr/2018	2

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.



Western Research

Date: 23 February 2022

To: Dr. Claire Crooks

Project ID: 111632

Study Title: Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing

Application Type: NMREB Amendment Form

Review Type: Delegated

Full Board Reporting Date: March 4 2022

Date Approval Issued: 23/Feb/2022 21:43

REB Approval Expiry Date: 20/Apr/2022

Dear Dr. Claire Crooks,

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the amendment, as of the date noted above.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Email to Facilitators_STRONG Questionnaire_20211214	Recruitment Materials	14/Dec/2021	1
LOI and Consent - Facilitator Questionnaire STRONG_20220126	Implied Consent/Assent	26/Jan/2022	
STRONG Facilitator Questionnaire_20220126	Online Survey	26/Jan/2022	

REB members involved in the research project do not participate in the review, discussion or decision.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 0000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Kelly Patterson , Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Curriculum Vitae

Name: Nicole A. Schilling

Post-secondary Education and Degrees: Western University
London, Ontario, Canada
M.A. Counselling Psychology, 2020-2022

Ontario Tech University
Oshawa, Ontario, Canada
B.A. Forensic Psychology, 2015-2020

Honors and Awards: Graduate Student Assistantship Scholarship
Western University, London, Ontario
2020-2022

Ontario Tech University
Deans Commendation for Academic Excellence
2015-2020

Related Work and Volunteer Experience: Intern Psychotherapist
Vanier Children's Mental Wellness
London, Ontario, Canada
2021-2022

Practicum Student, Volunteer
COPE Mental Health Services, Community Care Durham
Pickering, Ontario, Canada
2019-2020

Support Group Facilitator
COPE Mental Health Services, Community Care Durham
Pickering, Ontario, Canada
2019-2020

Trainings: Supporting Transition Resilience of Newcomer Groups (STRONG)
Program – Facilitator Training
Center for School Mental Health, Western University
London, Ontario, Canada
January 2022