INTRODUCTION

The resettlement process poses challenges for many migrants, with pre-migration, migration, and post-migration stressors (collectivist vs. individualistic cultures; unemployment, discrimination, language barriers, and acculturation (Dow, 2011)).

Immigrants and refugees lack the proper access to care, including mental health services, despite an equal or greater need than the U.S.-born population (Derr, 2016; Dinan, 2006).

Structural, individual, and cultural barriers make immigrants and refugees reluctant to service use (Dow, 2011, Ahmad et al., 2005).

Parental involvement is important in high-risk populations, such as immigrants and refugees (Eccles & Harold, 1993).

In general, parent engagement in evidence-based treatments for trauma is a key component of treatment (Santiago et al., 2013).

Schools can reach many children who otherwise may not receive care (Jaycox et al., 2012), while implementing numerous mental health treatments that benefit children’s emotional wellbeing as well as their academic functioning (Santiago et al., 2013).

METHODS

Six schools from a large urban district were identified and school clinicians were trained for Supporting Transition Resilience of Newcomer Groups (STRONG).

Eligibility:
- Ages of 8-18
- Migrated to the U.S.
- Displayed difficulties

Parents and students reported on coping and responses to stress before and after intervention.

Parents self-reported demographic information.

Individual phone/zoom interviews with 14 parents and 13 students:
- Focused on community needs for newcomer families
- Experience with the STRONG program
- Coping with COVID-19

Interviews were transcribed using GoTranscript and data was coded using Dedoose.

All [14/14] parents cited benefits in having their child participate in STRONG.

Children’s passions and drive for self-advocacy:
- “She loves it... and she explained it to me. I said, ‘Do what makes you happy.’ I’m all for what she loves to do/passionate about, and I encourage and support her to do it.”
- Socialization
- Adjustment
- “To be honest, I feel that my son is a little isolated, I feel that he doesn’t socialize, so I felt that through this program, he can be in a group to maybe start to enjoy being with people and doesn’t stay by himself...”

Newcomers see great value in education and see STRONG as a place to further children’s education and development(4/14). “...I want him to learn, that is my most important desire, for him to learn and to know a little more about life.”

Parents wanted that their children had connections to staff (3/14), connection to other STRONG participants (1/14), and community support (2/14) outside the family unit, which would grant them support and advice from outside the familial structure: “just to make sure [they’re] able to talk to somebody [if] they’re not able to talk to [parents].”

Post-COVID-19, parents are willing to meet and collaborate with school staff, as well as other parents of STRONG participants (7/14).

“It could have also been that they would have held a meeting with all the parents to see what the rest of us think because she only called me...”

11/14 parents voiced concerns about the intervention, including being anxious about the safety and the wellbeing of their children, in terms of their whereabouts during the group sessions.

“My daughter is going to be safe with you, right?”

RESULTS

Interviews were analyzed using qualitative methods. Inductive and deductive reasoning allowed for an integrative methodology to help unveil parent engagement and its impact on children.

Table 1. Demographics

<table>
<thead>
<tr>
<th>Caregiver Age</th>
<th>Migrant Status</th>
<th>Familiar Ethnicity</th>
<th>Caregiver Education</th>
<th>Caregiver Work Status</th>
<th>Child Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-27</td>
<td>Unknown</td>
<td>Latinx/hispanic</td>
<td>High School: 33.3%</td>
<td>Full-time: 46.2%</td>
<td>8-18</td>
</tr>
<tr>
<td>23-28</td>
<td>U.S. Citizen/Permanent resident/other status</td>
<td>Arabic: 15.4%</td>
<td>High School: 36.5%</td>
<td>Part-time: 30.8%</td>
<td>23-31</td>
</tr>
<tr>
<td>27-30</td>
<td>Arab or refugee: 16.7%</td>
<td>African: 15.4%</td>
<td>Associate's degree: 17%</td>
<td>Not working: 23.3%</td>
<td>27-28</td>
</tr>
<tr>
<td>35-38</td>
<td>Temporary protected immigrant status, refugee, noncitizen, asylum; another document: 3.3%</td>
<td>Asian: 15.4%</td>
<td>College degree: 21.1%</td>
<td>Master's degree: 7.7%</td>
<td>35-38</td>
</tr>
</tbody>
</table>

Adapted from Wheeldon and (2012, p. 114)

SELECTED REFERENCES


CONCLUSION

Building trust between parents and schools is a critical component to promoting participation and engagement in school-based interventions.

There is a need for parental engagement in schools; STRONG as a school-based intervention is viewed as beneficial; and parents long for connection with other participants/parents.

School-based clinicians should be trained to culturally assess individual students and their families’ needs in the context of socioeconomic status, migration stressors, language barriers to better implement STRONG.

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