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# Examining the Experiences of Newcomer Youth Participating in the Supporting Transition Resilience of Newcomer Groups (STRONG) Intervention

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## **Abstract**

Newcomer youth encounter multifaceted stressors across all phases of migration, placing them at heightened risk for psychological distress. While they display high resilience, culturally responsive, strengths-based interventions are essential to support their adjustment. The Supporting Transition Resilience of Newcomer Groups (STRONG) is a manualized group-based intervention designed to enhance coping, resilience, and well-being. This qualitative study explored the experiences and recommendations of 22 youth who participated in STRONG in school and community settings. Using four semi-structured focus groups and reflexive thematic analysis, eight themes emerged: (1) Gained Coping and Relaxation Skills, (2) Varied Emotional Experiences, (3) Reflections on Program Structure and Content, (4) Mixed Experiences Sharing Personal Journey Narratives, (5) Opportunity for Social Connections, (6) Refining Program Structure and Delivery, (7) Expanding Program Opportunities, and (8) Program Endorsement. Findings highlight the value of youth-informed evaluation and the need for trauma-informed and culturally responsive programming to support newcomer youth mental health.

*Keywords:* newcomer, youth, resilience, STRONG intervention, migration stressors, trauma-informed, strength-based, psychosocial support, coping skills, mental health

## Summary for Lay Audience

In recent years, Canada has welcomed a growing number of immigrant and refugee families. Many of these families, especially those with refugee backgrounds, frequently face challenges before, during, and after migration that can significantly affect their mental health and overall adjustment. These challenges include exposure to war, trauma, discrimination, and social exclusion. While newcomer youth are recognized in research for their resilience, they remain at an increased risk for experiencing mental health challenges like depression, anxiety, and PTSD. To support their well-being and transition to Canada, the Supporting Transition Resilience of Newcomer Groups (STRONG) program was developed. STRONG is a group-based intervention that teaches youth how to cope with stress, solve problems, and strengthen their resilience. The current study examined the experiences and recommendations of 22 newcomer youth who participated in the STRONG intervention in schools or community settings. Four focus groups were conducted and analyzed using Braun and Clarke's thematic analysis guide to identify recurring themes across the groups. Findings revealed a high level of program acceptability, with newcomer youth describing STRONG as a supportive and meaningful program that helped them build coping skills, enhance emotional well-being, and foster a greater sense of connection with others. Youth provided several recommendations to improve the intervention including adding more engaging activities, offering more support for building connections and refining the program's structure and delivery. Overall, youth expressed that they would recommend the STRONG program to other newcomer youth as a valuable resource for learning coping skills and building social connections. These findings highlight the importance of youth involvement in evaluating interventions and will inform enhancements to the STRONG program to more effectively support newcomer youth in navigating and adjusting to life in Canada.

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## Table of Contents

Abstract.....	ii
Summary for Lay Audience.....	iii
Acknowledgements.....	iv
List of Tables .....	vii
List of Appendices .....	viii
Introduction.....	1
Migration Stressors Experienced by Newcomer Youth.....	2
Newcomer Children and Youth Resilience.....	5
Intervention Settings .....	6
Supporting Transition Resilience of Newcomer Groups (STRONG) .....	12
Previous Strong Evaluation Findings.....	15
The Current Study.....	16
Methods.....	17
Participants.....	17
Design .....	19
Procedure .....	20
Data Analysis .....	22
Ethics and Ethical Considerations .....	24

Results.....	25
Theme 1: Gained Coping and Relaxation Skills.....	26
Theme 2: Varied Emotional Experiences .....	29
Theme 3: Reflections of Program Structure and Content.....	30
Theme 4: Mixed Experiences Sharing Personal Journey Narratives.....	30
Theme 5: Opportunity for Social Connections .....	32
Theme 6: Refining Program Structure and Delivery .....	32
Theme 7: Expanding Program Opportunities .....	34
Theme 8: Program Endorsement .....	35
Discussion.....	36
Newcomer Youth’s Experiences Participating in the STRONG Program .....	38
Newcomer Youth’s Recommendations for Improving the STRONG Program .....	43
Limitations and Future Directions .....	46
Conclusion .....	48
References.....	49
Appendices.....	59
Curriculum Vitae .....	83

## **List of Tables**

Table 1: STRONG Sessions from the Elementary and Secondary Manuals .....	15
Table 2: Focus Group Information .....	19
Table 3: Guidelines for Thematic Analysis .....	24
Table 4: Organizing Categories, Themes, and Sub-themes .....	25

## **List of Appendices**

Appendix A: School-Based Guardian Consent Letter of Information and Form .....	59
Appendix B: Community-Based Guardian Consent Letter of Information and Form .....	64
Appendix C: Youth Assent Letter of Information and Form.....	70
Appendix D: Community-Based Youth Consent Letter of Information and Form .....	74
Appendix E: STRONG Focus Group Questions .....	80
Appendix F: Research Ethics Board Approval.....	81

## Introduction

Globally, Canada is recognized for its diversity and multiculturalism, making it one of the most popular and desired countries for international migrants. As a world leader in responding to humanitarian crises, Canada continues to demonstrate its commitment to refugee resettlement by welcoming over 46,500 refugees from over 80 countries in 2022 (Government of Canada, 2023). According to the 2021 census, 1 in 4 Canadians identify as landed immigrants and in 2022 nearly 440,000 permanent residents were welcomed to Canada (Government of Canada, 2023). Figures from 2017-2021 illustrate an upward trajectory of immigration rates to Canada, with this pattern set to continue based on projections released by the government of Canada, estimating that between 2024-2025, half a million immigrants will resettle in Canada (Government of Canada, 2023). As these numbers demonstrate, Canada is a country built upon a foundation of immigration. However, with a growing diversified population, the Canadian government is challenged with the task of responding to both the individual and collective needs of newcomer groups.

Between January 2015 and March 2018, nearly 100,000 refugees resettled in Canada to seek asylum, with 42.7% being under the age of 17 years old (The Child and Youth Refugee Research Coalition, 2018). By the year 2036, it is anticipated that immigrant children and youth will represent 39-49% of the total population (Kalchos et al., 2022). Since almost half of the Canadian refugee population consists of children and youth, it is imperative that system-wide mental health programs and integration efforts are established to ensure a successful transition and support their well-being. It is critical to utilize a trauma-informed, strengths-based, and culturally sensitive approach when designing and providing interventions to support newcomer children and youth as their individual migration journeys influence their transitional experience

(Pieloch et al., 2016). A trauma-informed lens of practice necessitates a holistic approach to child development, encompassing not only cognitive and academic domains but also addressing social-emotional, physical, mental health, and identity-related factors (Martinez et al., 2024). All of these elements are recognized as integral to both learning and overall well-being (Martinez et al., 2024). This study defines “newcomers” as individuals who are newly arrived in the country, without imposing a specific timeframe, though many communities commonly consider the first five years of resettlement as the "newcomer" period. Newcomers may include immigrants who have voluntarily relocated for opportunities, as well as refugees who have been forced to flee their home countries due to persecution, conflict, or danger. Despite the heterogeneity of experiences among newcomers, the literature consistently has shown that newcomer youth experience elevated levels of stress, resulting in heightened mental health needs and an increased demand for targeted interventions (Patel et al., 2023). This research aims to evaluate and strengthen the evidence-base for a school-based mental health group intervention for newcomer youth when delivered in school and community settings.

### **Migration Stressors Experienced by Newcomer Youth**

The changing demographics and rise of immigration rates to Canada pose new and complex challenges for mental health care, particularly for newcomer children and youth (Sim et al., 2023). Research on child well-being and development has documented that a combination of personal, familial, and environmental influences impacts children's healthy growth, development and psychosocial well-being (Oxman-Martinez et al., 2012). Many newcomer children and youth are exposed to profound adversity across these domains throughout their migration journey (pre-migration, during migration and post-migration), with significant implications for their emotional development and adjustment (Crooks et al., 2020; Aghajafari et al., 2020).

Adolescence is a period of heightened vulnerability characterized by emotional sensitivity, identity formation, and increasing independence (O'Connor & Seager, 2021). The World Health Organization estimates that half of all mental health disorders emerge by age 14, and the presence of trauma during this stage can severely disrupt psychological functioning (O'Connor & Seager 2021). Studies with refugee youth globally indicate that individuals may experience between 7 and 15 traumatic events, often involving conflict, persecution, or forced displacement (O'Connor & Seager 2021). For example, a review of 22 studies involving 3,003 youth across over 40 countries found that over 50% of refugee youth reported traumatic loss or family separation, and more than 50% had experienced forced displacement (Bronstein & Montgomery, 2011). These experiences are strongly associated with elevated symptoms of depression, anxiety, and post-traumatic stress, and may contribute to worsening mental health over time if unaddressed. PTSD and depression rates have been found to remain elevated for an extended period of time following displacement, highlighting the importance of continual support efforts post-migration (Blackmore et al., 2020).

In addition to mental health symptoms, trauma exposure in adolescence is linked to lower academic achievement, reduced self-esteem and self-efficacy, poorer quality of life, and increased engagement in risky behaviours (O'Connor & Seager 2021). While many newcomer youth demonstrate remarkable resilience, their well-being remains influenced by both individual coping capacities and access to protective factors, such as family cohesion and community support. These protective factors can buffer or, in their absence, exacerbate the negative impacts of stress and trauma (Patel & Reicherter, 2016).

Prior to migration, youth may be exposed to conflict, human rights violations, poverty and starvation, forced labour, loss of loved ones, violence, war, persecution and sexual assault

(Fazel et al., 2012). These experiences can severely disrupt early developmental processes. In cases of forced migration, the disintegration of established family and peer systems undermines the development of secure attachments and healthy social relationships (Hettich et al., 2020). War exposure, in particular, is identified as a significant predictor of psychological maladjustment (Fazel et al., 2012). A systematic review and meta-analysis involving 779 child and youth refugees found that approximately 23% met criteria for PTSD, 14% experienced depression, and 16% had anxiety disorders, underscoring the profound mental health impact of war and displacement on refugee youth (Blackmore et al., 2020).

During migration, refugee youth may face a range of trauma and stressors, including exploitation, abuse, kidnapping, mistreatment by authorities and separation from their families (Patel et al., 2016). Family separation is one of the most reported and distressing experiences among newcomer youth and is associated with increased rates of anxiety, depression, internalizing and externalizing symptoms, and school difficulties (Patel et al., 2016). As many as 85% of immigrant youth have been separated from their parents and they report more anxiety and depression related symptoms compared to those non-separated (Patel et al., 2016).

Post-migration, newcomer youth confront the complex challenges of resettlement and acculturation as they adapt to unfamiliar cultural and social environments while striving to establish their identity and role within a new society. Stressors include loss of family, friends, culture, and social support, alongside difficulties adapting to new environments, resulting in challenges with emotional-regulation and behaviour (Hettich et al., 2020). Identity formation, which is already in flux during this developmental stage, becomes even more disrupted as migration adds another layer of instability, thereby hindering the overall development of a coherent sense of self (Hettich et al., 2020). Additional post-migration stressors include social

exclusion, language barriers, and financial hardship. These ongoing stressors are often more impactful on long-term psychological outcomes than pre-migration trauma (Patel et al., 2016). Despite these well-documented risks and outcomes, studies have found a significant underutilization of mental health services among newcomers compared to Canadian-born peers, contributing to a decline in their mental health (Sim et al., 2023). This disparity underscores the urgent need for culturally responsive, trauma-informed, and accessible psychosocial interventions that are tailored to the unique needs of newcomer youth, highlighting the critical importance of both the provision and systematic evaluation of early psychosocial interventions.

### **Newcomer Children and Youth Resilience**

Newcomer youth represent an important demographic for building Canada's future, but as described, face distinct challenges and must overcome significant stressors as a minoritized population (Kalchos et al., 2022). Resilience, which is the capacity to adapt and persevere through challenges that are perceived as threats, is an essential trait that newcomer children and youth typically possess (Kachlos et al., 2022). In the literature, resilience is understood as being shaped by both individual characteristics (e.g., cognitive skills and emotional regulation) and coping abilities (e.g., problem-solving, sense of agency, and hope), which act as protective factors (Smith & Crooks, 2022). Importantly, resilience is not only an internal trait but is also closely linked to access to external resources and supports (Ungar, 2008). The ability to identify personal strengths and rely on supportive environments contributes significantly to post-migration well-being (Murray et al., 2008). As newcomer youth adapt to new environments, they are simultaneously navigating unfamiliar cultures and languages and reconstructing their social supports during critical developmental periods marked by intense biological, cognitive, and psychosocial changes (Smith & Crooks, 2022). Despite these challenges, newcomer youth

continue to demonstrate resilience and strength, which has been shown to be a key factor in enabling them to lead meaningful lives (Smith & Crooks, 2022). While these individual strengths are invaluable, system-level interventions are essential to create environments that nurture and sustain their resilience. Researchers have emphasized the need to move away from trauma-centric models when designing supports for refugee youth and instead focus on practices that cultivate strengths and resilience (Murray et al., 2010; Papadopoulos, 2007).

### **Intervention Settings**

Connecting newcomer children and youth with services that address both immediate psychosocial needs, and the effects of migration-related trauma is critical to supporting their adjustment and overall well-being. However, newcomer families often face a complex array of intersecting barriers that hinder access to appropriate mental health care, resulting in many newcomers underutilizing services and delaying help-seeking until they reach a crisis point (Sim et al., 2023). These barriers exist across multiple levels, including structural and systemic, provider-related, and individual or familial (Sim et al., 2023). At the structural level, challenges include inadequate funding, fragmented and complex service systems, limited preventative programming, and insufficient cultural alignment with newcomer needs (Sim et al., 2023). Provider-level barriers encompass shortages of trained professionals, staff burnout, and a lack of cultural representation, competence and mental health knowledge (Sim et al., 2023). At the individual and family level, limited mental health literacy, competing settlement priorities, stigma, fear of negative repercussions, and distrust of institutions further restrict engagement with services (Sim et al., 2023). Additional access issues include language barriers, cost and insurance concerns, transportation challenges and unfamiliarity with the healthcare system (George et al., 2015; Derr, 2015; Ellis et al., 2020).

Critiques of the existing mental health care infrastructure highlight its foundation in Western-centric, clinical models that often fail to accommodate the socio-cultural, religious, and migration contexts of newcomer populations (Sim et al., 2023). The literature also highlights a lack of preventative mental health interventions for newcomer children and youth (Sim et al., 2023). Persistent gaps in service accessibility and cultural responsiveness not only undermine the effectiveness of care but may also contribute to worsening mental health outcomes over time for newcomer youth. To design effective interventions, there is a need to be cognizant of the intersecting oppressions and barriers faced by newcomers.

Integrating mental health interventions within existing systems and services is essential for improving accessibility, reducing logistical barriers, and addressing the stigma often associated with seeking psychological support. Schools, in particular, have been widely identified as ideal settings to provide mental health services for newcomer children (Crooks et al., 2020a; Fazel et al., 2016). Positioned as early and consistent points of contact, schools provide a unique opportunity for the early identification and recognition of emotional and behavioural concerns (Fazel et al., 2016) They are also well-situated to implement a multi-tiered system of supports, ranging from universal programming that fosters belonging and well-being to more targeted, intensive interventions tailored to individual coping and mental health needs. Moreover, schools serve as important environments for strengthening protective factors such as positive peer relationships, social connectedness, and a sense of belonging. Each of these factors plays a vital role in buffering the effects of migration-related stress and promoting resilience (Patel et al., 2023). This setting is especially critical given that minoritized and low-income students are significantly less likely to access mental health services outside of school settings (Ali et al., 2019). When barriers to access are addressed, schools can be a significant place of

support for newcomer youth (Kalchos et al., 2022). Positive school experiences and collective pride in educational achievement were found to promote resilience in newcomer children (Pieloch et al., 2016). For example, in a study with adolescent refugees, it was concluded that a strong sense of school belonging (school commitment, involvement and attachment) was associated with higher levels of self-efficacy and lower levels of depression (Pieloch et al., 2016). Similarly, a systematic review of refugee children living in Australia, Belgium, Canada, Croatia, Denmark, Finland, the Netherlands, Sweden, the United Kingdom, and the United States found that self-reported positive school experiences were consistently associated with greater resilience, underscoring the critical role of schools in supporting the psychosocial adjustment of displaced youth (Fazel et al., 2012)

Underutilization of resources and experiences of discrimination are frequently identified as factors that influence newcomer youths' experiences with school-based psychosocial support services. This is due to newcomers' primacy of getting basic needs met, different terminology, distrust of authority and systems of care, and the impact of stigma. Although schools are widely recognized as appropriate settings for providing support services to newcomers, certain limitations remain. Firstly, schools may not have the resources to provide services to all newcomer youth. Additionally, school personnel may have difficulty connecting with newcomer students and their parents due to limited training in culturally responsive practices and uncertainty about how to address trauma-related needs or engage with families from diverse backgrounds (Erucar et al., 2018; Reinke et al., 2011). Although newcomer parents play an integral role in their child's social, academic, and emotional development, they may feel disconnected from the school system due to language barriers, cultural differences, and unfamiliarity with school expectations (Cureton, 2020). Implementing STRONG in a community

setting that may have increased cultural competence and mutual trust may promote greater parental involvement which can enhance the child's well-being. Community involvement provides newcomers with a sense of belonging and level of resilience that may not be achieved in a school setting (Pieloch et al., 2016). In a recent qualitative study, newcomer youth emphasized the importance of accessing support through newcomer agencies, highlighting that resilience extends beyond individual traits and is nurtured by the sense of community and safety experienced in these environments (Smith & Crooks, 2022). Overall, community resources have been shown to directly impact children's well-being as community leaders often build trust more readily with parents and children, thereby enhancing the accessibility and acceptability of the programs they provide.

However, community or settlement services also have limitations and barriers to access. According to Immigration, Refugees and Citizenship Canada, newcomers are often unaware of the resources available to them and/or have difficulty accessing them (IRCC, 2021, 2023). Discrimination is frequently mentioned as another barrier to newcomers' access to settlement services (Vaswani et al., 2023b). A potential catalyst for discrimination in these settings is the prioritization and focus on economic benefits of immigration over social and cultural integration. The newcomers who are viewed as economically valuable are more likely to benefit from settlement services (Guo & Guo, 2016). Discrimination in the form of racism serves as another barrier. Stewart et al., (2011) revealed findings from interviews with newcomer seniors who identified that service providers exhibited underlying prejudices and cultural insensitivities, which impacted the effectiveness and adequacy of the support they were providing.

### **Psychosocial Interventions for Newcomer Youth**

Psychosocial interventions are widely recognized as essential for supporting youth who have undergone traumatic experiences, as they are crucial in alleviating or counteracting the potential long-term negative consequences of such trauma (Hettich et al., 2020). The UN Convention on the Rights of the Child recognizes psychosocial support as a fundamental right that should be available to all children (Hettich et al., 2020). In their systematic review, Hettich et al., (2020), evaluated a variety of psychosocial interventions for newly arrived adolescent refugees, many of which incorporate trauma-informed practices, creative expression, and group-based therapeutic models. Despite promising approaches, the review notes a scarcity of published, high-quality studies evaluating these interventions.

Interventions with the strongest evidence-base have employed cognitive behavioural therapy (CBT) approaches, psychoeducation, relaxation, cognitive coping, systematic desensitization, narrative strategies, and parental involvement in supporting youth (Jaycox et al., 2012). The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is a school-based program designed for middle and high school students that uses group sessions to teach cognitive restructuring, relaxation techniques, and gradual exposure to reduce symptoms of post-traumatic stress and depression (Jaycox et al., 2012). Its elementary counterpart, the Bounce Back program, adapts these principles for younger children through developmentally appropriate stories, games, and activities that focus on emotional regulation and resilience (Jaycox et al., 2012). Both programs improve accessibility by being delivered in schools and have demonstrated positive outcomes in diverse populations, including with immigrant and refugee youth (Jaycox et al., 2012). While both interventions are grounded in strong empirical evidence, they are trauma-*focused* and designed for youth exhibiting clinically significant levels of PTSD symptoms. As such, their narrow inclusion criteria limit their applicability for newcomer youth

who may be experiencing substantial stress and emotional disruption during resettlement, yet do not meet diagnostic thresholds. This creates a service gap for a broader subset of youth who could benefit from early, preventive mental health support. Moreover, given the widespread disruption of social ties that often accompanies forced migration, newcomer youth may also require additional, intentional efforts to rebuild their social support networks, an element not fully addressed by either program's core structure. Although it is essential that newcomer youth interventions are trauma-*informed* given the risk of exposure to migration stressors, a trauma-*focused* intervention may not always be the appropriate fit. In addition to integrating CBT principles, research highlights the importance of including elements that address the migration experience and related trauma or challenges, as well as incorporating meditation, relaxation techniques, and creative approaches (Black et al., 2012).

Additionally, a strong evidence-base exists for interventions designed to promote and enhance resilience. The Penn Resilience Program (PRP) is an evidence-based intervention that focuses on youth's emotional well-being and coping through cognitive-behavioral and problem-solving skills. Originally developed for the general youth population, PRP has been adapted to address acculturative stress, discrimination, and identity challenges in culturally diverse groups (Gillham et al., 2007; Challen et al., 2011).

Implementing a strength-based, resilience-focused and trauma-informed intervention for newcomer youth is a vital component to improving their well-being post-migration. Strength-based interventions can be more beneficial as they re-orient the focus from a newcomers deficits and struggles to their strengths and opportunities (Murray et al., 2010). Furthermore, this approach can support healing and facilitate a more positive integration into the youth's new environment (Marshall et al., 2016). The Supporting Transition Resilience of Newcomer Groups

(STRONG) intervention was developed to meet diverse resettlement needs by leveraging youths' strengths and enhancing their social support and resilience.

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

Between 2015-2016, the Ontario Ministry of Education tasked School Mental Health Ontario (SMH-ON) with evaluating and responding to the mental health needs of students newly arriving in Canada. SMH-ON initially implemented a Tier 1 approach, which involved the dissemination of universal resources designed to foster inclusive, safe, and welcoming school environments. These efforts aimed to promote well-being across the entire student population, in alignment with a multi-tiered system of support (MTSS). However, as migration rates continued to rise, it became increasingly evident through routine “newcomer mental health rounds” conducted in collaboration with Ontario school boards that a significant proportion of newcomer students were experiencing complex trauma-related challenges. Mental health professionals consistently reported that Tier 1 strategies alone were insufficient to meet the nuanced needs of this population. These findings underscored the growing necessity for Tier 2 interventions which offer targeted or increased support towards students with a particular need (Crooks et al., 2020). SMH-ON initiated partnerships with various local newcomer organizations which led to a team of researchers and mental health clinicians developing the Supporting Transition Resilience of Newcomer Groups (STRONG) intervention.

STRONG is a group-based, evidence-informed, manualized tier-2 mental health intervention developed to support newcomer children and youth who are experiencing psychological or psychosocial challenges (Crooks et al., 2020). It was designed to support youth across diverse newcomer groups with a broad inclusion criteria. The core components of STRONG include understanding and normalizing distress, resilience building skills, cognitive

behavioural intervention skills (relaxation, cognitive coping, exposure, goal setting, problem solving), journey narrative and peer, parent and educator support. The program aims to build newcomers' resilience and promote their healthy adjustment to a new country, increase their social support and connections, enhance their positive sense of identity to buffer the impact of othering, affirm their strengths, teach coping strategies for stress and trauma, build problem-solving and goal-setting skills, and minimize resettlement stressors (Crooks, et al., 2020).

To be responsive to children and youth at various stages of development, two versions of the STRONG manual were developed, an elementary (K-5<sup>th</sup> Grade) and secondary version (6<sup>th</sup>-12<sup>th</sup> Grade). Examples of key differences between the manuals include the use of more pictorial content in the elementary version and the incorporation of abstract reasoning and higher-order thinking activities in the secondary version. To capitalize on newcomer children and youth's inherent resiliency and inner capacity to deal with their distress, STRONG utilizes a strength-based perspective that recognizes both the strengths and external supports that are available to assist them with their psychosocial coping and recovery (Crooks et al., 2020).

The STRONG intervention is grounded in the understanding that the refugee experience unfolds within a complex, multi-system ecological framework (Bronfenbrenner, 1992). This framework acknowledges that newcomer youth encounter a range of challenges and supports across different stages of migration, all of which can play a significant role in the development and severity of their psychological distress (Crooks et al., 2020). Accordingly, the successful implementation of school-based mental health interventions extends beyond the quality of the program itself; it requires attention to the broader context in which youth live and learn, including individual, family, school, and community factors. Domitrovich and colleagues (2008) emphasize the need to consider these intersecting spheres through an ecological lens to ensure

sustainable and effective program outcomes. The intervention approach is characterized by elements of understanding the social ecology of participants as well as the cognitive behavioural techniques designed to reduce psychological distress.

The intervention is delivered over ten one-hour sessions, focusing on goals including, recognizing emotions and sources of stress, developing and applying healthy coping strategies, and setting achievable personal goals (Crooks et al, 2020; see Table 1). The program is grounded in evidence-based therapeutic principles drawn from Cognitive Behavioural Therapy (CBT), which has demonstrated effectiveness in school-based trauma interventions broadly, as well as in culturally adapted programs for refugee and immigrant students (Allison & Ferreira, 2017; Sullivan & Simonson, 2016). Each group session follows a consistent and intentional structure to enhance psychological safety, engagement, and skill development. Sessions typically begin with warm-up activities designed to foster group connectedness, promote social inclusion, and affirm cultural identity. After the warm-up, participants are introduced to a variety of coping and relaxation techniques such as deep breathing, guided imagery, and emotion regulation through modeling, practice, and group discussion. At the conclusion of each session, youth are assigned brief take-home tasks or exercises to reinforce the content covered and to encourage real-world application of the skills. Notably, one of the ten sessions is dedicated to the development and sharing of the individual's journey narrative with the group. A journey narrative is a structured storytelling process that allows participants to reflect on their migration experience and personal growth within a safe and supportive environment and identify their strengths and external supports. Prior to this group-sharing session, each participant engages in an individual session with the group facilitator to discuss and prepare their narrative. This one-on-one session provides an opportunity for the facilitator to assist youth in reflecting on and processing their personal

journey narratives, guiding them in choosing which aspects to share with the group, and supporting them in articulating their stories in a coherent manner that emphasizes their strengths. During this session, facilitators also administer a screening for PTSD, and make referrals as needed. The intended outcomes of the intervention are increasing resilience, learning coping and problem-solving skills, and building connections with peers in their group, which strengthens their sense of belonging.

**Table 1**

*STRONG Sessions from the Elementary and Secondary Manuals*

Session Number	Topic
1	My Inside Strengths and Outside Supports
2	Understanding Stress
3	Common Stress Reactions and Identifying Feelings
4	Measuring and Managing Feelings
5	Using Helpful Thoughts
6	Steps to Success
7	Problem Solving
Between Sessions 4-8	Individual Session
8	My Journey Part I
9	My Journey Part II
10	Graduation

### **Previous Strong Evaluation Findings**

Pilot studies on the feasibility and experiences of newcomer youth participating in the STRONG program have been conducted. These mixed-method studies have revealed positive

findings. Qualitative results identified a high level of acceptability among youth with perceived benefits, such as improved coping and relaxation skills, and increased confidence, resilience, trust, peer connectedness, positive self-concept, belongingness and knowledge (Crooks et al., 2020; Crooks et al., 2020). The participants also described benefits in sharing their migration stories with their peers (Crooks et al., 2020). Additionally, quantitative measures showed that the youth's resilience scores improved significantly from pre- to post-intervention (Crooks et al., 2020). Participating facilitators corroborated these findings as they observed improvements in participants overall functioning and reduced levels of stress among participants after completing the program. Furthermore, facilitator focus groups revealed both professional and personal benefits, as it increased their cultural competence and confidence to support newcomer youth experiencing psychological distress (Crooks et al., 2020).

A recently published study replicated these findings from a randomized waitlist-controlled trial involving 64 newcomer students (average age 13.9, 41% female) across 19 countries in Chicago Public Schools (Santiago et al., 2025). Facilitators observed improvements in participants' confidence, interpersonal relationships, and application of emotion regulation and coping skills (Santiago et al., 2025). A 3-month follow-up assessment revealed that participants in the immediate treatment group maintained reductions in anxiety, depression, and behavioral problems and reported increases in primary control coping strategies (i.e., problem solving and emotion regulation) and positive ethnic identity (Santiago et al., 2025).

### **The Current Study**

The need and significance of including youth's perspectives in research and policymaking is widely recognized (Smith & Crooks, 2022). However, many youth continue to feel overlooked or disregarded when they express their opinions on matters that directly affect them (Smith &

Crooks, 2022). To address this gap, the proposed research explored the experiences of newcomer children and youth participating in the STRONG program in both school and community settings. Additionally, an objective of this research was to provide youth an opportunity to share their recommendations for improving the STRONG intervention for future newcomer youth. Research infrequently includes the perspectives of vulnerable and minoritized youth (Smith & Crooks, 2022). Using the lived experiences and voices of newcomer youth may promote empowerment and may be used to inform more effective and culturally informed supports (Smith & Crooks, 2022). This research study aimed to strengthen the evidence-base for STRONG and identify ways to improve the intervention for participants in diverse settings. This, in turn, may improve the capacity of community organizations and school boards to effectively address the needs of newcomer youth. Specifically, the proposed research asked and answered the following research questions:

- What are newcomer youth's overall experiences and perspectives of the STRONG intervention?
- What are newcomer youth's recommendations to enhance future experience with the intervention?

As this is an exploratory, qualitative study, there are no hypotheses.

## **Methods**

### **Participants**

Four STRONG groups were used in this study, two school-based groups and two community-based groups. The Centre for School Mental Health at Western University partnered with a school district in Southern Ontario to implement two school-based groups during the 2023-2024 academic year. The community-based groups were delivered at two separate

community centres in Southern Ontario, with one group implemented in 2023 and the second in 2024. All groups were co-facilitated by two STRONG clinicians and delivered in English, with support from interpreters for specific participants. Groups varied in gender, STRONG manual type (elementary aged or secondary aged), and number of participants as displayed in Table 2.

Thirty newcomer youth participated in the STRONG intervention. Of these, 22 youth (73%) provided informed consent to participate in a focus group following the completion of the intervention. Among the focus group participants, 12 identified as female, 9 as male, and one individual opted not to disclose their gender. Participants ranged in age from 10 to 18 years, with a mean age of 12.95 years ( $SD=1.71$ ). The intervention was implemented using both the elementary and secondary versions of the STRONG manual: two school-based groups and one community-based group utilized the elementary manual with youth aged 10–14, while the final community-based group employed the secondary manual with participants aged 14–18. The youth represented a diverse array of ethnocultural backgrounds, including, Yazidi, Ukrainian, Ossetian, Chinese, Turkish, Han, Bahamian, Honduran, Latino, and Mexican/Salvadoran. Participants' length of residence in Canada varied widely, ranging from one month to twelve years.

Participants were recruited to the STRONG program based on newcomer status and if they required support to successfully participate in their school and community environment and thus could benefit from additional skill development. STRONG facilitators received participant referrals from members of STRONG's partner organizations, including teachers, guidance counsellors, school personal and settlement workers. A STRONG Eligibility Checklist was provided for guidance on participant selection. Typically, referred participants included those who could benefit from interventions targeting emotional dysregulation, social withdrawal, and

school adjustment challenges. Following this, STRONG facilitators and a clinical supervisor strategically composed groups to ensure youth with shared experiences were placed together, making decisions based on participants' needs and background to foster supportive group dynamics. The inclusion criteria for this study included children or youth who were newcomers and were participating in the STRONG intervention.

**Table 2**

*Focus Group Information*

Focus Group	Intervention Setting	Gender	Age Range	Number of Participants	Participant Pseudonym	Interpreter Present
1	School	Female	12-14	5	Participant 1 Participant 2 Participant 3 Participant 4	Yes
2	School	Mixed	11-13	7	Participant 5 Participant 6 Participant 7	Yes
3	Community	Mixed	10-14	7	Participant 8 Participant 9 Participant 10 Participant 11	Yes
4	Community	Mixed	14-18	3	Participant 12 Participant 13 Participant 14	Yes

**Design**

The current study employed a qualitative research design to evaluate the perceived experiences and recommendations of youth who participated in the STRONG intervention. Qualitative research provides a rich and in-depth narrative of an individual or groups experience (Pieloch et al., 2016). Quantitative measures largely rely on how the Western world conceptualizes constructs even though there are cross-cultural differences in how these

constructs are understood and expressed (De Anstiss et al., 2009; Ungar & Liebenberg, 2011). In contrast, qualitative approaches invite terminologies and descriptions from the newcomer's point of view to enable a deeper understanding of their experiences (Feilzer, 2010; Green & Carecelli, 1997). This study used an inductive approach, which allows concepts and themes to emerge organically from the data rather than being imposed a priori. This approach directly shaped the coding process, thematic analysis, and resulting conclusions.

## **Procedure**

### ***Intervention Procedure***

All four STRONG groups were facilitated by two trained clinicians in the STRONG intervention. The two school-based groups were co-facilitated by a psychologist and a social worker and took place once weekly for one hour over a 10-week period. One of the community-based groups was led by graduate-level trainees from Western University, who received weekly supervision from a registered clinician to support their facilitation. These sessions also occurred once weekly for one hour over 10 weeks. The second community-based group was facilitated by two mental health professionals and was delivered twice weekly, with each session lasting two hours. Given that this group consisted of younger youth and occurred during the summer, the second hour of each session incorporated additional activities to further stimulate and engage the youth.

In addition to the 10 sessions, each participant engaged in an individual journey narrative session with a facilitator, during which trauma screenings were administered and referrals to appropriate supports were provided as needed. Across all four groups, facilitators adapted manualized content, specifically the examples provided, to align with the developmental stages and cultural contexts of participants.

Youth completed pre-and post-intervention surveys to assess changes in targeted skills and outcomes, and a focus group was conducted to explore participants' subjective experiences of the intervention. The survey includes questions/measures on social-emotional and psychological well-being, symptoms of depression and anxiety and demographics. However, only focus group data was used in this study.

### ***Focus Group Procedure***

At the completion of the STRONG intervention, focus groups were held to collect feedback about the program. Youth over the age of 18 provided consent for participation. Guardian consent and youth assent were obtained for participants between the ages of 10-17. Consent was obtained through both parent orientations or phone calls and during the pre-STRONG surveys that youth completed prior to the start of the intervention. During the consent process, parents and youth received a letter of information outlining important aspects of the participants participation (see Appendix A, B, C and D). Data was collected with support from the Centre for School Mental Health's research team. The author was present only for the focus groups conducted at one of the community settings and one of the schools.

Focus groups typically took place in a quiet room where the intervention occurred. The room was rearranged so that the participants and researchers were sitting in a circle or facing each other. The focus groups were facilitated by a STRONG team member from the research site. An interpreter was present to provide language support. Prior to the start of the discussion, the researchers reiterated that participation was voluntary and that participants can opt to not answer any question of their choosing. They were also reminded of the importance of confidentiality and not sharing any information discussed during the focus group to anyone outside of the group.

The focus groups followed a semi-structured format where questions were prepared but allowed for a flexible discussion. The questions included the participants' favourite and least favourite lessons/activities, learnt skills, suggestions for improvements and whether they would recommend this program to other newcomer children and youth (see Appendix E). The focus groups lasted approximately 60 minutes and were conducted entirely in English, but had some assistance from interpreters. Participants were compensated with a gift card and food. Youth were provided with a debriefing form with resources they could contact if they required any support after the research activity. Two audio recorders were used to ensure that all feedback provided by the youth was recorded accurately. The recordings were uploaded to Western's secure server and deleted from the recorders.

### **Data Analysis**

Newcomer youth's perceived experiences and recommendations were examined using Braun and Clarke's six-step process for conducting a thematic analysis. Thematic analysis is a technique that enables researchers to identify patterns and themes across qualitative data that can lead to uncovering underlying beliefs, meaning, and commonalities between participants responses (Braun & Clarke, 2012). Themes are recurring ideas or patterns that highlight important features of the data as they relate to the research question. The data was analyzed using reflexive thematic analysis, an inductive approach in which codes and themes were generated directly from the data while researchers reflected on their own influence throughout the analysis. Braun and Clarke's six step data analysis process includes 1) familiarization of data, 2) generation of initial codes, 3) combining codes into themes, 4) reviewing themes, 5) defining and naming themes and 6) producing the report (Braun & Clarke, 2012, see Table 3).

To begin, the author listened to each focus group recording and reviewed all transcripts for accuracy and to gain familiarity with the data. Audio recordings were transcribed using the online program Trint to enhance accuracy. The author then carefully reviewed the transcriptions against the original recordings, making necessary corrections to address any errors. All identifying information was removed from the transcript and once removed, the recording was deleted from Western's server. A STRONG research team member also read and became familiar with the focus group transcripts. After the transcription was completed, both researchers independently took note of initial trends and recorded unique aspects of the data. Based on the recorded notes and discussions, both the author and research team member coded two focus group transcripts simultaneously to develop appropriate codes and establish a preliminary codebook. The preliminary iteration of coding was conducted using the comments function in Microsoft Word. This enabled codes to be noted in the side margin, while also highlighting the area of assigned text to each respective code. The preliminary codebook included detailed descriptions of the codes and examples from the transcript, using the participants language. Both researchers used the codebook to code the remaining two transcripts and re-examined the first two transcripts to ensure modified codes were reflected. All updates to the codebook were agreed upon through discussions and any discrepancies were resolved through a collaborative discussion and refinement or review of code definitions. Relevant codes were collapsed, and themes were developed. The themes were examined in relation to the coded data to ensure coherence. The STRONG researcher reviewed the themes and provided feedback to assist with this process. This collaborative approach ensured that qualitative themes were representative of the youth's voices. Representative quotations were carefully reviewed and selected from the focus group discussions and incorporated into the results to illustrate key findings. While the original language was

maintained, extraneous filler words (e.g., “like,” “ugh”) were removed to enhance clarity and readability.

**Table 3**

*Braun & Clarke’s (2012) Six-phase Guidelines for Thematic Analysis*

Phase	Explanation
1. Familiarizing oneself with the data	Develop an initial feel and familiarization of the data through transcription and begin to record preliminary thoughts, codes, and initial themes.
2. Generating initial codes	Code meaningful or interesting features of the data in a systemic way that is relevant to the research question.
3. Combining codes into themes	Group and organize codes into themes according to their unifying feature.
4. Reviewing themes	Review and revise potential themes and consider whether the themes accurately reflect the codes and data.
5. Defining and naming themes	Ongoing analysis to refine the specific of each theme and overall patterns the content shows. Generate clear definitions for each theme.
6. Producing the report	Select compelling excerpts, analyze the excerpts, relate the analysis to the research question and provide a narrative of the analysis.

### **Ethics and Ethical Considerations**

The evaluation protocols were approved by Western University’s Non-Medical Research Ethics Board (see Appendix F). Participating in the proposed study may have caused mild distress for participants as they were required to reflect on an intervention that was designed to address migration stressors. Participants were told that they can skip answering any focus group questions to mitigate discomfort. They were informed that they can withdraw from the study at any time and resources were provided to them if they required further support.

## Results

Thematic analysis of the focus group data revealed eight distinct themes, presented in two organizing categories corresponding to the study's research questions: (1) *Newcomer Youth's Overall Experiences and Perspectives of the STRONG Intervention*, and (2) *Newcomer Youth's Recommendations to Enhance Future Experiences with the Intervention* (see Table 4). These themes provide insight into how youth experienced the STRONG program, which aspects they found beneficial, and what changes they believe could strengthen future implementation. Each theme is supported by direct quotations from participants to authentically represent their perspectives and experiences.

**Table 4**

*Organizing Categories, Themes and Subthemes*

<b>Organizing Categories</b>	<b>Themes</b>	<b>Subthemes</b>
<b>Newcomer Youth's Overall Experiences</b>	Gained Coping and Relaxation Skills	Emotional Regulation and Relaxation Skills  Cognitive Reframing and Goal Setting
	Varied Emotional Experiences	
	Reflections on Program Structure and Content	
	Mixed Experiences Sharing Personal Journey Narratives	
	Opportunity for Social Connections	

## Newcomer Youth's Recommendations

	Refining Program Structure and Delivery	Enhanced Program Content and Format Physical Environment, Timing, and Group Size
	Expanding Program Opportunities	Integrate Engaging and Supportive Activities Incorporate Strategies for Building Social Connections
Program Endorsement		

## Newcomer Youth's Overall Experiences and Perspectives of the STRONG Intervention

### Theme 1: Gained Coping and Relaxation Skills

When asked what they learned through their participation in STRONG, youth across all four focus groups described acquiring and applying a range of coping and relaxation strategies in their daily lives. These included techniques to regulate emotions, reframe unhelpful thoughts, and reduce symptoms of stress, which were often applied in academic, social and personal contexts. Two subthemes illustrate the depth of this learning: (1.1) *Emotional Regulation and Relaxation Skills*, and (1.2) *Cognitive Reframing and Goal Setting*.

#### *Subtheme 1.1 Emotional Regulation and Relaxation Skills*

Participants identified several emotional regulation and relaxation techniques that were helpful when experiencing uncomfortable thoughts and feelings. These included deep breathing or imagery-based strategies (i.e., deep breathing, my calm place), body-focused exercises (i.e., muscle relaxation), and opportunities for creative self-expression. When prompted to specifically identify skills they had learned through STRONG, many youth reported that they learned “how to control your emotions,” “release anger,” and “relax the stress.”

Deep breathing emerged as the most commonly cited technique, described as a simple yet effective method for grounding oneself in emotionally charged moments. Several youth used this technique in academic settings with one youth explaining, *“We had a presentation, and I was really stressed.... a song played and when the song played, I just started breathing. My head was like this before and then”* (Participant 1, Focus Group 1, School). Another youth shared how breathing helped them de-escalate anger, *“I was angry but then I tried to take a breath rather than taking all my angriness out on someone, and it actually worked”* (Participant 3, Focus Group 1, School). Participants also described using guided imagery by visualizing a calm or personally meaningful place (i.e., my calm place), which they employed both reactively, in moments of distress, and proactively, as a relaxation strategy. For example, one participant, speaking through an interpreter, shared *“When he has a negative emotion, he thinks about the calm place to make him calm, like the beach. The beach has the birds flying and that will calm him”* (Participant 7, Focus Group 2, School). Another youth, speaking through an interpreter, described visualizing the mountains from her home country, *“So she uses it not only in the stressful situations, but also just like a relaxation. She can lean in bed and imagine this place and it helps her just to relax”* (Participant 2, Focus Group 1, School).

Furthermore, several participants highlighted the usefulness of the “squeeze the lemon” exercise, which is part of a progressive muscle relaxation activity designed to help youth become aware of physical tension in their bodies and learn how to release it. One participant explained that the activity increased their ability to notice and manage bodily stress, stating, *“Sometimes you cannot really tell if you're tense or if you're stressed. And then there's like certain parts in the body that may be tense. And you don't realize until you actually try to relax and you're like, oh, there's a big difference there, so I guess that has helped”* (Participant 13, Focus Group 4,

Community). Another youth, through a translator, described applying the technique in a real-life context, stating *“She was in the hospital, when she had to do her bloodwork. And it's very stressful for her because she experienced something very unpleasant in the past. She asked her mom to find a little squishy toy she can squeeze and it helps her with her relaxation”* (Participant 2, Focus Group 1, School).

Creative strategies introduced during STRONG sessions were also valued by participants, who described using them as emotional outlets. One youth reflected on how sketching became a coping tool during moments of anxiety *“I have started sketching when I am anxious or I can't concentrate, I try to do something and just write something. Before I used to space out and not really pay attention”* (Participant 12, Focus Group 4, Community).

Importantly, some youth noted that the skills they learned were not only beneficial for themselves but also helped them recognize the emotions of others and learn how to respond supportively. One participant shared through an interpreter that they learned *“How to make choices that might benefit me and won't hurt other people”* (Participant 14, Focus Group 4, Community).

### ***Subtheme 1.2 Cognitive Reframing and Goal Setting***

Participants reflected on their ability to identify, challenge and reframe negative thoughts into more constructive or positive thoughts. One youth stated *“Normally I would just have a complete mental breakdown about it and get in a really bad mood. Instead, I was like, it is okay, don't start thinking that the world is going to end. It's going to be fine”* (Participant 12, Focus Group 4, Community). This was echoed in academic settings, *“When I'm taking an exam,*

*sometimes, I think... I'm probably going to fail this, but I said to myself like you studied, you should not be worried"* (Participant 13, Focus Group 4, Community).

Youth emphasized that reframing negative thoughts, although seemingly simple, had a meaningful impact on their mindset. As one youth expressed, *"I learned to really tell the difference of good thoughts and bad thoughts. Even though it sounds very simple, I feel like I used to turn any good thought into something negative. I realize there are some bad thoughts that you could try to convert into good thoughts, [there] could be something positive out of it. I just think that after I learned it, I started to realize, how my mind, my point of view and thoughts or situations can actually change if I stop being so negative"* (Participant 12, Focus Group 4, Community).

Skills in goal setting were frequently mentioned as well. Youth noted how the program taught them *"How to set big goals and how to make steps towards goals"* (Participant 11, Focus Group 3, Community). The program achieved this by providing youth with exercises on how to break down goals into smaller steps to achieve a bigger goal.

## **Theme 2: Varied Emotional Experiences**

When youth were asked to share their overall experiences participating in STRONG, their responses indicated a high level of program acceptability. Several participants described the program as "good", "nice" or "great," while others expressed broad enjoyment, saying they enjoyed "everything" about the program. One participant elaborated, *"I do believe that it was really fun. I did enjoy every session that I was in"* (Participant 12, Focus Group 4, Community). Another participant, through a translator, shared how the program provided a space where they felt accepted and less burdened by the daily stressors of adjusting to a new country, *"It was very*

*good and a nice time during this program. Sometimes she is very stressed during school because obviously she's new in the country and the language barrier. And during this time, was always a good time, nice time, less stressful*" (Participant 2, Focus Group 1, School). However, not all experiences were uniformly positive. A smaller number of youth described their experience as "normal," and a few characterized the sessions as "boring," often attributing this to the amount of talking involved.

### **Theme 3: Reflections of Program Structure and Content**

Participants frequently reflected on both the structure and content of STRONG. Many youth appreciated the interactive and hands-on components, emphasizing that learning was reinforced through immediate practice and there were frequent opportunities to share their thoughts and experiences. As one youth put it, *"For everything that we're taught, there was activities. So, I think that's the reason why it's more simple to understand, because you get taught something and then immediately put it to practice. If you put it to practice, I think it will be easier to see if you actually got it or not. And if you had an error in your thought process, you can clear it up in that instance"* (Participant 12, Focus Group 4, Community). Youth appreciated the simplicity of the structure, stating that *"The way we learned things was simple to understand"* (Participant 6, Focus Group 2, School).

These positive experiences, however, were not equally experienced by all. Some participants felt that the sessions lacked variety and seemed repetitive, with one participant noting, *"Everything was the same,"* and *"We had to do the same thing over and over again"* (Participant 8, Focus Group 3, Community).

### **Theme 4: Mixed Experiences Sharing Personal Journey Narratives**

The experience of sharing personal migration stories with STRONG facilitators elicited a range of feelings. Some participants found it therapeutic to reflect on their journey, explaining that *“It was a little bit hard trying to relive the memories in my head. And I got emotional. But at the end, I felt like something was taken off my shoulders. Like something that I realized was the more I talk about things, the less it really affects me”* (Participant 12, Focus Group 4, Community). Many others echoed the sentiment that while sharing their migration story evoked challenging memories and was *“a bit stressful at the beginning”*, they later felt *“happy.”* Participants felt safe and reassured to share their stories, as one expressed *“I feel like they won’t blame us for anything”* (Participant 4, Focus Group 1, School) and another shared through a translator, *“She felt good, she felt comfortable, and it was nice to share her story with someone”* (Participant 2, Focus Group 1, School). However, others experienced a series of unpleasant feelings or reactions such as crying and unhappiness due to the difficulty of reliving these experiences.

After youth shared their migration stories with the facilitators, they were later given the opportunity to share it with their peers in the group. This experience also elicited mixed reactions. For some, the supportive environment and shared experiences created a sense of comfort and trust that encouraged them to share their stories. One participant expressed, *“When you share your experience or your life with other people that went through similar struggles or similar situations, I feel like that’s good to learn that you don’t feel alone”* (Participant 12, Focus Group 4, Community). Furthermore, another youth expressed how she felt comfortable and safe sharing with the group because they had spent so much time together, but had it been requested in an earlier session, she would not have felt as comfortable. However, others preferred one-on-one discussions with facilitators rather than group sharing, as several youth

felt "embarrassed" speaking in front of others and believed individual conversations allowed for deeper and more meaningful discussions with the facilitator.

### **Theme 5: Opportunity for Social Connections**

Participants emphasized the social benefits of STRONG, stating that it provided them with opportunities to meet peers facing similar challenges. Youth expressed that STRONG not only teaches crucial coping mechanisms for reducing stress and trauma, but it also fosters a sense of community and social connectedness. One participant remarked, "*You meet people like you, which makes you feel connected*" (Participant 12, Focus Group 4, Community). Another shared, "*I think it's easier to find friends here*" (Participant 5, Focus Group 2, School). The program also provided an opportunity for the participants to learn about each other with one participant expressing "*I learned about what people like...food, country, what they think about and where they want to go*" (Participant 9, Focus Group 3, Community). Furthermore, the program provided an opportunity to form connections with facilitators with one participant noting that their favourite part of the program was "*Interactions with everyone [participants and facilitators] and they were all really nice to us*" (Participant 6, Focus Group 2, School).

### **Newcomer Youth's Recommendations to Enhance Future Experience with the STRONG Intervention**

#### **Theme 6: Refining Program Structure and Delivery**

Towards the end of the focus group, youth were asked to reflect on components of the program that they would recommend changing or removing to improve it for future participants. A variety of suggestions were made. This theme is presented through two subthemes: (6.1)

*Enhanced Program Content and Format* and (6.2) *Physical Environment, Timing, and Group Size*.

***Subtheme 6.1: Enhanced Program Content and Format***

Several participants indicated that the program content was overly simplistic, reflecting their prior familiarity with many of the coping strategies presented. One participant recommended the inclusion of “*More advanced skills and a little more difficult challenges*” (Participant 6, Focus Group 2, School), while another characterized the program as “*Lower level*” and echoed the desire for more complex material, noting “*Because I already knew this kind of strategy, I was looking forward to having something more advanced*” (Participant 5, Focus Group 2, School). Some participants critiqued the program’s gradual, stepwise structure with one describing it as “*Very baby step*” (Participant 7, Focus Group 2, School). This perceived simplicity contributed to feelings of boredom among a subset of participants, resulting in diminished engagement and increased distraction.

Youth also frequently mentioned the imbalance between discussion and activities, suggesting that additional activities be incorporated to ensure increased engagement and focus. Several participants expressed this desire with one youth sharing, “*It was more talking than activities,*” and “*I wanted to do more activities instead of just speaking about what to do*” (Participant 10, Focus Group 3, Community). Some even felt that the program resembled a traditional classroom setting rather than a supportive intervention, saying, “*I felt like we were in school instead of a program that helps us*” (Participant 9, Focus Group 3, Community).

***Subtheme 6.2: Physical Environment, Timing, and Group Size***

The STRONG sessions and focus groups are conducted in a small private room to minimize distractions and create a space for newcomers to feel safe to share their experiences. However, for some participants, the room itself served as a barrier as one participant noted “*I just want to be in a bigger room in general because in the program, you have to sit down a lot and I feel like, after a bit of time my back started hurting. I don’t really like these chairs*” (Participant 11, Focus Group 3, Community). Others in the group nodded their heads to agree with this sentiment.

The timing and duration of the sessions also served as an obstacle for some participants. One participant recalled that the early start time made the program “*exhausting*” and others noted that the sessions felt overly long, making it challenging to stay focused and absorb the knowledge. For those participants in the school-based program, some expressed frustration that the sessions extended into their classroom time.

Participants also recommended restructuring the group sizes. One youth highlighted that the large group size made it challenging to engage and open up about difficult experiences, suggesting that the groups should include fewer participants. The same participant recommended further dividing the groups by grade to ensure that each age group was receiving relevant and engaging content at their level.

### **Theme 7: Expanding Program Opportunities**

Participants reflected on activities or components that they would recommend adding to the program to improve newcomer youth’s experiences. This theme is presented through two subthemes: (7.1) *Integrate Engaging and Supportive Activities* and (7.2) *Incorporate Strategies for Building Social Connections*.

### ***Subtheme 7.1: Integrate Engaging and Supportive Activities***

A recurring suggestion was the desire for more physical, interactive, and game-based components. Specifically, youth advocated for structured breaks where they could play “dodgeball,” “basketball,” and “watch a movie.” Several youth emphasized the importance of incorporating movement and enjoyable activities into the sessions, noting that when the sessions were engaging and fun, time passed quickly. In contrast, sessions that focused primarily on discussion felt noticeably longer and less stimulating. Others highlighted how tools like “fidget toys” and “stress balls” could help them focus and manage their stress during the STRONG sessions. One youth shared the significance of incorporating fidget toys, “If you're with new people and stuff and you have to talk, it can be stressful because everyone is looking at you. [Fidget toys] help me concentrate and calm down” (Participant 5, Focus Group 2, School).

### ***Subtheme 7.2: Incorporate Strategies for Building Social Connections***

Participants felt that there were no specific activities or discussions designed to help them build social connections or approach certain social situations in a new country. One participant noted “I think it would be good if we would talk about how to make new friends because sometimes it’s really hard for me. I have one, two or three friends at school, some of them because I have this [involvement in STRONG]” (Participant 1, Focus Group 1, School). Other youth echoed this sentiment suggesting that including lessons that teach youth how to talk with new peers beyond those in the STRONG groups would be greatly beneficial.

## **Theme 8: Program Endorsement**

The final question of the focus group required participants to comment on if they would recommend the program to other newcomer youth. While a few mentioned that the program was

unhelpful for them or boring, an overwhelming majority stated that they would recommend it. Many participants noted that STRONG provides an opportunity for building confidence and social connections as it assists with meeting new friends who come from similar backgrounds which provides a sense of comfort. One participant stated that it allowed her to “*Meet new people who are just like you moving in, refugees*” (Participant 10, Focus Group 3, Community). Others commented on the abundance of knowledge, coping, relaxation and stress-management skills that they learnt from the program such as “*How to calm themselves down and to identify good thoughts from bad thoughts*” (Participant 2, Focus Group 1, School).

Participants would also recommend the program because of the safe, inclusive and non-judgmental environment created, which made it a welcoming space for all, regardless of language barriers or background. One youth noted that they would tell other newcomers that “*It’s okay if they don’t speak English or French, they can still join*” (Participant 9, Focus Group 3, Community) because there would always be someone available to help them. The same participant continued by saying they would encourage future newcomers by telling them, “*Don’t be afraid to speak your mind, because everything will stay there and there’s no right or wrong answers*” (Participant 9, Focus Group 3, Community).

## **Discussion**

As Canada continues to welcome newcomer youth, there is an urgent need to identify trauma-informed mental health programs that effectively support psychosocial adjustment, are easily accessible, and address existing mental health challenges. The purpose of this study was to explore the experiences and perspectives of 22 newcomer youth who participated in the STRONG program in Southern Ontario, and to gather their recommendations for improving the intervention. Drawing on the experiences of participating youth, this study aimed to strengthen

the evidence base for the STRONG intervention when delivered in both school and community settings by using newcomer youth's voices as they are often excluded in research (Smith & Crooks, 2022). The use of focus groups aligns with an emerging consensus advocating for the meaningful involvement of youth in program development and evaluation (Edwards et al., 2016). Furthermore, facilitating youth participation in providing input on programs that affect them can serve as an empowering process, promoting critical self-reflection (Zimmerman, 2000).

Using reflexive thematic analysis of four focus groups, this study identified eight key themes that captured youth experiences and recommendations: (1) Gained Coping and Relaxation Skills, (2) Varied Emotional Experiences, (3) Reflections on Program Structure and Content, (4) Mixed Experiences Sharing Personal Journey Narratives, (5) Opportunity for Social Connections, (6) Refining Program Structure and Delivery, (7) Expanding Program Opportunities, and (8) Program Endorsement. These themes align with, and extend, the growing body of literature supporting strength-based, trauma-informed, and culturally responsive psychosocial interventions for refugee and immigrant youth (Crooks et al., 2020; Hettich et al., 2020; Fazel, 2018). Central findings revealed that newcomer youth perceived the STRONG program as a supportive intervention that helped them develop coping and relaxation skills and enhance emotional regulation. Participants appreciated opportunities to share personal narratives and build social connections, though they reported varied emotional experiences. In addition to highlighting the program's strengths, youth provided recommendations for improvements to the program's structure, environment, and delivery. Youth emphasized the importance of incorporating more engaging activities to balance the discussion-heavy components, introducing more advanced material, situating the program in a more conducive physical environment, and offering increased opportunities for social skill development. Despite areas for refinement, most

participants endorsed the program and would recommend it to other newcomer youth. The following section discusses the findings and themes related to participants' experiences and recommendations, as well as the study's limitations and directions for future research.

### ***Newcomer Youth's Experiences Participating in the STRONG Program***

Shortly after resettlement, newcomer youth commonly experience a complex and demanding period characterized by concurrent developmental, psychological, and social challenges. These difficulties are often exacerbated by a range of pre- and post-migration stressors, including exposure to trauma, family separation, discrimination, and acculturative stress (Blackmore et al., 2020; Sim et al., 2023). To manage these stressors, it is essential that youth are equipped with appropriate coping strategies and accessible psychosocial supports. Participants in this study reported learning several skills through the STRONG program that supported emotional regulation, relaxation, cognitive reframing, and goal setting. These findings closely echo perceived gains mentioned in previous STRONG studies, where participants reported learning a variety of coping skills and applying them in their everyday lives (Crooks et al., 2020; Santiago et al., 2025).

In the current study, participants frequently identified emotional regulation and relaxation strategies such as deep breathing, body scans, progressive muscle relaxation, and guided imagery, which align with those widely supported in the trauma-informed intervention literature (Black et al., 2012; Cohen & Mannarino, 2008). The development of emotional regulation is foundational to psychological well-being and remains a central goal across therapeutic modalities for trauma-exposed youth (Ginot, 2012). Relaxation skills can support this goal by helping to alleviate the physiological symptoms of stress commonly experienced by these youth (Cohen et al., 2017). Youth described various ways they applied emotional regulation and

relaxation techniques in their daily lives to manage anger and stress, which is an especially meaningful outcome given that those with early trauma histories often struggle to identify and articulate their emotions (Black et al., 2012). For instance, one youth described engaging in deep breathing as they prepared for a presentation in school while another youth recalled imagining visuals of her home country to help her relax in moments of stress. Focused breathing, in particular, has been shown to elicit a relaxation response that can counteract the negative physiological and psychological effects of stress (Cohen et al., 2017). Notably, youth also reported developing greater awareness of physical tension in their bodies and learning concrete strategies to release it through a progressive muscle relaxation exercise. This technique enables youth to become more cognizant of their bodies and support the development of greater regulation of their stress response system, which is often disrupted in trauma-exposed youth (Black et al., 2012; Cohen et al., 2017). Additionally, STRONG supported youth not only in recognizing their own emotions, but also enhanced their ability to understand others' feelings and respond with empathy and support. Finally, youth developed various new outlets for expressing their feelings and managing anxiety through the program, including creative outlets such as sketching. Since some youth may struggle to engage with traditional verbal methods of emotional processing, incorporating their unique interests and strengths into intervention practices can foster greater engagement and emotional safety (Cohen et al., 2017). This reinforces the value of providing diverse, youth-centered approaches that extend beyond verbal processing.

Cognitive reframing was another frequently mentioned strategy and benefit gained from the program, which involves examining and challenging distorted thoughts and beliefs with the aim of increasing self-awareness, allowing individuals to modify maladaptive thinking patterns

related to trauma and its associated triggers (Hassija & Gray, 2010). STRONG helped participating youth recognize negative thought patterns and shift their perspectives during moments of anxiety or self-doubt and provided them with a sense of empowerment. Several participants reflected on applying these strategies in both academic and personal contexts. For example, a youth described using cognitive reframing to manage stress and anxiety while preparing for an upcoming exam. This finding aligns with the core principles of cognitive-behavioral therapy (CBT), which has been extensively validated as an effective approach for reducing anxiety and depression symptoms in youth populations, including refugees and immigrants (Ehnholt & Yule, 2006). Youth also frequently reported learning how to set achievable goals and the appropriate steps to take to achieve that goal. Participants' reports of applying these skills in daily academic and social situations suggest meaningful generalization beyond the therapeutic setting, demonstrating the practical and functional relevance of STRONG's content.

Participants shared a range of emotional reactions to the STRONG sessions, highlighting the individualized impact of group-based interventions. Responses varied from perceiving the sessions as boring or normal due to the amount of talking, to describing them as highly enjoyable and engaging. More commonly, STRONG was described as a comfortable and supportive environment where youth could temporarily escape the daily stressors associated with the newcomer experience. The sense of safety and positive emotional engagement expressed by participants reflects core principles of trauma-informed care, which emphasize creating predictable, empowering spaces for youth who have experienced adversity. These findings underscore the importance of trauma-informed approaches that prioritize safety, choice, and empowerment to address the complex needs of refugee and immigrant youth in group settings.

Youth expressed mixed reactions towards the program structure and content. Many participants valued the interactive and experiential learning aspects of the program, highlighting how the hands-on components and immediate application of new concepts facilitated comprehension and skill acquisition. This finding aligns with educational and psychological research emphasizing the effectiveness of experiential and active learning approaches in youth-focused interventions (Kolb, 1984; Durlak et al., 2011). Kolb's (1984) experiential learning theory emphasizes that meaningful learning occurs when individuals actively engage with material through direct experience, reflection, and experimentation. Similarly, Durlak et al. (2011) found that social-emotional learning programs that incorporated sequenced, active, focused, and explicit (SAFE) practices such as role-playing, discussion, and practical application produce significantly better outcomes in social-emotional learning and skill development. These approaches are particularly impactful for youth, as they promote deeper engagement, enhance retention, and foster the development of practical coping and problem-solving skills. The clarity and simplicity of the program's structure and materials were also appreciated by several youth, who noted that the straightforward delivery contributed to their comprehension. This feedback underscores the potential of well-structured interventions to make complex emotional and cognitive content more accessible, particularly for newcomer youth who may be simultaneously navigating language barriers, cultural transitions, and academic adjustment. Concerns were raised regarding the repetitive nature of both the structure and the content of the program, as each session followed a similar weekly outline prescribed by the manual. This critique suggests that while consistency and routine can foster a sense of safety and predictability, especially important for youth who have experienced displacement, too much uniformity may lead to disengagement over time.

In most trauma-informed therapeutic approaches, youth are invited to construct and share a trauma narrative after acquiring foundational coping skills, drawing on principles of narrative therapy (Black et al., 2012). Narrative therapy involves guiding youth to recount their traumatic or distressing experiences in structured detail, with the goal of facilitating meaning-making, emotional processing and reducing the association between trauma reminders and overwhelming negative emotions (Cohen et al., 2017). This approach has been effectively applied with refugee populations and has demonstrated significant reductions in both post-traumatic stress and depressive symptoms (Schauer et al., 2004). When implemented carefully, narrative-based practices can promote post-traumatic growth and identity integration (Neuner et al., 2010). However, the experience of trauma narration is highly individualized and can evoke a wide range of emotional responses. Trauma narration should be introduced only after foundational elements such as affect regulation, cognitive processing and psychoeducation are established, as these skills are critical for managing the emotional intensity that can accompany recounting traumatic memories (Kooij et al., 2022; Cohen et al., 2017). Furthermore, trauma storytelling is most effective when approached collaboratively, with attention to participant motivation, readiness, and emotional safety. In the context of this study, youth were invited to reflect on and share their migration journeys, first with the STRONG facilitators and subsequently with their peers in the group. Participants reported a range of emotional responses to this process. For many, recounting their experiences required revisiting painful memories, often evoking feelings of anxiety, sadness, and vulnerability. At the same time, the act of sharing appeared to serve a cathartic function for some, allowing participants to release emotions they had been consciously or unconsciously carrying. Sharing their stories with peers introduced an added layer of complexity; while some youth described moments of discomfort or

embarrassment, many also noted that hearing and being heard by others with similar experiences created a sense of solidarity and emotional safety. This shared storytelling process fostered not only emotional expression but also connection and validation among group members.

Participation in the STRONG program created valuable opportunities for newcomer youth to build connections with peers who had experienced similar challenges and feelings. This shared context fostered a sense of belonging, mutual understanding and social connections, which are critical components of psychosocial adjustment in the context of resettlement. Social connections formed through shared experiences help newcomer youth navigate the complex cultural and social landscapes of their new environments (Berry, 2006; Stewart et al., 2017). For many newcomer youth, feelings of alienation, discrimination, and othering are common stressors that can negatively impact mental health and hinder social integration. Therefore, youth appreciated the opportunity to meet others who they can relate to, share their journey's with and learn about. Social support formed through shared experiences has been consistently identified as a protective factor that buffers the psychological effects of migration-related stressors, including trauma, loss, and systemic exclusion (Schwartz et al., 2010). The communal aspect of STRONG thus not only supports individual coping but also contributes to building a supportive community among participants, which may promote long-term social integration and psychological adjustment.

### ***Newcomer Youth's Recommendations for Improving the STRONG Program***

Focus group participants were provided an opportunity to share elements of the program that can be improved for future participants. Feedback from participants on the structure and delivery of STRONG revealed the importance of program flexibility and highlighted the relevancy for youth-informed evaluation. While the STRONG program provides foundational

coping tools, its content may not sufficiently challenge or engage participants who enter the program with prior knowledge of basic emotional regulation strategies as the material was often described as too simple or repetitive, leading to disengagement. This finding echoes research advocating for tailoring intervention content to participants' age, cognitive maturity and lived experiences (Domitrovich et al., 2008; Challen et al., 2011), suggesting further refinements to the STRONG manuals. Though scaffolded learning remains an important feature, there may be a need to increase the flexibility and depth of content to sustain engagement among more advanced youth. Flexibility could include offering optional extension tasks, tiered activities, or opportunities for peer teaching and group problem-solving. Furthermore, participants frequently noted an imbalance between discussion and interactive activities within the STRONG sessions, expressing a desire for a greater proportion of experiential components to enhance engagement and focus. One participant perceived the program as resembling a traditional classroom environment rather than a supportive intervention, which may have impacted their overall experience and engagement. These findings highlight the importance of incorporating a balanced mix of active, experiential learning opportunities alongside discussion-based elements in group interventions to better meet the needs and preferences of newcomer youth.

Participants also referenced a series of logistical concerns, namely the intervention room size, group size and composition, and timing. Participant feedback revealed that the physical setting and structure of the STRONG program influenced their comfort and engagement. While sessions were held in a small, private room to promote safety and minimize distractions, some youth found the space physically uncomfortable. Extended periods of sitting and limited room to move were noted as barriers, suggesting that physically accommodating environments are essential for maintaining focus and comfort. Session timing and duration also emerged as

obstacles. Early start times and long sessions were described as exhausting and difficult to concentrate through, particularly when they overlapped with academic instruction. These findings highlight the importance of aligning intervention schedules with students' developmental needs and school responsibilities. Group size and composition further shaped participants' experiences. Some youth expressed discomfort sharing in large groups and recommended smaller, grade-based cohorts to support emotional safety and age-appropriate engagement. These insights emphasize the need to adapt program logistics, such as environment, timing, and group structure to better meet the diverse needs of newcomer youth and enhance program effectiveness.

Furthermore, findings indicated that youth would greatly benefit from the increased integration of engaging and supportive activities. A common recommendation was the inclusion of game-based activities and movement-based exercises to help balance the heavy discussion of emotional and cognitive content. Participants emphasized that incorporating enjoyable physical activities made sessions feel shorter and more engaging, suggesting that movement breaks can serve as important resets that support sustained attention and emotional regulation. Relaxation techniques that involve full-body movement may be particularly effective in reducing stress among trauma-exposed youth (Cohen et al., 2017). However, such techniques can be challenging for trauma exposed youth, who may remain physiologically on guard and have little to no experience of true relaxation (Cohen et al., 2017). Therefore, inquiring about activities youth enjoy and incorporating them is important not only to make sessions more enjoyable but also to support skill development by helping identify situations where their bodies experience less tension and stress compared to high-alert or threatening environments (Cohen et al., 2017). Additionally, youth highlighted the value of incorporating sensory tools such as fidget toys and

stress balls to support concentration and emotional regulation during moments of discomfort or distress that may occur during STRONG sessions. Research has demonstrated that sensory fidget toys can positively impact mental health by providing an effective means for managing stress and enhancing focus (Liu, 2025).

Youth identified a gap in the program's focus on social integration. While STRONG fostered connections within the group, participants expressed a need for explicit guidance on how to build friendships and navigate social situations outside of the intervention context. Teaching practical social skills relevant to newcomers' lived experiences could support broader peer integration and promote resilience. Growth in social bonding capital is an essential social support mechanism that can improve newcomer youth's resilience and well-being (Pittaway et al., 2016). Therefore, embedding structured opportunities for social learning and connection-building may enhance both the relational and therapeutic impact of STRONG.

The majority of participants expressing a willingness to recommend STRONG to other newcomer youth underscores the program's overall acceptability and perceived relevance. This endorsement reflects positive youth development principles, which highlight the importance of fostering youth agency and meaningful participation. Prior STRONG evaluations have similarly reported high levels of program satisfaction and impact on self-efficacy, coping, and connection (Crooks et al., 2020).

### **Limitations and Future Directions**

The current study included a few notable limitations. Firstly, the study utilized a small sample size that was limited to newcomer youth in Southern Ontario, which restricts the generalizability of the findings to newcomer youth in other settings, regions, or countries. However, the aim of this research was not to produce generalizable conclusions, but rather to

gain an in-depth understanding of the experiences and perspectives of participating newcomer youth. Therefore, the findings are best understood in relation to the experiences of newcomer youth living in mid-sized cities in Ontario, Canada. The findings identified from this study closely align and converge with previous STRONG evaluations (Crooks et al., 2020), lending support to the credibility of the results. Secondly, the exclusive reliance on qualitative, self-reported data raises the possibility of both researcher and participant bias, including social desirability bias that may have influenced participants' responses. While the feedback was rich and thoughtfully expressed, it is important to acknowledge that these reflections on changes in thought patterns, emotional regulation, and coping strategies were not objectively measured. Consequently, this limits the ability to draw definitive conclusions about the extent of psychological change or skill acquisition resulting from the program. Thirdly, although interpreters were available and efforts were made to create a culturally responsive environment, language barriers and cultural differences may have led to misinterpretations or reduced the depth of responses, particularly for participants with limited English proficiency.

Future research should consider employing a mixed-methods, longitudinal design to further explore the long-term impact of the STRONG intervention. Mixed-methods approaches are particularly well-suited for research with newcomer populations, as they allow for the triangulation of data and reduce the risk of misinterpreting culturally or linguistically nuanced constructs, while still offering rich, in-depth insight. Additionally, given the heterogeneity of the newcomer population in Canada, future studies should explore potential moderating factors that may influence intervention outcomes. The term "newcomer" encompasses a diverse array of individuals (ie., refugees, asylum seekers, and various classes of immigrants) each with distinct pre- and post-migration experiences. Finally, future adaptations of STRONG may benefit from

incorporating structured opportunities for parent engagement. Given that parental involvement has been shown to play a critical role in newcomer youths' adjustment and resilience, engaging caregivers could enhance the program's impact by promoting consistent support across home, school, and community contexts.

### **Conclusion**

As Canada continues to welcome growing numbers of immigrant and refugee youth, there is a critical need for accessible, trauma-informed, and culturally responsive mental health interventions that support their psychosocial adjustment and well-being. The STRONG program represents a promising tier-2 intervention that addresses the unique challenges faced by newcomer youth by teaching coping skills, building on their strengths, and creating a supportive peer environment. This study explored the experiences of 22 newcomer youth who participated in STRONG in school and community settings. Through reflexive thematic analysis of post-intervention focus groups, the findings provide insight into both the strengths and areas for enhancement within the program. Eight distinct themes emerged and were categorized by two organizing themes: youth's experiences and youth's recommendations for improving the program. Themes related to youth experiences included, gaining coping and relaxation skills, varied emotional experiences, reflections on program structure and content, mixed experiences sharing personal journey narratives, and opportunity for social connections. Themes reflecting youth recommendations included, refining the program's structure and delivery, expanding opportunities for engagement and connection, and endorsing the program for future newcomer participants. Overall, this study contributes to the growing body of research advocating for strengths-based, culturally grounded, and trauma-informed supports for newcomer youth. By centering youth voices, this research affirms the value of STRONG as an effective intervention

and underscores the importance of continued adaptation and evaluation to meet the evolving needs of diverse newcomer populations across educational and community contexts.

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## Appendices

### Appendix A: School-Based Guardian Consent Letter of Information and Form

#### Letter of Information

<b>Project Title</b>	Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing
<b>Principal Investigator</b>	[REDACTED]
<b>Document Title</b>	School-Based Guardian Consent Letter of Information (All Research Activities-G2)

#### **Why is our research team talking to you?**

You are invited to participate in this research study because your child is participating in the STRONG program. This letter provides you with information to help you decide if you want your child to be part of this research.

#### **Why is our research team doing this study?**

Our team is studying the STRONG program to learn how well it works. We want to know whether youth like the program, and if it helps them develop new skills, feel less stressed or increase positive mental health.

#### **What will happen in the study?**

You can give permission to your child to participate in any of the following research activities listed below.

- 1) **You give permission to let the research team collect information about your child from the group leader.** As part of the STRONG program, the group leader collects information about your child's demographics, strengths and the reasons why they were recommended for this group. If you agree, this information will be shared with the research team and will be used for the study.
  
- 2) **You give permission to your child to complete a survey three times. Once approximately 2-3 months before the program begins, once at the beginning of the program, and once at the end of the program.** The survey includes questions about the skills your child learned in the program, their strengths, their overall mood and worries. It will take about 30 to 45 minutes to complete the surveys each time. Your child's responses on the surveys will be linked using a study ID number that is unique to them. If you give permission for your child to complete the surveys, they will fill out the survey by paper or online (Qualtrics). Your child will complete these surveys in-person or through videoconference (Zoom).
  
- 3) **You give permission to your child to participate in a discussion group** with other youth from the STRONG program from their school. During the discussion group, your child will be asked to share their experience with the STRONG program. The discussion group will take place either in-person, or by video conference (Zoom). The discussion group would

take about 45 minutes to an hour. It is mandatory for the discussion group to be audio recorded to help researchers remember everything youth say. If held in person, our research team will use audio recorders to record the discussion group. If held online, the discussion group will be recorded through Zoom and your child can choose to keep their video off or turn it on. One on one interviews may be conducted based on language support needed and availability.

**Will this study harm your child?**

There are no known risks or harms linked to participating in this study. It is possible that your child might feel bored, tired or uncomfortable while completing the surveys or answering the questions in the discussion group. Your child might feel some stress if it is difficult to read the survey questions or understand the discussion group questions.

**Will the study help your child?**

Your child's answers would help improve the STRONG program. Your child will not gain any personal benefits for participating in this study.

**Does your child have to be in the study?**

It is your choice if you want your child to participate in the study or not. If you decide that your child will not to be in the study, they can still be part of the STRONG program.

When your child is completing the surveys or the discussion group, they can choose to skip any questions they are not comfortable answering. You also have the right to change your mind and have your child leave the study at any time. If you would like your child to leave the study, please let the research team know that you do not want your child to participate anymore. If you choose to have your child leave the study, their survey answers will be destroyed. If your child has participated in the discussion group, we will not be able to remove their information because it is not linked to their personal information. Once the information has been analyzed, we will not be able to remove your child's answers.

You and your child do not lose any legal rights by signing the consent form.

**Will your child's answers be shared? How will the research team protect your child's answers?**

Any information shared with researchers will be kept private. Only the researchers will have access to the information. A list linking your child's unique study ID with their personal information will be stored in a secure location and kept separate from their survey responses. The consent forms and data will be stored in locked cabinets in a locked office at the Centre for School Mental Health or on a secure server at Western University. The data will be stored separately from the consent form. De-identified data will be shared with the York Region District School Board at the end of the group. If the results of this study are published, your child's name will not be shared. Only combined data from all participants will be published. During the discussion group, personally identifiable information will be removed from your child's responses.

This study uses third-party software to help with collecting and analyzing the information. Since they are third-party softwares, your child's confidentiality cannot be guaranteed, but researchers will put in place measures to help protect your child's information.

If your child is completing the online versions, their informed assent and/or surveys will be collected through a secure online platform called Qualtrics. Western's Qualtrics server is located in Ireland, where privacy standards are maintained under the European Union's General Data Protection Regulation, which is consistent with Canada's privacy legislation. Please refer to Qualtrics' Privacy Policy (<https://www.qualtrics.com/privacy-statement/>) for more details about Qualtrics' information management practices.

If your child is completing the paper version, their informed assent and/or surveys will be stored in locked filing cabinets in the Centre for School Mental Health office.

If your child does participate in the discussion group, the research team will remind your child that the group conversation is private and should not be shared with anyone. Researchers may use quotes from the discussion group but they will not be linked to your child.

If the discussion group is held in-person, our research team will use audio recorders to record. If the discussion group is held online, our team will use an online video conferencing software called Zoom. We will set special features on Zoom so that only permitted people are allowed to enter the meeting room. Zoom automatically records both audio and video files. Immediately following the discussion group, the video files will be destroyed. Audio files of the discussion groups will be used to transcribe your child's responses and will be destroyed after transcription is completed. Trint and Dedoose, which are used to transcribe and analyze the discussion groups, are encrypted and located in secure servers based in the United States. Please refer to Zoom, Trint, and Dedoose's privacy policies for more details on their information management practices (<https://explore.zoom.us/docs/en-us/privacy.html>, <https://trint.com/privacy-platform>, <https://www.dedoose.com/about/security>).

In the event of concerns regarding student safety arise from focus group participation, including the risk of being physically or sexually abused or subject to physical or emotional harm, the research team will notify the school board's staff (i.e., program facilitator) of the student's name and concern. The school staff will then follow steps in accordance with board policies and procedures, as well as required legislation. We have a duty to report this information according to the law.

All information from this study will be destroyed after seven years. Representatives of Western University's Non-Medical Research Ethics Board may require access to study-related records to monitor the conduct of the research.

**What will your child receive for their help in the study?**

There will be no compensation for participating in the study.

**What if I have any questions or want my child to leave the study?**

If you have any questions about the study or want your child to leave the study, please contact [REDACTED], Principal Investigator, at [REDACTED] or contact [REDACTED], Project Manager, at [REDACTED]. You can also contact [REDACTED] Project Manager.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics [REDACTED].

This letter is yours to keep.

Sincerely,  
[REDACTED]

### Consent Form

<b>Project Title</b>	Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing
<b>Principal Investigator</b>	[REDACTED]
<b>Document Title</b>	School-Based Guardian Consent Form (All Research Activities-G2) - YRDSB

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

**Please check the activities that you agree for your child to participate in:**

I give my permission to the STRONG group leader to share information about why STRONG was recommended to my child with the research team.

YES  NO

I give permission for my child to complete a survey approximately 2-3 months before the beginning, at the beginning, and at the end of the STRONG program.

YES  NO

I give permission for my child to participate in the discussion group or interview.

YES  NO

If my child does an interview, I give permission to the researchers to use my child's quotes obtained during the study when sharing this research. I understand that these quotes will not be linked to any of my child's personal information.

YES  NO

<i>Guardian First Name</i>	
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<i>Guardian Last Name</i>	
<i>Child First Name</i>	
<i>Child Last Name</i>	
<i>Signature</i>	
<i>Date</i>	

### **Contact Information**

**Please provide your contact information below.**

Your contact information will be used to contact you to schedule research activities and/or to send you the gift cards. Your email address will also be used to send you a copy of the Letter of Information.

<i>Email</i>	
<i>Phone Number</i>	

*You can text message me at this phone number.*

YES  NO

### **FOR RESEARCH TEAM OR PARTNER USE ONLY**

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

<i>Name of Person Obtaining Consent</i>	
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<i>Signature of Person Obtaining Consent</i>	
<i>Date</i>	

### **TRANSLATION**

Was the participant assisted with language during the 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 study details in this form were accurately translated and the participant has had any questions answered.

<i>Name of Translator</i>	
<i>Signature of Translator</i>	
<i>Language Used</i>	
<i>Date</i>	

## **Appendix B: Community-Based Guardian Consent Letter of Information and Form**

### **Letter of Information**

<b>Project Title</b>	Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing
<b>Principal Investigator</b>	[REDACTED]
<b>Document Title</b>	Community-Based Guardian Consent Letter of Information (All Research Activities)

**Why is our research team talking to you?**

You are invited to participate in this research study because your child is participating in the STRONG program. This letter provides you with information to help you decide if you want your child to be part of this research.

**Why is our research team doing this study?**

Our team is studying the STRONG program to learn how well it works. We want to know whether youth like the program, and if it helps them develop new skills, feel less stressed or increase positive mental health.

**What will happen in the study?**

You can give permission to your child to participate in any of the following research activities listed below.

- 1) **You give permission to let the research team collect information about your child from the group leader.** As part of the STRONG program, the group leader collects information about your child's demographics, strengths and the reasons why they were recommended for this group. If you agree, this information will be shared with the research team and will be used for the study.
  
- 2) **You give permission to your child to complete a survey twice. Once at the beginning of the program and once at the end of the program.** The survey includes questions about the skills your child learned in the program, their strengths, their overall mood and worries. It will take about 30 to 45 minutes to complete the surveys each time. Your child's responses on the surveys will be linked using a study ID number that is unique to them. If you give permission for your child to complete the surveys, they will fill out the survey by paper or online (Qualtrics). Your child will complete these surveys in-person or through videoconference (Zoom).
  
- 3) **You give permission to your child to participate in a discussion group** with other youth from the STRONG program. During the discussion group, your child will be asked to share their experience with the STRONG program. The discussion group will take place either in-person, or by video conference (Zoom). The discussion group would take about 45 minutes to an hour. It is mandatory for the discussion group to be audio recorded to help researchers remember everything youth say. If held in person, our research team will use audio recorders to record the discussion group. If held online, the discussion group will be recorded through Zoom and your child can choose to keep their video off or turn it on. One on one interviews may be conducted based on language support needed and availability.

**Will this study harm your child?**

There are no known risks or harms linked to participating in this study. It is possible that your child might feel bored, tired or uncomfortable while completing the surveys or answering the questions in the discussion group. Your child might feel some stress if it is difficult to read the survey questions or understand the discussion group questions.

**Will the study help your child?**

Your child's answers would help improve the STRONG program. Your child will not gain any personal benefits for participating in this study.

### **Does your child have to be in the study?**

It is your choice if you want your child to participate in the study or not. If you decide that your child will not be in the study, they can still be part of the STRONG program.

When your child is completing the surveys or the discussion group, they can choose to skip any questions they are not comfortable answering. You also have the right to change your mind and have your child leave the study at any time. If you would like your child to leave the study, please let the research team know that you do not want your child to participate anymore. If you choose to have your child leave the study, their survey answers will be destroyed. If your child has participated in the discussion group, we will not be able to remove their information because it is not linked to their personal information. Once the information has been analyzed, we will not be able to remove your child's answers.

You and your child do not lose any legal rights by signing the consent form.

### **Will your child's answers be shared? How will the research team protect your child's answers?**

Any information shared with researchers will be kept private. Only the researchers will have access to the information. A list linking your child's unique study ID with their personal information will be stored in a secure location and kept separate from their survey responses. The consent forms and data will be stored in locked cabinets in a locked office at the Centre for School Mental Health or on a secure server at Western University. The data will be stored separately from the consent form. If the results of this study are published, your child's name will not be shared. Only combined data from all participants will be published. During the discussion group, personally identifiable information will be removed from your child's responses.

This study uses third-party software to help with collecting and analyzing the information. Since they are third-party softwares, your child's confidentiality cannot be guaranteed, but researchers will put in place measures to help protect your child's information.

If your child is completing the online versions, their informed assent and/or surveys will be collected through a secure online platform called Qualtrics. Western's Qualtrics server is located in Ireland, where privacy standards are maintained under the European Union's General Data Protection Regulation, which is consistent with Canada's privacy legislation. Please refer to Qualtrics' Privacy Policy (<https://www.qualtrics.com/privacy-statement/>) for more details about Qualtrics' information management practices.

If your child is completing the paper version, their informed assent and/or surveys will be stored in locked filing cabinets in the Centre for School Mental Health office.

If your child does participate in the discussion group, the research team will remind your child that the group conversation is private and should not be shared with anyone. Researchers may use quotes from the discussion group but they will not be linked to your child.

If the discussion group is held in-person, our research team will use audio recorders to record. If the discussion group is held online, our team will use an online video conferencing software called Zoom. We will set special features on Zoom so that only permitted people are allowed to enter the meeting room. Zoom automatically records both audio and video files. Immediately following the discussion group, the video files will be destroyed. Audio files of the discussion groups will be used to transcribe your child's responses and will be destroyed after transcription is completed. Trint and Dedoose, which are used to transcribe and analyze the discussion groups, are encrypted and located in secure servers based in the United States. Please refer to Zoom, Trint, and Dedoose's privacy policies for more details on their information management practices (<https://explore.zoom.us/docs/en-us/privacy.html>, <https://trint.com/privacy-platform>, <https://www.dedoose.com/about/security>).

All information from this study will be destroyed after seven years. Representatives of Western University's Non-Medical Research Ethics Board may require access to study-related records to monitor the conduct of the research.

**What will your child receive for their help in the study?**

Your child will receive a \$20.00 gift card for completing the first survey, a \$20.00 gift card for the second survey, and a \$20.00 gift card for participating in the discussion group.

**What if I have any questions or want my child to leave the study?**

If you have any questions about the study or want your child to leave the study, please contact [REDACTED], Principal Investigator, at [REDACTED] or contact [REDACTED] Project Manager, at [REDACTED]. If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics [REDACTED].

This letter is yours to keep.

Sincerely,  
[REDACTED]

**Consent Form**

<b>Project Title</b>	Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing
<b>Principal Investigator</b>	[REDACTED]
<b>Document Title</b>	Community-Based Guardian Consent Form (All Research Activities)

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

**Please check the activities that you agree for your child to participate in:**

I give my permission to the STRONG group leader to share information about why STRONG was recommended to my child with the research team.

YES  NO

I give permission for my child to complete a survey at the beginning and at the end of the STRONG program.

YES  NO

I give permission for my child to participate in the discussion group or interview.

YES  NO

If my child does an interview, I give permission to the researchers to use my child's quotes obtained during the study when sharing this research. I understand that these quotes will not be linked to any of my child's personal information.

YES  NO

<i>Guardian First Name</i>	
<i>Guardian Last Name</i>	
<i>Child First Name</i>	
<i>Child Last Name</i>	
<i>Signature</i>	
<i>Date</i>	

**Contact Information**

**Please provide your contact information below.**

Your contact information will be used to contact you to schedule research activities. Your email address will also be used to send you a copy of the Letter of Information.

<i>Email</i>	
<i>Phone Number</i>	

You can text message me at this phone number.

YES  NO

### **FOR RESEARCH TEAM OR PARTNER USE ONLY**

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

<i>Name of Person Obtaining Consent</i>	
<i>Signature of Person Obtaining Consent</i>	
<i>Date</i>	

### **TRANSLATION**

Was the participant assisted with language during the 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 study details in this form were accurately translated and the participant has had any questions answered.

<i>Name of Translator</i>	
<i>Signature of Translator</i>	
<i>Language Used</i>	

<i>Date</i>	
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## Appendix C: Youth Assent Letter of Information and Form

### Letter of Information

<b>Project Title</b>	Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing
<b>Principal Investigator</b>	[REDACTED]
<b>Document Title</b>	Assent Letter of Information (All Research Activities)

#### **Why is our research team talking to you?**

You are invited to participate in this research study because you are participating in the STRONG program. This letter provides you with information to help you decide if you want to be part of this research.

#### **Why is our research team doing this study?**

Our team is studying the STRONG program to learn how well it works. We want to know whether youth like the program, and if it helps them develop new skills, feel less stressed or increase positive mental health.

#### **What will happen in the study?**

You can choose to participate in any of the following research activities listed below.

- 1) **You are invited to let the research team collect information about you from the group leader.** As part of the STRONG program, the group leader collects information about your demographics, strengths and the reasons why you were recommended for this group. If you agree, this information will be shared with the research team and will be used for the study.
  
- 2) **You are invited to complete a survey twice. Once at the beginning of the program and once at the end of the program.** The survey includes questions about the skills you learned in the program, your strengths, your overall mood and worries. It will take about 30 to 45 minutes to complete the surveys each time. Your responses on the surveys will be linked using a study ID number that is unique to you. If you agree to complete the surveys, you will fill out the survey by paper or online (Qualtrics). You will complete these surveys in-person or through videoconference (Zoom).
  
- 3) **You are invited to participate in a discussion group** with other youth from the STRONG program. During the discussion group, you will be asked to share your experience with the STRONG program. The discussion group will take place either in-person, or by

video conference (Zoom). The discussion group would take about 45 minutes to an hour. It is mandatory for the discussion group to be audio recorded to help researchers remember everything youth say. If held in person, our research team will use audio recorders to record the discussion group. If held online, the discussion group will be recorded through Zoom and you can choose to keep your video off or turn it on. One on one interviews may be conducted based on language support needed and availability.

**Will this study harm you?**

There are no known risks or harms linked to participating in this study. It is possible that you might feel bored, tired or uncomfortable while completing the surveys or answering the questions in the discussion group. You might feel some stress if it is difficult to read the survey questions or understand the discussion group questions.

**Will the study help you?**

Your answers would help improve the STRONG program. You will not gain any personal benefits for participating in this study.

**Do you have to be in the study?**

It is your choice if you want to participate in the study or not. If you decide not to be in the study, you can still be part of the STRONG program.

When you are completing the surveys or the discussion group, you can choose to skip any questions you are not comfortable answering. You also have the right to change your mind and leave the study at any time. If you would like to leave the study, please let the research team know that you do not want to participate anymore. If you choose to leave the study, your survey answers will be destroyed. If you have participated in the discussion group, we will not be able to remove your information because it is not linked to your personal information. Once the information has been analyzed, we will not be able to remove your answers.

You do not lose any legal rights by signing the consent form.

**Will your answers be shared? How will the research team protect your answers?**

Any information shared with researchers will be kept private. Only the researchers will have access to the information. A list linking your unique study ID with your personal information will be stored in a secure location and kept separate from your survey responses. Your assent form and data will be stored in locked cabinets in a locked office at the Centre for School Mental Health or on a secure server at Western University. Your data will be stored separately from your assent form. If the results of this study are published, your name will not be shared. Only combined data from all participants will be published. During the discussion group, personally identifiable information will be removed from your responses.

This study uses third-party software to help with collecting and analyzing the information. Since they are third-party softwares, your confidentiality cannot be guaranteed, but researchers will put in place measures to help protect your information.

If you are completing the online versions, your informed assent and/or surveys will be collected

through a secure online platform called Qualtrics. Western's Qualtrics server is located in Ireland, where privacy standards are maintained under the European Union's General Data Protection Regulation, which is consistent with Canada's privacy legislation. Please refer to Qualtrics' Privacy Policy (<https://www.qualtrics.com/privacy-statement/>) for more details about Qualtrics' information management practices.

If you are completing the paper version, your informed assent and/or surveys will be stored in locked filing cabinets in the Centre for School Mental Health office.

If you do participate in the discussion group, please remember that the group conversation is private and should not be shared with anyone. Researchers may use quotes from the discussion group but they will not be linked to you.

If the discussion group is held in-person, our research team will use audio recorders to record. If the discussion group is held online, our team will use an online video conferencing software called Zoom. We will set special features on Zoom so that only permitted people are allowed to enter the meeting room. Zoom automatically records both audio and video files. Immediately following the discussion group, the video files will be destroyed. Audio files of the discussion groups will be used to transcribe your responses and will be destroyed after transcription is completed. Trint and Dedoose, which are used to transcribe and analyze the discussion groups, are encrypted and located in secure servers based in the United States. Please refer to Zoom, Trint, and Dedoose's privacy policies for more details on their information management practices (<https://explore.zoom.us/docs/en-us/privacy.html>, <https://trint.com/privacy-platform>, <https://www.dedoose.com/about/security>).

All information from this study will be destroyed after seven years. Representatives of Western University's Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

**What will you receive for your help in the study?**

You will receive a \$20.00 gift card for completing the first survey, a \$20.00 gift card for the second survey, and a \$20.00 gift card for participating in the discussion group.

**What if I have any questions or want to leave the study?**

If you have any questions about the study or want to leave the study, please contact [REDACTED], Principal Investigator, [REDACTED] or contact [REDACTED], Project Manager, at [REDACTED]. If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics [REDACTED].

This letter is yours to keep.

Sincerely,  
[REDACTED]

**Assent Form**

<b>Project Title</b>	Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing
<b>Principal Investigator</b>	[REDACTED]
<b>Document Title</b>	Youth Assent Form (All Research Activities)

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 consent form.

**Please check the activities that you agree to participate in:**

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

YES  NO

I agree to complete a survey at the beginning and at the end of the STRONG program.

YES  NO

I agree to participate in the discussion group or interview.

YES  NO

If I do an interview, I agree that the researchers can use my quotes obtained during the study when sharing this research. I understand that these quotes will not be linked to any of my personal information.

YES  NO

<i>First Name</i>	
<i>Last Name</i>	
<i>Signature</i>	
<i>Date</i>	

**FOR RESEARCH TEAM OR PARTNER USE ONLY**

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

<i>Name of Person Obtaining Assent</i>	
<i>Signature of Person Obtaining Assent</i>	
<i>Date</i>	

### **TRANSLATION**

Was the participant assisted with language during the 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 study details in this form were accurately translated and the participant has had any questions answered.

<i>Name of Translator</i>	
<i>Signature of Translator</i>	
<i>Language Used</i>	
<i>Date</i>	

## **Appendix D: Community-Based Youth Consent Letter of Information and Form**

### **Letter of Information**

<b>Project Title</b>	Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing
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<b>Principal Investigator</b>	[REDACTED]
<b>Document Title</b>	Community-Based Youth Consent Letter of Information (All Research Activities)

### **Why is our research team talking to you?**

You are invited to participate in this research study because you are participating in the STRONG program. This letter provides you with information to help you decide if you want to be part of this research.

### **Why is our research team doing this study?**

Our team is studying the STRONG program to learn how well it works. We want to know whether youth like the program, and if it helps them develop new skills, feel less stressed or increase positive mental health.

### **What will happen in the study?**

You can choose to participate in any of the following research activities listed below.

- 1) **You are invited to let the research team collect information about you from the group leader.** As part of the STRONG program, the group leader collects information about your demographics, strengths and the reasons why you were recommended for this group. If you agree, this information will be shared with the research team and will be used for the study.
  
- 2) **You are invited to complete a survey twice. Once at the beginning of the program and once at the end of the program.** The survey includes questions about the skills you learned in the program, your strengths, your overall mood and worries. It will take about 30 to 45 minutes to complete the surveys each time. Your responses on the surveys will be linked using a study ID number that is unique to you. If you agree to complete the surveys, you will fill out the survey by paper or online (Qualtrics). You will complete these surveys in-person or through videoconference (Zoom).
  
- 3) **You are invited to participate in a discussion group** with other youth from the STRONG program. During the discussion group, you will be asked to share your experience with the STRONG program. The discussion group will take place either in-person, or by video conference (Zoom). The discussion group would take about 45 minutes to an hour. It is mandatory for the discussion group to be audio recorded to help researchers remember everything youth say. If held in person, our research team will use audio recorders to record the discussion group. If held online, the discussion group will be recorded through Zoom and you can choose to keep your video off or turn it on. One on one interviews may be conducted based on language support needed and availability.

### **Will this study harm you?**

There are no known risks or harms linked to participating in this study. It is possible that you might feel bored, tired or uncomfortable while completing the surveys or answering the questions in the discussion group. You might feel some stress if it is difficult to read the survey questions or understand the discussion group questions.

**Will the study help you?**

Your answers would help improve the STRONG program. You will not gain any personal benefits for participating in this study.

**Do you have to be in the study?**

It is your choice if you want to participate in the study or not. If you decide not to be in the study, you can still be part of the STRONG program.

When you are completing the surveys or the discussion group, you can choose to skip any questions you are not comfortable answering. You also have the right to change your mind and leave the study at any time. If you would like to leave the study, please let the research team know that you do not want to participate anymore. If you choose to leave the study, your survey answers will be destroyed. If you have participated in the discussion group, we will not be able to remove your information because it is not linked to your personal information. Once the information has been analyzed, we will not be able to remove your answers.

You do not lose any legal rights by signing the consent form.

**Will your answers be shared? How will the research team protect your answers?**

Any information shared with researchers will be kept private. Only the researchers will have access to the information. A list linking your unique study ID with your personal information will be stored in a secure location and kept separate from your survey responses. Your consent form and data will be stored in locked cabinets in a locked office at the Centre for School Mental Health or on a secure server at Western University. Your data will be stored separately from your consent form. If the results of this study are published, your name will not be shared. Only combined data from all participants will be published. During the discussion group, personally identifiable information will be removed from your responses.

If you require language support during the consent process and/or to complete the research activities, an interpreter will be made available. The interpreter is not a member of the research team and will know you have consented in order to assist with informing you about the study and obtaining your consent to participate. The interpreter will know what you share during the research activities. To ensure your confidentiality, the interpreter will sign a confidentiality agreement agreeing to keep all information collected confidential and will not reveal the information shared with anyone outside the research team. The interpreter will not have access to the data collected from the research activities.

This study uses third-party software to help with collecting and analyzing the information. Since they are third-party softwares, your confidentiality cannot be guaranteed, but researchers will put in place measures to help protect your information.

If you are completing the online versions, your informed consent and/or surveys will be collected through a secure online platform called Qualtrics. Western's Qualtrics server is located in Ireland, where privacy standards are maintained under the European Union's General Data Protection Regulation, which is consistent with Canada's privacy legislation. Please refer to

Qualtrics' Privacy Policy (<https://www.qualtrics.com/privacy-statement/>) for more details about Qualtrics' information management practices.

If you are completing the paper version, your informed consent and/or surveys will be stored in locked filing cabinets in the Centre for School Mental Health office.

If you do participate in the discussion group, please remember that the group conversation is private and should not be shared with anyone. Researchers may use quotes from the discussion group but they will not be linked to you.

If the discussion group is held in-person, our research team will use audio recorders to record. If the discussion group is held online, our team will use an online video conferencing software called Zoom. We will set special features on Zoom so that only permitted people are allowed to enter the meeting room. Zoom automatically records both audio and video files. Immediately following the discussion group, the video files will be destroyed. Audio files of the discussion groups will be used to transcribe your responses and will be destroyed after transcription is completed. NVivo Transcription software used to transcribe and analyze the discussion groups is encrypted and located in secure servers based in Canada. Please refer to Zoom & NVivo Transcription's privacy policies for more details on their information management practices (<https://explore.zoom.us/docs/en-us/privacy.html>, [https://help.mynvivo.com/nvtranscription/Content/NVT\\_data\\_security.htm](https://help.mynvivo.com/nvtranscription/Content/NVT_data_security.htm)).

All information from this study will be destroyed after seven years. Representatives of Western University's Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

#### **What will you receive for your help in the study?**

You will receive a \$20.00 gift card for completing the first survey, a \$20.00 gift card for the second survey, and a \$20.00 gift card for participating in the discussion group.

#### **What if I have any questions or want to leave the study?**

If you have any questions about the study or want to leave the study, please contact [REDACTED], Principal Investigator, at [REDACTED] or contact [REDACTED], Project Manager, at [REDACTED]. You can also contact [Name of Partner Staff Member, Title] at the [Name of Organization] at [Email] or [Phone Number]. If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics [REDACTED].

This letter is yours to keep.

Sincerely,  
[REDACTED]

### **Consent Form**

<b>Project Title</b>	Supporting Transition Resilience of Newcomer Groups (STRONG): A school-based intervention to promote wellbeing
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<b>Principal Investigator</b>	[REDACTED]
<b>Document Title</b>	Community-Based Youth Consent Form (All Research Activities)

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 consent form.

**Please check the activities that you agree to participate in:**

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

YES  NO

I agree to complete a survey at the beginning and at the end of the STRONG program.

YES  NO

I agree to participate in the discussion group or interview.

YES  NO

If I do an interview, I agree that the researchers can use my quotes obtained during the study when sharing this research. I understand that these quotes will not be linked to any of my personal information.

YES  NO

<i>First Name</i>	
<i>Last Name</i>	
<i>Signature</i>	
<i>Date</i>	

**Contact Information**

**Please provide your contact information below.**

Your contact information will be used to contact you to schedule research activities. Your email address will also be used to send you a copy of the Letter of Information.

<i>Email</i>	
<i>Phone Number</i>	

You can text message me at this phone number.

YES  NO

### **FOR RESEARCH TEAM OR PARTNER USE ONLY**

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

<i>Name of Person Obtaining Consent</i>	
<i>Signature of Person Obtaining Consent</i>	
<i>Date</i>	

### **TRANSLATION**

Was the participant assisted with language during the 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 study details in this form were accurately translated and the participant has had any questions answered.

<i>Name of Translator</i>	
<i>Signature of Translator</i>	
<i>Language Used</i>	
<i>Date</i>	

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### **Appendix E: STRONG Focus Group Questions**

[Facilitator introduces self]. 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 can answer any question that you would like. You do not need to answer every question. It is important that information shared in this focus group is kept confidential, which means that you will not share this information with anyone else outside of the group. I will not be sharing what we discuss with anyone from your peers, family or school groups. It will be used for research purposes only to help us make this a better program for other young people in the future. Your personal information will not be shared with anyone at any time unless we have an immediate concern for your safety. In case our team becomes aware of concerns regarding your safety, including the risk of being physically or sexually abused or subject to physical or emotional harm, the research team will share your name and concern with your program facilitator to get help for you. This includes harm to yourself or someone else. We have a duty to report this information according to the law. Do you have any questions before we begin?

The first questions are about the STRONG program.

1. What was it like participating in the STRONG program?
2. What did you learn from the STRONG program?
3. What coping skills did you learn? Can you give examples of when and how you used the coping skills?
4. What was your experience sharing your journey story with the facilitator(s)? What was it like sharing your journey story with the STRONG group?
5. What did you not like about the program or what did you find hard?
6. What is something you would add to the program or remove from the program?
7. If applicable, how was your experience completing the STRONG program online?
8. Would you recommend the STRONG program to other students who are new to Canada? What would you tell them about the group and why they should join?

\*Summarize main points

9. Is my summary of our group's discussion accurate or have I missed any important points?
10. Is there anything you didn't get a chance to say that you would like to share?

## Appendix F: Research Ethics Board Approval



Date: 26 April 2023

To: Dr.

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: 05/May/2023

Date Approval Issued: 26/Apr/2023 10:53

REB Approval Expiry Date: 20/Apr/2024

Dear Dr.

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
Facilitator Focus Group_20230321	Focus Group(s) Guide	21/Mar/2023	
Youth Focus Group_20230321	Focus Group(s) Guide	21/Mar/2023	
Facilitator Training Evaluation Survey_20230321	Paper Survey	21/Mar/2023	1
Qualtrics_Facilitator Training Evaluation_Research_20230322	Online Survey	22/Mar/2023	1
Facilitator Training Evaluation_LOI and Consent Form_20230329	Written Consent/Assent	29/Mar/2023	1
Facilitator Consent Form_20230329	Written Consent/Assent	29/Mar/2023	1
Qualtrics_Facilitator Implementation Survey_Research_20230322	Online Survey	22/Mar/2023	2
Qualtrics_Facilitator Professional Development Survey_20230322	Online Survey	22/Mar/2023	2
Qualtrics_Facilitator Training Evaluation_LOI and Consent Form_20230406	Written Consent/Assent	06/Apr/2023	1
Pre-STRONG_Participant Survey_Ages 8-12 years_20230413	Paper Survey	13/Apr/2023	2
Pre-STRONG_Participant Survey_Ages 13+years_20230413	Paper Survey	13/Apr/2023	2
Post-STRONG_Participant Survey_Ages 8-12 years_20230413	Paper Survey	13/Apr/2023	2
Post-STRONG_Participant Survey_Ages 13+years_20230413	Paper Survey	13/Apr/2023	2
Qualtrics_Pre-STRONG_Participant_Survey_Ages_8-12_20230413	Online Survey	13/Apr/2023	2
Qualtrics_Post-STRONG_Participant_Survey_Ages_8-12_20230413	Online Survey	13/Apr/2023	2
Qualtrics_Pre-STRONG_Participant_Survey_Ages_13+_20230413	Online Survey	13/Apr/2023	2
Qualtrics_Post-STRONG_Participant_Survey_Ages_13+_20230413	Online Survey	13/Apr/2023	2
Guardian Consent_School_All Research Activities_Group 1_Written_20230413	Written Consent/Assent	13/Apr/2023	2
Guardian Consent_School_All Research Activities_Group 2_Written_20230413	Written Consent/Assent	13/Apr/2023	2
Youth Assent_School_All Research Activities_Group 1_Written_20230413	Written Consent/Assent	13/Apr/2023	2

Document Name	Document Type	Document Date	Document Version
Youth Assent_School_All Research Activities_Group 2_Written_20230413	Written Consent/Assent	13/Apr/2023	2
Youth Consent_School_All Research Activities_Group 1_Written_20230413	Written Consent/Assent	13/Apr/2023	2
Youth Consent_School_All Research Activities_Group 2_Written_20230413	Written Consent/Assent	13/Apr/2023	2
Guardian Consent_School_All Research Activities_Group 1_Verbal_20230413	Verbal Consent/Assent	13/Apr/2023	2
Guardian Consent_School_All Research Activities_Group 2_Verbal_20230413	Verbal Consent/Assent	13/Apr/2023	2
STRONG_Summary of Changes_20230414	Protocol	14/Apr/2023	2
Guardian_School_Recruitment Letter_All Research Activities_G1_For Facilitators_20230413	Survey Panel Recruitment Script	14/Apr/2023	1
Guardian_School_Recruitment Letter_All Research Activities_G2_For Facilitators_20230413	Survey Panel Recruitment Script	14/Apr/2023	1
Guardian_School_Verbal Recruitment_All Research Activities_For Facilitators_20230413	Recruitment Materials	14/Apr/2023	1
Guardian_School_Verbal Recruitment_All Research Activities_For Research Team_20230413	Recruitment Materials	14/Apr/2023	1
Facilitator_Email Recruitment_Research Activities_For Research Team_20230413	Recruitment Materials	14/Apr/2023	1
Facilitator_School_Email Recruitment_Contact Information Form_20230414	Recruitment Materials	14/Apr/2023	1
Guardian_School_Email Recruitment_All Research Activities_For Facilitators_20230413	Recruitment Materials	13/Apr/2023	1
Guardian_School_Verbal Recruitment_All Research Activities_For Facilitators_20230413	Recruitment Materials	13/Apr/2023	1
Guardian_School_Verbal Recruitment_All Research Activities_For Research Team_20230413	Recruitment Materials	13/Apr/2023	1
Youth_School_Verbal Recruitment_All Research Activities_For Research Team_20230413	Recruitment Materials	13/Apr/2023	1
Guardian_School_Recruitment_STRONG Research Orientation_20230413	Recruitment Materials	13/Apr/2023	1
Youth_School_Recruitment_STRONG Research Orientation_20230413	Recruitment Materials	13/Apr/2023	1
Facilitator Contact Information Form_20230414	Written Consent/Assent	14/Apr/2023	1
Guardian Contact Information Form_20230414	Written Consent/Assent	14/Apr/2023	1
Qualtrics_Facilitator_Contact_Information_Form_School_20230414	Written Consent/Assent	14/Apr/2023	1
Qualtrics_Guardian_Contact_Information_Form_School_20230414	Written Consent/Assent	14/Apr/2023	1

**Documents Acknowledged:**

Document Name	Document Type	Document Date	Document Version
Cover Letter_20230329	Cover Letters/Memos	29/Mar/2023	1

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 00000941.

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

Sincerely,

Research Ethics Officer on behalf of 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:** Michelle Saltzman

**Post-secondary Education and Degrees:** The University of Western Ontario  
London, Ontario, Canada  
2023-2025 M.A. Education Studies, School and Applied Child Psychology

York University  
Toronto, Ontario, Canada  
2022-2023 B.A. Honors Psychology

Queen's University  
Kingston, Ontario, Canada  
2018-2022 B.A Honors Sociology

**Honours and Awards:** SSHRC Canada Graduate Scholarship Master's (CGS-M)  
2024-2025

MA Entrance Scholarship for the Applied Psychology Academic Research Cluster  
2023-2024 & 2024-2025

Graduated York University Summa Cum Laude  
2023

Queen's University Dean's Award of Excellence  
2021

Queen's University Dean's Honour List with Distinction  
2022

Queen's University Dean's Honour Roll  
2018-2022

Queen's University Excellence Scholarship for Academic Achievement  
2018

**Related Work Experience:** Research Assistant  
Centre for School Mental Health  
The University of Western Ontario  
2023- Present

Research Assistant  
Interpersonal Perception and Social Cognition Lab  
York University  
2022-2023

Research Assistant  
The Culture and Belief Lab  
York University  
2022-2023

Research Assistant  
Leadership, Competition and Collaboration Lab  
York University  
2022-2023

Research Assistant  
Teen Relationships Lab  
York University  
2022-2023

Research Assistant  
Connec-T Early Intervention in Personality Disorder Program  
University of Montreal  
2022-2023