OXFORD SYMPOSIUM PROCEEDINGS 2024

TABLE OF CONTENTS

Foreword

Foreword

Dear readers,

Welcome to our fifth School-Based Family Counseling (SBFC) Oxford Symposium proceedings. In recent years, increasing global attention has been drawn to the complex and often hidden emotional struggles faced by children and adolescents. As we can see in these proceedings, it may stem from war or immigration, exposure to gang affiliations, or various forms of abuse or neglect. Each paper in this volume addresses these pressing concerns from complementary perspectives, offering research-based insights and practical frameworks to guide educators, mental health professionals, and policymakers in creating more responsive, inclusive, and healing-centered school environments. The papers put the spotlight on a trauma-informed approach, a universal, strengths-based framework that recognizes the widespread impact of trauma and prioritizes safety, trustworthiness, and empowerment for those affected. It focuses on understanding how trauma affects individuals, recognizing its signs and symptoms, and integrating this knowledge into policies, practices, and environments to avoid re-traumatization

The first paper, ***Australian school counsellors: Are they prepared in trauma-informed practices?*** Examines the lasting impact of early trauma on mental health and the compounding effects of additional stressors such as the COVID-19 pandemic, family separation, cyberbullying, and unsafe school environments. Emphasizing the high prevalence of trauma among children in Australian schools, the author advocates for the widespread adoption of trauma-informed practices—approaches that recognize the complexity and pervasiveness of trauma and prioritize safety, trust, and empowerment in educational settings.

The second paper, ***"Insights from a National Five-Year Pilot on SEE Learning in Ukrainian Schools through the Lens of the SBFC Metamodel."*** Discusses a five-year national initiative on implementing Social, Emotional, and Ethical Learning (SEE Learning) in 26 elementary and secondary schools across Ukraine as part of the New Ukrainian School reform. This project aimed to address the psychological and emotional needs of children and improve their well-being by integrating school and family resources in Ukraine.

The last three papers shift focus to the U.S. context. The third paper, ***"Once the Bell Rings: Providing Effective and Socially Valid Supports for At-Risk Students with Gang Affiliation."*** Explores the experiences of students with gang affiliations**,** these young people face multifaceted risks that demand more than disciplinary responses; instead, the author calls for

culturally responsive, socially valid interventions grounded in early identification, mentorship, and social-emotional learning.

The fourth paper, ***Transforming Interprofessional Collaboration Through Enhancing Teacher-Provider Partnerships."*** Highlights a vital but often overlooked dimension of school-based mental health support: collaboration between teachers and mental health providers. Drawing on qualitative data and firsthand narratives from educators in New Mexico, the author explores how interprofessional partnerships can strengthen School-Based Family Counseling (SBFC) initiatives.

The fifth paper, "***School-based Family Counseling: Strength-based, Trauma Informed Care for Immigrant and Refugee Families and Children."*** Close this unique paper collection with a special spot on the essentials of integration between school and families, particularly for immigrant and refugee families. The paper explores and focuses on the School-Based Family Counseling model and discusses challenges and solutions when implementing an SBFC, strength-based, and trauma-informed approach.

Concluding this collection, these articles emphasize the need to view schools not merely as sites of academic learning, but as key institutions in the emotional and social development of children and youth. They call for coordinated, culturally sensitive, and trauma-informed approaches that honor the students' life context and the collaborative potential of the adults who support them.

I want to thank the authors for sharing their research, experiences, and knowledge with us. The papers were peer-reviewed, and I greatly appreciate the work of the professional reviewers. I hope our readers find the papers in these proceedings both informative and inspiring.

Warm regards,

Editor,

Nurit Kaplan Toren

Australian school counsellors: Are they prepared in trauma-informed practices?

Meegan Brown, PhD., Queensland University of Technology

ABSTRACT

Recognising the impact of trauma on students has led to a paradigm shift in education, one that identifies the critical role of school counsellors in addressing trauma. School counsellors engage with a range of staff, students, families, and communities in this role, but little is known about how prepared they are to lead and implement trauma-informed practices. Australian school counsellor perceptions were surveyed in terms of their preparedness to implement and lead trauma-informed practices, confirming mostly US studies, that many school counsellors feel inadequately prepared to both support students affected by trauma or lead such practices in schools. The School-Based Family Counselling meta-model is therefore presented as a model to guide school counselling educators and school counsellors in integrating trauma-informed practices to support students, staff, families, and communities. This paper examines these issues within the Australian context.

Introduction

Australia's historical narrative is marked by colonisation, generating systemic oppression and racist attitudes towards Aboriginal and Torres Strait Islander populations. This legacy manifests in the disproportionate representation of Aboriginal and Torres Strait Islander children in child protection systems where according to the Australian Institute of Health and Welfare (2024), 13,700 Indigenous children (equating to 40 per 1,000) were in 2022-2023, subjects of substantiated child protection reports. This rate is a stark contrast to 30,300 non-Indigenous children (5.6 per 1,000) (AIHW, 2024).

At a macro level, findings from the Australian Child Maltreatment study (Mathews et al., 2023), which surveyed 8,500 individuals aged 16 to 65 and older, highlight the prevalence of child maltreatment prior to age 18. The study revealed that 32% of participants experienced physical abuse, 28.5% sexual abuse, 30.9% emotional abuse, 8.9% neglect, and a significant 39.6% experienced exposure to family and domestic violence (Mathews et al., 2023).

Research indicates a direct correlation between maltreatment and subsequent mental health disorders. Grummit et al. (2024) too, demonstrate that exposure to various forms of abuse or neglect prior to 18 years of age contributes significantly to mental health issues. Specifically, child maltreatment accounts for 21% of depression cases, 39% of self-harm incidents, and 41% of suicide attempts (Grummit et al., 2024).

Additional events, such as the COVID-19 pandemic, natural disasters, family separations, divorce, cyberbullying and bullying, and the prevalence of unsafe school environments, further exacerbate the situation (Elbedour et al., 2020; Pincus et al., 2020; Schmidt & Grigg, 2024; Warbington et al., 2019; Wolpow et al., 2016).

What is trauma-informed practices?

Given the high prevalence of trauma among children and young people within Australian schools, it is imperative to implement trauma-informed practices, practices that acknowledge the complexity of trauma. The literature presents a number of definitions of trauma-informed practices, yet it is to acknowledge the complexities faced by Australian children impacted by trauma, that for the purpose of this paper, trauma-informed practices is defined as,

> *……the practices that are supportive of the range of potential student responses to a range of adverse experiences. These experiences may be harmful or frightening things that happen to students, or things they witness or hear about happening to those around them. They may occur once and be severe or more moderate and ongoing. They may be caused by unmet needs in their household or by unjust practices at school. They may also be caused by social injustice – current or historical – that impacts their family, community, or cultural group. Importantly, responses to adverse events vary depending on the way they are experienced by children and supports in place when they are experienced. As a result, trauma-informed responses are focused on building supports and increasing resilience and not only on identifying adverse experiences (adapted from SAMHSA, 2014, p. 7)* (Gheradi et al., 2021, p. 10).

Such complexity necessitates a holistic systems approach that integrates support from schools, families, and communities to effectively address the needs of students impacted by trauma.

How can trauma-informed practices be implemented in schools?

Schools in Australia use the multi-tiered systems of support (MTSS), an educational framework designed to meet student's academic, social-emotional, and behavioural needs (Goodman-Scott et al., 2022; Pullen et al., 2018). The MTSS uses data to identify early the challenges experienced by students in learning and behaviour and provides varying levels of support to prevent future issues (Chafouleas et al., 2016). However, students who have experienced trauma often face complexities that extend beyond academics, necessitating trauma-informed practices to be embedded within the school setting (Chafouleas et al., 2016; Reinbergs & Fefer, 2018). Trauma-informed practices in schools are essential as MTSS "rarely addresses the structures at schools that may be contributing to or exacerbating trauma symptoms" in students (Temkin et al., 2020, p. 943).

Australian school counsellors can use the three tiers of the MTSS to embed trauma-informed practices throughout their work (see Figure 1).
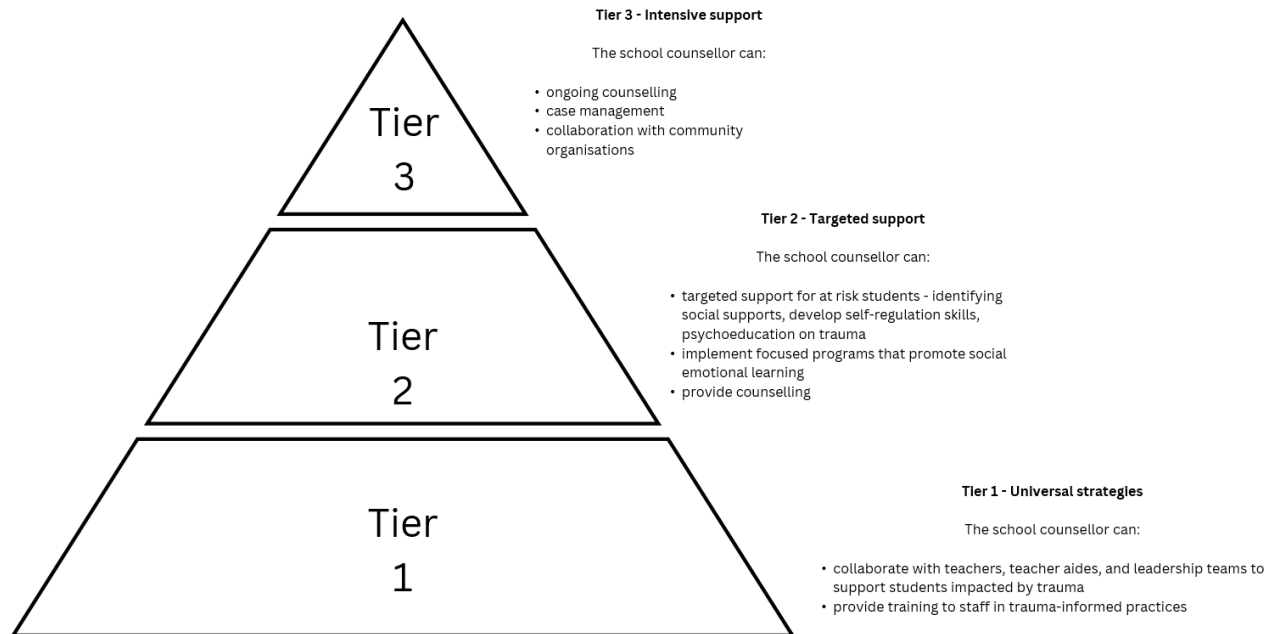
Tier 1 focuses on universal strategies that create supportive environments, foster relationships, and develop coping skills. School counsellors can collaborate with teachers, teacher aides, and leadership team members to enhance their ability to support trauma-affected students (Costa, 2017; Gubi et al., 2019). This collaboration may include school counsellors training staff in sustainable trauma-informed strategies (Berger, 2019).

At Tier 2, school counsellors provide targeted support for at-risk students, offering psychoeducation on trauma, identifying social support for students, and helping students develop self-regulation skills. School counsellors may also implement focused programs that promote social-emotional learning like self-esteem, friendship and coping skills, and offer advanced counselling services, notably trauma-focused cognitive behaviour therapy, dialectical behaviour therapy, and sandplay therapy (Goss & Campbell, 2004; Reinbergs & Fefer, 2018; Stevens, 2021; Zyromski et al., 2022).

Tier 3 involves intensive, individualised interventions, including ongoing counselling, case management, and collaboration with community organisations (Berger, 2019; Chafouleas et al., 2016). Access to specialised support may vary by location and available resources (Reinbergs & Fefer, 2018) due to the diversity of Australian schools, geographically, number of staff, or accessibility to services.

Figure 1

School counsellors implementing trauma-informed practice through MTSS

Tier 3 - Intensive support

The school counsellor can:

- ongoing counselling
- case management
- collaboration with community organisations

Tier 2 - Targeted support

The school counsellor can:

- targeted support for at risk students - identifying social supports, develop self-regulation skills, psychoeducation on trauma
- implement focused programs that promote social emotional learning
- provide counselling

Tier 1 - Universal strategies

The school counsellor can:

- collaborate with teachers, teacher aides, and leadership teams to support students impacted by trauma
- provide training to staff in trauma-informed practices

The other approach Australian school counsellors need to consider in effectively supporting students impacted by trauma is the School-Based Family Counselling (SBFC) meta-model, drawing on Bronfenbrenner's ecological theory (Gerrard & van Schalkwyk, 2020). The SBFC meta-model encompasses the two main dimensions—School Focus and Family Focus—across Prevention and Intervention quadrants: School Intervention, School Prevention, Family Intervention, and Family Prevention, all within a community context (Gerrard & van Schalkwyk, 2020). Each quadrant addresses specific strategies. School Intervention includes teacher consultations and student support groups. School Prevention focuses on proactive initiatives like anti-bullying programs. Family Intervention involves parent consultations, and Family Prevention targets psychoeducational workshops (Gerrard & Soriano, 2020).
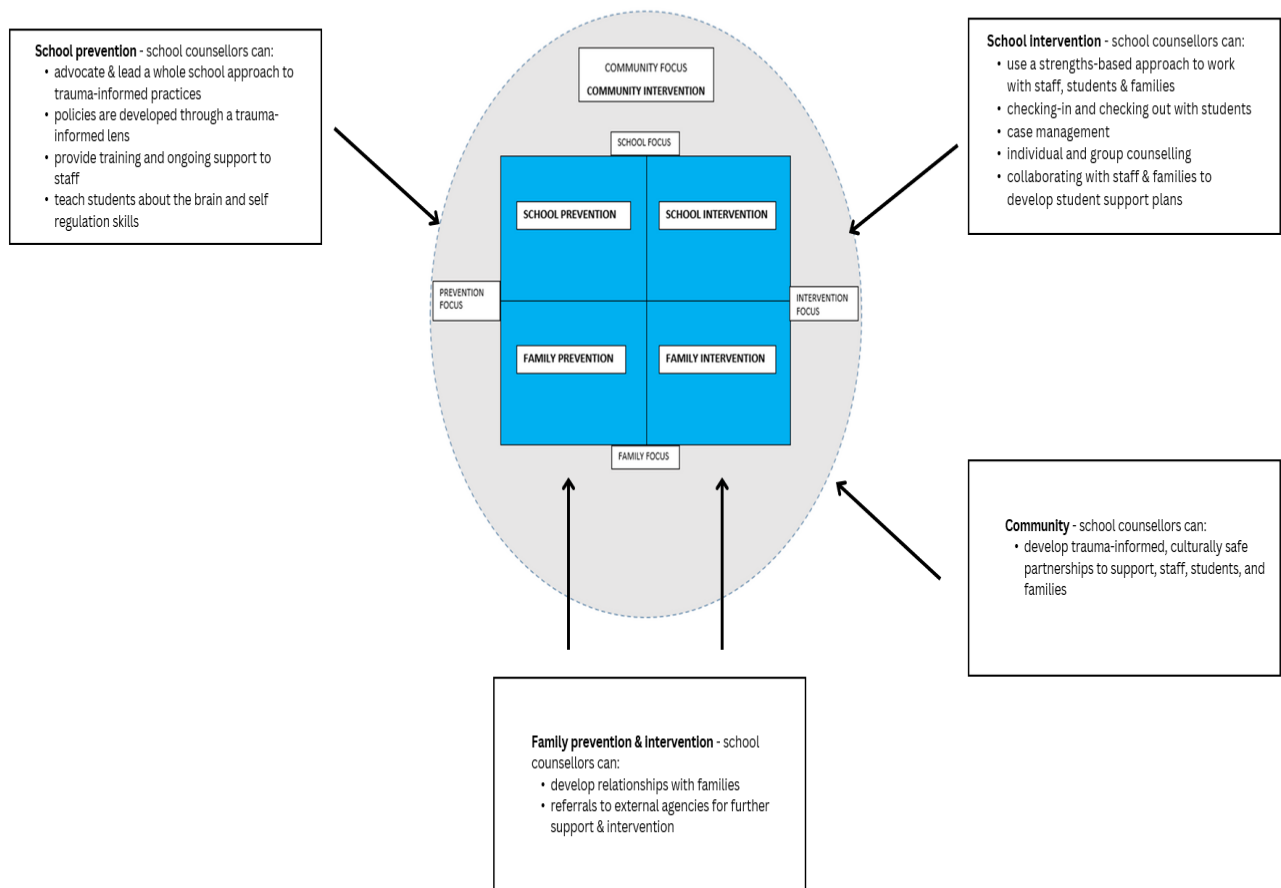
School counsellors must be skilled in trauma-informed practices to implement the SBFC meta-model (Howard & Brown, 2024). Howard and Brown (2024) showed how the SBFC meta-model could be used by Queensland school counsellors to implement trauma-informed practices (see Figure 2). At the School Prevention level, school counsellors can advocate and lead a whole school approach to trauma-informed practices by ensuring school

policies are developed through a trauma-informed lens; provide training and ongoing support to staff in trauma-informed practices; support staff to work with students by focusing on the student's strengths; teach students about the impact of stress on their brain and nervous system; and, teach students skills they can use to self-regulate (Howard & Brown, 2024).

School counsellors use a strengths-based approach at the School Intervention level to work with staff, students, and families, checking-in and checking-out with students, undertaking case management, individual and group counselling, and collaborating with staff and families to develop student support plans (Howard & Brown, 2024). The school counsellor at the Family Prevention and Intervention level, develops relationships with families to support their child's engagement at school, and provides families with referrals to external agencies for further support and intervention (Howard & Brown, 2024). The school counsellor develops trauma-informed and culturally safe partnerships at the community level to support staff, students, and families (Howard & Brown, 2024).

Figure 2

School counsellors implementing trauma-informed practices through the SBFC meta-model

School prevention - school counsellors can:
- advocate & lead a whole school approach to trauma-informed practices
- policies are developed through a trauma-informed lens
- provide training and ongoing support to staff
- teach students about the brain and self regulation skills

School intervention - school counsellors can:
- use a strengths-based approach to work with staff, students & families
- checking-in and checking out with students
- case management
- individual and group counselling
- collaborating with staff & families to develop student support plans

Community - school counsellors can:
- develop trauma-informed, culturally safe partnerships to support, staff, students, and families

Family prevention & intervention - school counsellors can:
- develop relationships with families
- referrals to external agencies for further support & intervention

COMMUNITY FOCUS
COMMUNITY INTERVENTION

SCHOOL FOCUS

SCHOOL PREVENTION   SCHOOL INTERVENTION

PREVENTION FOCUS   INTERVENTION FOCUS

FAMILY PREVENTION   FAMILY INTERVENTION

FAMILY FOCUS

Adapted from Gerrard & Sariano (2020)

The MTSS framework and the SBFC meta-model both emphasise the significance of prevention and intervention in schools, but it is the SBFC meta-model that provides additional support and highlights the importance of family engagement, prevention strategies, and community involvement. Notably, for school counsellors assisting students affected by trauma, addressing the root causes or broad effects of trauma requires the inclusion of families and communities (Gherardi et al., 2020). Furthermore, for schools to effectively support students traumatised by their experiences, it is crucial to integrate the various systems of school, family, and community in a student's life. The SBFC meta-model encompasses all these systems in a

holistic approach, which is particularly important for school counsellors working with trauma-affected students.

Do school counsellors have the knowledge and skills to implement and lead trauma-informed practices in schools?

Research from the US explored how prepared school counsellors are in implementing trauma-informed practices, identifying school counsellors did not feel well prepared to implement trauma-informed practices (Gubi et al., 2019; Gubi et al., 2023; Powell, 2022; Wells, 2022).

In Australia, the use of trauma-informed practices in schools, particularly in school counselling, is emerging (Howard et al., 2022). The term 'school counsellor' is an overarching term that includes the distinct roles of guidance officer, guidance counsellor, school counsellor, and school psychologist. Guidance Officers and Guidance Counsellors are teachers with a Master of Education (School Guidance and Counselling). At the same time, a school psychologist is a psychologist who has completed a recognised psychology degree and is registered as a psychologist with the Australian Health Practitioner Regulation Agency (Psychology Board of Australia, 2024). The training programs for Guidance Officers/Guidance Counsellors and school psychologists differ. Guidance Officer/Guidance Counsellor training focuses on future Guidance Officers/Guidance Counsellors being able to work across the MTSS system of support and provide support to all students in the areas of academic, social-emotional, behaviour and careers. The focus is on improving the educational outcomes of students. In contrast, school psychology programs focus on individual therapy, intervention, assessment, and diagnosis. How trauma and trauma-informed practices are addressed in these programs vary (Sadusky et al., 2021; Wells, 2022).

Findings from an Australian study

An online survey of Australian school counsellors investigated their perceptions of how well their counselling program prepared them to implement and lead trauma-informed practices (Brown, 2025). Thirty-six school counsellors answered questions regarding: school counselling initial preparation; school counsellors' trauma knowledge; school counsellors' self-efficacy in implementing trauma-informed practices; school counsellors' role in trauma-informed practice; and, school counsellors' wellbeing (Brown, 2025). A summary of the results for each area follows. For more information, refer to Brown (2025).

School counselling initial preparation in trauma-informed practices

Sixty-one percent (n=22) of Australian school counsellors reported receiving *some or limited amount* of training in trauma-informed practices. The training received, focused on awareness of the impact of trauma but limited strategies on how to work with students impacted by trauma. While two participants identified that they received no training in trauma-informed practice. A survey participant shared, "In my degrees (20 years ago), I do not remember any trauma-informed training" (Brown, 2025, p. 15).

Forty-four percent (n=16) of school counsellors reported they were *somewhat or extremely dissatisfied* with their level of training to support students impacted by trauma. At the same time, forty-two percent (n=15) were extremely satisfied or somewhat satisfied.

Fifty-six percent (n=20) of school counsellors identified they received *no training* in leading a whole school approach to trauma-informed practices. Of the school counsellors who did receive training, they identified this was done through lectures, tutorials, assignments, and engaging in professional experience.

Ninety-two percent (n=33) of school counsellors reported they engaged in professional learning in trauma-informed practices offered by external agencies because the training was evidence-based and practical. As one participant shared, "external providers 'provided the most up-to-date and relevant practice in a practical manner'" (Brown, 2025, p. 15).

School counsellors' trauma knowledge

One hundred percent (n=36) of school counsellors reported that knowing the diverse types of trauma was *extremely or very important*. The trauma types included knowledge of social, emotional, cognitive, and physical impacts of trauma, knowledge of trauma-informed classroom and school-wide strategies or practices, as well as the neurobiology of trauma, culturally responsive practices, intergenerational trauma, and family and domestic violence.

School counsellors also reported on both the importance of translating trauma knowledge and evidence-based strategies for teachers, as well as how to address trauma-informed practices in schools that take a punitive approach to managing student behaviour. A participant shared the importance of school counsellors needing to know "how to 'translate [trauma-informed practices] research into practical strategies for teachers'" (Brown, 2025, p. 16).

School counsellor self-efficacy

Sixty percent (n=21) of school counsellors identified they are *developing confidence* in their ability to recognise and respond to symptoms of trauma in students. At the same time, ninety-four percent (n=31) *strongly agreed or agreed* they have a comprehensive understanding of trauma.

Role of the school counsellor in trauma-informed practice

Sixty-six percent (n= 24) of school counsellors *strongly agreed or agreed* that school counsellors should be responsible for providing trauma-informed prevention and intervention strategies, while eighty-five percent (n=22) *strongly agreed or agreed* school counsellors should train staff in trauma-informed practices.

School counsellor wellbeing

Ninety-two percent (n=33) of school counsellors identified the importance of self-care and engaging in supervision.

Eighty-six percent (n=31) of participants also identified that trauma-informed practices should be included in school counselling preparation programs, as shared by one survey participant:

> *Now that we have specific guidelines, frameworks, and rich research regarding trauma-informed practice, I believe all school counsellors must complete mandatory units in this area. I can't imagine not having trauma-informed practices in a school counselling preparation program. All school counsellors need to have this training to be effective in our roles.*

Discussion

As anticipated, the findings from this study are akin to what has been found in US research (Gubi et al., 2019, 2023; Wells, 2022), confirming most school counsellors have not received the necessary training from school counselling preparation programs to lead and implement trauma-informed practices (Brown, 2025). This study is a crucial step to develop training to effectively prepare school counsellors-in-training to lead and implement trauma-informed practices (Brown, 2025).

Three key findings from the study will be discussed: 1. School counsellors were unable to articulate what they believe is needed to be taught in school counselling preparation

programs for school counsellors to be able to lead a whole of school approach to trauma-informed practices. 2. School counsellor understanding of the importance of working with families and communities was limited; and, 3. The self-efficacy of school counsellors in identifying the impact of trauma on students and how to address the needs of these students effectively was limited (Brown, 2025).

The first finding of not offering suggestions on what needed to be included in the school counselling preparation program indicated that Australian school counsellors recognise the significance of learning about a whole-school approach to trauma-informed practices but struggle to articulate the specific knowledge and skills they require. Notably, they did not reference the MTSS framework or Positive Behaviour for Learning, commonly used to support student behaviour. This lack of suggestions indicates school counsellors may not be actively involved in leadership roles within MTSS teams (Betters-Bubon & Donohue, 2016; Goodman-Scott et al., 2023).

The second finding of school counsellors' limited understanding of the importance of working with families and communities, raises questions about why these school counsellors, who acknowledged the need to understand culturally safe practices and the impacts of intergenerational trauma and domestic violence, did not focus on engaging with the parents and families of students impacted by trauma. Research highlights the influence of these issues on children's education (Lloyd, 2018; Velandia et al., 2024), but school counsellors may lack knowledge of family dynamics across different cultures, particularly Aboriginal and Torres Strait Islanders (Exell & Gower, 2021; Tujague & Ryan, 2023). This lack of knowledge may stem from restrictions in their roles, which often emphasise student engagement in schools and limit parent involvement (Goodman-Scott et al., 2023; Blake, 2020). Engaging with families can enhance the support provided to students (Gherardi et al., 2021; Kraus, 1998). And the knowledge gap may also stem from school counsellors' lack of knowledge of Aboriginal and Torres Strait Islander perspectives within the school counselling context, even with the growing awareness within Australian education systems of the importance of "incorporating Indigenous perspectives, knowledge systems and cultural practices" (Anderson et al., 2024, p. 5).

The third finding was that while sixty percent of school counsellors felt they were developing confidence in recognising and responding to trauma symptoms in students, ninety-four percent believed they possessed a comprehensive understanding of childhood trauma. This discrepancy may result from accessing professional learning from external agencies and other

sources of learning such as conferences and readings. And while school counsellors may have received training in trauma-informed practices, they might not yet know how to practically apply this knowledge in their work with students, families, and communities.

What can school counselling educators do?

For school counsellors to be well prepared to lead and implement trauma-informed practices, it is essential that school counselling educators provide a rigorous curriculum in trauma-informed practices, and that they themselves, are trained in trauma-informed practices. Findings from this Australian survey identify a direction for all school counselling educators on what they need to include when designing school counselling preparation programs – the knowledge of the diverse forms of trauma, particularly intergenerational trauma, culturally responsive practices, and trauma-informed strategies to be implemented across the whole school and with individual students. To ensure this knowledge, and strategies are included in school counselling preparation programs, school counselling educators need to undertake curriculum mapping to identify where trauma-informed practices are explicitly taught, where it is not and address the gaps. The School-Based Family Counselling meta-model should be used by school counselling educators as a guide to ensure trauma-informed practices are taught through a holistic approach, that is, address student, school, family and community systems.

School counselling educators must also be trained in trauma-informed practices, particularly in the: a) different types of trauma; b) how trauma impacts students in schools; c) trauma-informed practices that can be used to support students and how to lead trauma-informed practices in schools; d) how school counsellors can use the SBFC meta-model to inform their work; e) how to work with families and communities; f) Aboriginal and Torres Strait Islander perspectives and how to work in a culturally safe and trauma-informed way; and, g) how to teach school counsellors in training in a trauma-informed way. Only then will Australian school counsellors be skilled to lead and implement trauma-informed practices in schools (Brown, 2025).

Conclusion

This study from Australia reveals significant insights for national and international school counselling training programs, underscoring the need for a comprehensive approach to preparing school counsellors to effectively lead and implement trauma-informed practices in educational settings. It is crucial therefore, for school counselling educators themselves to be

proficient in trauma-informed practices, and to engage in curriculum mapping to explicitly identify where they instruct future school counsellors on how to enact and lead trauma-informed practices in schools. It is essential too, for the School-Based Family Counselling meta-model to be included in school counselling training programs to be subsequently utilised by school counsellors in their professional roles. School counsellors must be trained if they are to understand how to navigate and engage with all facets of a student's educational, familial, and community environments.

References

Anderson, P. J., Howe, W. D. W., Fox, R. A., & Diamond, Z. M. (2024). Adopting an Indigenous rights-based approach to working with Aboriginal and Torres Strait Islander students: Repositioning school psychology to address competency 8. *Journal of Psychologists and Counsellors in Schools*, 0(0). https://doi.org/10.1177/20556365241300377

Australian Institute of Health and Welfare. (2024). *Child protection Australia 2022-2023*. https://www.aihw.gov.au/reports/child-protection/child-protection-australia-insights/contents/insights/the-process-of-determining-child-maltreatment

Berger, E. (2019). Multi-tiered approaches to trauma-informed care in schools: A systematic review. *School Mental Health*, *11*(4), 650–664. https://doi.org/10.1007/s12310-019-09326-0

Betters-Bubon, J., & Donohue, P. (2016). Professional capacity building for school counselors through school-wide positive behavior interventions and supports implementation. *Journal of School Counseling*, *14*(3).

Blake, M. K. (2020). Other duties as assigned: The ambiguous role of the high school counselor. *Sociology of Education*, *93*(4), 315–330. https://doi.org/10.1177/0038040720932563

Brown, M. (2025). School counsellor perspectives: Training to lead and implement trauma-informed practices. *Journal of Psychologists and Counsellors in Schools*, 35(1), 5-25. https://doi.org/10.1177/20556365251318042

Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, *8*(1), 144–162. https://doi.org/10.1007/s12310-015-9166-8

Costa, D. A. (2017). Transforming traumatised children within NSW department of education schools: One school counsellor's model for practise – REWIRE. *Children Australia*, *42*(2), 113–126. https://doi.org/10.1017/cha.2017.14

Elbedour, S., Alqahtani, S., El Sheikh Rihan, I., Bawalsah, J. A., Booker-Ammah, B., & Turner, J. F. (2020). Cyberbullying: Roles of school psychologists and school counselors in addressing a pervasive social justice issue. *Children and Youth Services Review*, *109*, 104720-. https://doi.org/10.1016/j.childyouth.2019.104720

Exell, M., & Gower, G. (2021). Developing strong relationships with Aboriginal students, families, and communities. In M. Shay, & R. Oliver (Eds.). *Indigenous education in Australia: Learning and teaching for deadly futures*. (pp. 86-96). Taylor & Francis Group.

Gerrard, B. A., & Soriano M. (2020). School-based family counseling: The revolutionary paradigm. In B, A, Gerrard, M. J. Carter, & D. Riberia. (Eds.). *School-Based Family Counseling: An interdisciplinary practitioner's guide*. (pp. 1-15). Routledge.

Gerrard, B., & van Schalkwyk, G. (2020, August 27). School-based gamily counseling. *Oxford Research Encyclopedia of Education*. Retrieved 26 Jun. 2024, from https://oxfordre.com/education/view/10.1093/acrefore/9780190264093.001.0001/acrefore-9780190264093-e-1493.

Gherardi, S. A., Garcia, M., & Stoner, A. (2021). Just trauma-informed schools: Theoretical gaps, practice considerations and new directions. *International Journal of School Social Work*, *6*(1). https://doi.org/10.4148/2161-4148.1070

Gherardi, S. A., Flinn, R. E., & Jaure, V. B. (2020). Trauma-sensitive schools and social justice: A critical analysis. *The Urban Review*, *52*(3), 482-504. https://doi.org/10.1007/s11256-020-00553-3

Goodman-Scott, E., Betters-Bubon, J., Donohue, P., & Olsen, J. (Eds.). (2023). *The school counselor's guide to multi-tiered systems of support*. Taylor & Francis Group.

Goodman-Scott, E. C., Edirmanasinghe, N. A., Moe, J., & Boulden, R. (2022). Assessing the influence of multitiered systems of support training on school counselors' perceptions of school counseling activities: Results of a national study. *Professional School Counseling*, *26*(1), 2156759-. https://doi.org/10.1177/2156759X221138232

Goss, S. & Campbell, M. A. (2004). The value of sandplay as a therapeutic tool for school guidance counsellors. *Australian Journal of Guidance and Counselling*, *14*(2), 211–220. https://doi.org/10.1017/S103729110000251X

Grummitt, L., Baldwin, J. R., Lafoa'I, J., Keyes, K. M., & Barrett, E. L. (2024). Burden of mental disorders and suicide attributable to childhood maltreatment. *JAMA Psychiatry (Chicago, Ill.)*. https://doi.org/10.1001/jamapsychiatry.2024.0804

Gubi, A. A., Denicola, G., Kosecki, O., Bocanegra, J. O., Strait, J. E., Wycoff, K., &

Giordano, K. (2023). Knowledge of trauma-informed care among graduate students in school psychology. *California School Psychologist*, *27*(2), 239–250. https://doi.org/10.1007/s40688-020-00342-5

Gubi, A. A., Strait, J., Wycoff, K., Vega, V., Brauser, B., & Osman, Y. (2019). Trauma-informed knowledge and practices in school psychology: A pilot study and review. *Journal of Applied School Psychology*, *35*(2), 176–199. https://doi.org/10.1080/15377903.2018.1549174

Howard, J., & Brown, M. (2024). Trauma-informed education and the role of the school counsellor. *2023 Proceedings of the Oxford Symposium of School-Based Family Counseling*. Institute for School-Based Family Counseling. ISBN: 978-1-952741-39-5

Howard, J., L'Estrange, L., & Brown, M. (2022). The school counsellor's role in trauma-aware education. *Journal of Psychologists and Counsellors in Schools*, *32*(2), 243–253. https://doi.org/10.1017/jgc.2021.32

Kraus, I. (1998). A fresh look at school counseling: A family-systems approach. *Professional School Counseling, 1*(4), 12.

Lloyd, M. (2018). Domestic violence and education: Examining the impact of domestic violence on young children, children, and young people and the potential role of schools. *Frontiers in Psychology*, *9*, 2094–2094. https://doi.org/10.3389/fpsyg.2018.02094

Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Higgins, D. J., Erskine, H. E., Thomas, H. J., Lawrence, D. M., Haslam, D. M., Malacova, E., & Dunne, M. P. (2023). The prevalence of child maltreatment in Australia: Findings from a national survey. *Medical Journal of Australia*, *218*(6), S13–S18. https://doi.org/10.5694/mja2.51873

Pincus, R., Hannor-Walker, T., Wright, L. S., & Justice. J. (2020). COVID-19's effect on students: How school counselors rise to the rescue. *NASSP Bulletin*, 104(4), 241-256. https://doi.org/10.1177/0192636520975866

Powell, A. M. (2022). Elementary counselors' perspectives of trauma-informed preparedness. doi: 10.4018/978-1-7998-9785-9.ch001978-1-7998-9785-9.ch003. In A. M. Powell (Ed.). *Best practices in trauma-informed counseling*. IGI Global. (pp.1-12). https://doi.org/10.4018/978-1-7998-9785-9

Psychology Board of Australia. (2024). *General registration*. Psychology Board of Australia. Retrieved 12 April 2024, from https://www.psychologyboard.gov.au/Registration/General.aspx

Pullen, P. C., van Dijk, W., Gonsalves, V. E., Lane, H. B., & Ashworth, K. E. (2018). RTI

and MTSS: Response to intervention and multi-tiered systems of support: How do they differ and how are they the same, if at all? In P. C. Pullen & M J. Kennedy (Eds.). *Handbook of Response to Intervention and Multi-Tiered Systems of Support*. (pp. 5-10). Routledge.

Reinbergs, E. J., & Fefer, S. A. (2018). Addressing trauma in schools: Multitiered service delivery options for practitioners. *Psychology in the Schools*, *55*(3), 250–263. https://doi.org/10.1002/pits.22105

Sadusky, A., Berger, E. P., & Toporkova, L. (2021). Examination of trauma training for postgraduate psychology students. *Clinical Psychologist (Australian Psychological Society)*, *25*(3), 306–315. https://doi.org/10.1080/13284207.2021.1913047

Schmidt, C. D., & Grigg, J. (2024). Counseling high conflict: Navigating the complexities of high conflict divorce. *The Family Journal (Alexandria, Va.)*, *32*(1), 71–80. https://doi.org/10.1177/10664807231173689

Stevens, H. (2021). School Counseling and Social Emotional Learning Programs. *Journal of School Counseling*, *19*(19), n19.

Temkin, D., Harper, K., Stratford, B., Sacks, V., Rodriguez, Y., & Bartlett, J. D. (2020). Moving policy toward a whole school, whole community, whole child approach to support children who have experienced trauma. *Journal of School Health*, *90*(12), 940–947. https://doi.org/10.1111/josh.12957

Tujague, N., & Ryan, K. (2023). *Cultural safety in trauma-informed practice from a First Nations perspective: Billabongs of knowledge*. Springer International Publishing. https://doi.org/10.1007/978-3-031-13138-7

Velandia, E. A., Farr, A., Musso, S., Soto, N., & Fettes, D. L. (2024). Parents' adverse childhood experiences matter too: The impact of multigenerational trauma on participation in early childhood education for Latinx children. *Early Childhood Research Quarterly*, *67*, 208–217. https://doi.org/10.1016/j.ecresq.2023.12.007

Warbington, N., Owenby, K., Brady, H., Shears, D. B., Burton, J., & Strong, K. (2019). School counselors help build resilience after natural disaster. *European Journal of Educational Sciences*, 57-. https://doi.org/10.19044/ejes.s.v6a4

Wolpow, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2016). *The heart of teaching and learning: Compassion, resiliency, and academic success*. (3rd ed.). Washington State Office of Superintendent of Public Instruction (OPSI) Compassionate Schools. https://digitalarchives.wa.gov/do/29884cd015b5f3cb95220a5f77bab87f.pdf

Wells, T. (2022). School counselor perceptions and knowledge of trauma-informed practices. *Professional School Counseling*, *26*(1). https://doi.org/10.1177/2156759X221096352

Insights from a National Five-Year Pilot on SEE Learning in Ukrainian Schools Through the Lens of the SBFC Metamodel

Oleksandr Elkin, PhD., Head of the Board at EdCamp Ukraine NGO, Halyna Kaluzhna, PhD., Leading specialist at EdCamp Ukraine NGO, Anna Yefimtseva, PhD., Chief specialist at EdCamp Ukraine NGO

ABSTRACT

The article analyzes the results of a five-year national experiment on implementing Social, Emotional, and Ethical Learning (SEE Learning) in 26 elementary and secondary schools across Ukraine as part of the New Ukrainian School reform. The main questions the authors sought to answer were how introducing SEE Learning shaped students' social-emotional skills and how this program resonates with the metamodel of School Based Family Counseling (SBFC). The interest in the concept of School Based Family Counseling, which aims to prepare educators to address the psychological and emotional needs of children and improve their well-being by combining school and family resources for comprehensive child support, emerged from the collaboration between the EdCamp Ukraine NGO and the Disaster Global Response Team (DGRT) initiative, which provides psychological assistance in crises. This collaboration also included mutual participation in events organized by the DGRT and EdCamp Ukraine. The methodology involved quantitative and qualitative analysis of primary data from surveys of parents, students, and teachers regarding their experience participating in the SEE Learning program, as well as data from studies on the feasibility of implementing social-emotional learning (Hrynevych et al., 2021) and the OECD study on social-emotional skills (SSES). The results showed that SEE Learning significantly improved students' adaptability and empathy despite the challenges of war. However, limitations were identified, which, according to the authors, could be addressed through the introduction of SBFC in Ukrainian schools. The SBFC metamodel emphasizes the importance of supporting students through close collaboration with parents, particularly by integrating preventive measures and interventions both at school and within families. Both approaches effectively support emotional resilience and contribute to overcoming traumatic experiences. The authors hypothesized that the synergy between SEE Learning and SFBC could positively influence students' academic success while supporting their overall well-being.

Introduction

In today's world, schools play a crucial role in supporting children, particularly those who face challenges and stress, by helping them develop coping and social skills. This role becomes even more significant in the context of Ukraine, where war and crisis affect all aspects of societal life. In this context, exploring effective ways to foster compassion, emotional resilience, and a sense of social responsibility among students has become an important step. From November 2019 to December 2024, a national pilot project titled "Organizational and Pedagogical Conditions for Developing Students' Soft Skills through Social, Emotional and Ethical Learning" (Ministry of Education and Science of Ukraine, 2019) was conducted in 26 educational institutions across 23 regions of Ukraine. The piloting of the program was initiated by the EdCamp Ukraine NGO in collaboration with the Ministry of Education and Science of Ukraine and Emory University (USA) and was aimed at developing students' compassion, emotional resilience, and other well-being skills. The primary goal of the program is to equip children with the skills needed to effectively manage stress, build positive relationships, and develop ethical literacy.

Although the piloting of the SEE Learning program occurred during an extremely challenging period for Ukraine, it nevertheless demonstrated its effectiveness and became an integral part of student support during wartime. Even after the beginning of the full-scale invasion in 2022, when thousands of children and their families experienced traumatic events, SEE Learning helped students better understand their emotions, articulate them in healthy ways, and find strategies for coping with challenges. The program offered a structured sequence of SEE Learning lessons (or experiences) focused on essential topics such as self-regulation, attention training, self-compassion and compassion to others, resilience, systems thinking, etc.

One of the biggest challenges in implementing the SEE Learning program was bringing parents into the process in a meaningful way. In this context, examining SEE Learning through the lens of the School Based Family Counseling (SBFC) metamodel gained particular importance. SBFC is a systematic approach to addressing children's psychological and emotional needs and improving their well-being, with support from SBFC practitioners who engage parents, teachers, and the broader community. SBFC is based on the principle of integrating family and school environments, as these two settings have the most significant influence on a child's development. In the context of Ukrainian education, this approach has

become especially relevant during the war, when the need for psychological support has increased dramatically. By collaborating with international SBFC experts and taking part in related events, EdCamp Ukraine was able to explore how the SBFC approach had been implemented elsewhere, with the goal of adapting it for Ukrainian schools.

Although SBFC is often recognized for its work with students and families already facing emotional, behavioral or social challenges, prevention is a core component of the SBFC metamodel. One of its four quadrants – the School Prevention quadrant – focuses explicitly on proactive, classroom- and school-based strategies that aim to strengthen protective factors and reduce risk. These include, for example, social-emotional learning (SEL), anti-bullying programs, and teacher-family collaboration initiatives. y addressing both individual concerns and broader school- and family-level challenges, SBFC serves not only as a model for responsive intervention but also as a proactive, prevention-oriented framework that aligns with and strengthens programs like SEE Learning, helping to build a whole-school culture of well-being.

This paper provides an analysis of the five-year pilot implementation of the SEE Learning program in Ukrainian schools, examining its potential integration with the SBFC metamodel. The presented results highlight the program's positive impact on students' emotional well-being, the development of social skills, and the improvement of the overall school environment. Furthermore, the article outlines prospects for the continued implementation of SEE Learning and SBFC in general educational institutions across Ukraine.

Background and Context

Ukraine's educational system strives to provide support for all participants in the educational process, focusing on creating a comfortable and psychologically safe environment. However, due to the ongoing military conflict that began in 2014 and escalated into a full-scale war in 2022, the need for socio-psychological support has become critically important. Military actions, the loss of loved ones, forced displacement, and the experience of traumatic events have created a situation where students, their families, and teachers require intensive emotional assistance to overcome daily challenges.

The study *War and education: Two years of full-scale invasion*, conducted by the Vox Populi sociological agency at the request of the savED Charitable Foundation with support from the U-LEAD with Europe program, confirmed the significant impact of the war on the emotional

state of students and their families: 34% of children and 44% of parents expressed a strong need for additional support during the learning process. This support includes not only counseling but also creating conditions for developing resilience and self-regulation skills that help manage stressful situations (Vox Populi Agency & International Charitable Foundation savED, 2024, p. 22).

In response to these challenges, EdCamp Ukraine continued to expand its collaboration with international partners to foster resilience and social-emotional skills among students through family-school cooperation. One important milestone was getting to know the international initiative *Disastershock Global Response Team (DGRT)*, which focuses on offering psychological support in times of crisis. At the beginning of the war, the DGRT recorded messages for Ukrainians, sharing advice on coping with stress and maintaining resilience (EdCamp Ukraine, 2022b). Later, representatives of the DGRT initiative participated as experts in Resiliency Tolokas – special online gatherings where Ukrainian educators and communities built capacity for emotional resiliency during the war. In particular, during two of these Tolokas, they shared methods for supporting children in crisis situations and introduced the concept of neuroplasticity (EdCamp Ukraine, 2022a; EdCamp Ukraine, 2023).

Furthermore, the partnership with the global response team of the DGRT initiative introduced EdCamp Ukraine to the concept of School-Based Family Counseling (SBFC), which integrates school and family resources to provide comprehensive support for children (Gerrard, 2008). This approach has the potential to become particularly relevant for Ukraine during wartime, as it engages parents, teachers, and school counselors in creating a support system for children facing challenging life circumstances. Currently, EdCamp Ukraine is exploring ways to organize training, preparation, and adaptation of these methods to the Ukrainian context, aiming to integrate SBFC as part of psychological support in Ukrainian schools in the future.

Thus, collaboration with the DGRT has allowed the EdCamp Ukraine team to gain a deeper understanding of the importance of strong connections between families, schools, and communities. It also encouraged them to consider building a support system that brings together parents, educators, and the wider community to offer comprehensive assistance to students during the war and throughout the post-war recovery period.

School-Based Family Counseling (SBFC)

School-Based Family Counseling (SBFC) is an integrative approach that combines the efforts of schools and families to provide psychological support for children through preventive measures and interventions. The history of SBFC dates back to the 1920s when Austrian psychiatrist Alfred Adler first proposed establishing counseling clinics within schools. His goal was to integrate modern psychology into the educational system and foster collaboration among teachers, psychologists, and parents to assist children facing behavioral or learning difficulties (Adler, 1930, as cited in Gerrard, 2008, p. 5).

The SBFC metamodel, developed by Brian Gerrard and Marcello Soriano, is a practical support system for children, grounded in a holistic understanding of the social systems that surround them – family, school, and community (Gerrard & Soriano, 2013). It builds on psychologist Urie Bronfenbrenner's ecological systems theory, which highlights how a child's development is shaped by interactions within multiple layers of their environment (Bronfenbrenner, 1979).

Bronfenbrenner's ecological theory identifies five primary systems that affect a child: the microsystem (family, school), the mesosystem (connections between family and school), the exosystem (broader social structures), the macrosystem (cultural and social norms), and the chronosystem (the influence of events and changes over time). While ecological theory is used to understand the effects of these different levels on child development, the SBFC metamodel applies these principles to practical interventions aimed at supporting students' emotional and social well-being (Bronfenbrenner, 1979, as cited in Gerrard, 2022, p. 531).

In recent years, SBFC has gained increased attention in the context of disaster and crisis response, highlighting its potential to promote resilience and well-being during traumatic events such as war. The *Disastershock* manual (Disastershock Educator Collaboration Team, 2021), for example, provides practical guidance for educators and school staff on supporting emotional regulation and trauma recovery in the aftermath of both natural and human-caused disasters. Although developed for global contexts, this resource offers relevant insights for application in Ukraine. Recent contributions by Gerrard, Hernandez, and Deb (2023) have further outlined a structured SBFC framework for crisis intervention, combining theoretical foundations with actionable practices for school settings. These build on earlier foundational texts, including a practitioner's guide co-edited by Gerrard, Carter, and Ribera (2020), and a

chapter by Gerrard (2022) in the *Handbook of Health and Well-Being*, which emphasizes school-family collaboration as central to supporting children and families during times of crisis. Incorporating these insights strengthens the theoretical foundation of this study and supports the argument that SBFC, when paired with SEE Learning, can create a robust, trauma-informed ecosystem for emotional support in Ukrainian schools.

In this context, the SBFC approach offers practical opportunities to strengthen collaboration between families and schools – an essential factor for the successful implementation of the Social, Emotional and Ethical Learning (SEE Learning) program. EdCamp Ukraine is currently exploring the feasibility and effectiveness of SBFC in Ukrainian educational settings, adapting international models to fit local cultural contexts and institutional needs.

SEE Learning Program

Social, Emotional and Ethical Learning (SEE Learning) is a comprehensive international program designed to develop students' social, emotional, and ethical competencies. It was developed by Emory University for all grades and is now a CASEL SELect program for grades 4-5 (Collaborative for Academic, Social, and Emotional Learning, 2025). The goal of the program is not only to improve academic performance but also to foster resilience, compassion, and ethical awareness – qualities that are especially relevant for children living through crisis situations such as war (Elkin et al., 2023).

SEE Learning is built around three core dimensions: awareness, compassion, and engagement. These dimensions represent different types of knowledge and competences, and each is applied across three levels: personal (understanding oneself), social (relating to others and the immediate environment), and systems (interacting with the wider world). At the intersection of these levels, a set of essential competencies emerges – skills that are crucial for navigating life in today's world. The three dimensions are deeply interconnected, forming a unified framework. For instance, to address a problem, a person should first recognize it (awareness), then emotionally connect with it (compassion), and finally take meaningful action (engagement). (Center for Contemplative Science and Compassion-Based Ethics, 2019, pp. 13-20)

This approach can be presented to students and parents as the *head-heart-hands* concept, integrating the cognitive, emotional, and practical aspects of learning. The *head*

symbolizes knowledge and understanding, the *heart* represents emotional engagement and compassion, and the *hands* refer to practical skills and the application of knowledge in real life. Such an integrated approach promotes holistic personal development, focusing on intellectual growth, emotional resilience, and the ability to take action (Roeser, 2019).

In Ukraine, the SEE Learning program was launched as a five-year pilot project covering schools from various regions. This pilot project was part of the *New Ukrainian School* reform and was aimed to adapt the program to the Ukrainian educational context, taking into account national characteristics and the challenges faced by Ukrainian society.

As part of the experiment, EdCamp Ukraine organized training sessions for educators, providing them with methodological support for teaching Social, Emotional and Ethical Learning. The pilot program could include various formats: regular SEE Learning lessons, school clubs, classroom activities, etc., but it always ensured support for teachers implementing the program. In these lessons, teachers trained in SEE Learning methodology helped students develop social-emotional skills through interactive and practical activities.

To support the experiment, EdCamp Ukraine developed a range of resources to ensure the sustainability of the impact of SEE Learning on students. Four model curricula were created for different age groups (Drozhzhyna et al., 2022a; Drozhzhyna et al., 2022b; Drozhzhyna et al., 2022c; Elkin et al., 2022), along with a series of guides for educators and parents titled *I Practice SEE Learning* (Dehtiarova et al., 2023a; Dehtiarova et al., 2023b; Dehtiarova et al., 2023c; Miller-Karas et al., 2023). Additionally, the *Soft Room* or *Resiliency Space* concept was developed and detailed in a guide for educators aiming to create safe and supportive environments (Yefimtseva, 2024). This resource space is designed to support emotional relief and recovery for both students and teachers. It provides a safe and calming environment for practicing SEE Learning exercises, focusing, and engaging in creative activities. The use of such a space became particularly relevant during the war, offering children a safe place for emotional support amid stress and trauma.

Through the implementation of this five-year pilot project, EdCamp Ukraine aimed to evaluate the effectiveness of SEE Learning in Ukrainian schools, particularly under wartime conditions. Preliminary results indicate a positive impact on students' emotional well-being, the development of social-emotional skills, and the improvement of the school environment (Elkin et al., 2023). The pilot project also provided an opportunity to refine the program before its

potential expansion to other educational institutions, ensuring that Ukrainian children are equipped with vital life skills necessary to overcome difficult life circumstances and achieve well-being.

Results of the SEE Learning Pilot Project

A range of studies supports the effectiveness of the SEE Learning pilot project. During the project's implementation, a teacher survey was conducted to capture educators' experience of applying SEE Learning in the context of war (Frazier et al., in press). Feedback from teachers confirmed that the pilot, which began before the onset of the COVID-19 pandemic, demonstrated the effectiveness of the SEE Learning program even during wartime. Teachers, students, and parents from the experimental schools noted that the program helps overcome emotional challenges and develop resilience skills. The emotional literacy that children acquire through SEE Learning enables them to better understand their emotions, express them safely, and find methods to cope with stress.

In addition to positive feedback from SEE Learning pilot participants, the broader relevance of social-emotional learning (SEL) was supported by other research projects –for example, a 2021 nationwide representative study that examined the feasibility of implementing SEL within the New Ukrainian School reform – even as the SEE Learning pilot experiment was still underway. The results were promising: 72% of school administrators participating in the SEE Learning experiment rated themselves as competent or highly competent in this area, compared to just 54% in other schools. Additionally, 80% of teachers in experimental schools expressed a strongly positive attitude toward social-emotional learning, while only 61% of teachers in non-experimental schools shared the same view (Hrynevych et al., 2021).

In recognition of these efforts, Ukraine was invited – for the first time – to participate in the large-scale global study on social-emotional skills (SSES), conducted in the fall of 2023 by the Organisation for Economic Co-operation and Development (OECD). This invitation marked a significant milestone. The SSES explored 17 social-emotional skills grouped into several categories, such as open-mindedness, conscientiousness, emotional stability, collaboration, and achievement motivation. The survey included not only students but also their parents, teachers, and school administrators (OECD, 2024). EdCamp Ukraine served as the national research center for the study in Ukraine.

18 SEE Learning pilot schools participated in the SSES. Compared to other schools in Ukraine, students from these experimental schools demonstrated better development of social-emotional skills such as persistence, creativity, empathy, responsibility, curiosity, tolerance, and sociability. Notably, unlike national and global SSES results, no statistically significant differences were found between boys and girls in the development of most social-emotional skills in these schools. This likely reflects the emphasis on equality as one of SEE Learning's core values (Elkin et al., 2024b).

Additionally, a final sociological survey of teachers and administrators (203 respondents) was conducted in the schools where the experiment was held. The results showed that 93% of teachers support the need to develop social-emotional skills in schools, and 97% believe that SEE Learning meets the needs and interests of students. Moreover, 88% of respondents are confident that SEE Learning's philosophy aligns with the values of their schools. According to the teachers, parental support for the experiment is also strong: 57% believe parents fully support it, while 37% believe they support it partially. Furthermore, 84% of the surveyed teachers are convinced that SEE Learning should continue to be implemented after the experiment concludes. These findings were presented during a national event organized by EdCamp Ukraine (Elkin et al., 2024a).

The overall results of the SEE Learning pilot project indicate the program's strong effectiveness in enhancing children's psychological well-being and highlight its readiness for broader implementation across educational institutions in Ukraine. A key insight from the national experiment was the significant role of strengthened school-parent relationships in maximizing the benefits of SEE Learning. When schools and families collaborate, students benefit from greater emotional support, continuity in values, and improved academic and developmental outcomes.

In support of this partnership, EdCamp Ukraine developed a set of resources specifically designed for parents, offering practical recommendations on how to reinforce the social, emotional, and ethical competencies their children acquire in the classroom. These materials aim to foster consistent messaging between school and home, enabling parents to become active participants in their children's emotional and ethical development.

However, despite the availability of these resources, further efforts are needed to deepen parental engagement. Survey data from the pilot project indicated that approximately two-third

of parents had not read or were unaware of the provided materials. This gap suggests the need for more proactive strategies to inform, involve, and empower families, ensuring that the full potential of SEE Learning is realized through cohesive support systems that extend beyond the school environment.

In this context, school-based family counseling (SBFC) emerges as a valuable complement to SEE Learning. Both SEE Learning and SBFC offer complementary approaches to supporting children's emotional and social development by engaging families, schools, and communities. While SEE Learning is a universal, classroom-based program integrated into everyday instruction, the SBFC metamodel includes both targeted individualized support delivered by trained SBFC practitioners who work closely with families and broader whole-school efforts, such as anti-bullying programs, which are addressed through its School-Prevention quadrant. Although differing in their implementation, the two approaches are mutually reinforcing, as discussed in a recent article by Elkin et al. (2025), given their shared emphasis on enhancing children's well-being and emotional resilience through collaborative, systemic efforts.

SBFC and SEE Learning: Strengths, Challenges, and Opportunities for Synergy

The SEE Learning program is a core part of the educational process, designed to foster compassion, resilience, self-regulation, and ethical awareness among students. Integrated into the school curriculum, it enhances the overall climate and provides a strong foundation for children's social-emotional development.

One of the program's key strengths is its flexibility, which allows it to be adapted to various educational initiatives. For example, the therapeutic Hibuki doll has been incorporated into SEE Learning to help children express emotions and learn coping strategies. This approach is based on an effective method for working with children who have experienced trauma (Maximov, 2022), and over 400 educators across Ukraine have been trained in its use by EdCamp Ukraine. SEE Learning also complements digital literacy efforts, such as EdCamp Ukraine's *Asy Internetu* initiative – part of the Central European BIA (*Be Internet Awesome*) program – which promotes online safety and supports the development of emotional competencies in digital environments (Seale & Schoenberger, 2018). This adaptability makes SEE Learning a versatile and integrative tool within contemporary education.

Similarly, school-based family counseling (SBFC) is inherently interdisciplinary and can be effectively integrated with SEE Learning. In fact, this feature is one of the program's core strengths, enabling it to draw on insights from education, psychology, and social work. Gerrard and colleagues (2022, p. 529) highlight several other key strengths of SBFC, including its emphasis on strong school-family partnerships, systemic thinking that considers the school, home, and community, and a learning-centered focus that avoids pathologizing challenges – thus helping to reduce stigma. SBFC also promotes trust through active parental involvement, supports diversity and inclusivity, and advocates for children's rights and equitable access to education. Its commitment to evidence-based practice and interdisciplinary collaboration makes it a valuable complement to SEE Learning, particularly when targeted, individualized support is needed.

Despite their strengths, both SEE Learning and SBFC face similar challenges. For SBFC, key barriers include the siloed nature of mental health training, difficulties engaging families due to time constraints or mistrust, and limited, unstable funding (Gerrard, 2022, p. 539). SEE Learning also encounters obstacles in parental engagement – exacerbated by diverse family contexts, varying parenting styles, and differing levels of understanding regarding children's emotional development. Some parents may view SEE Learning as non-academic or optional, question the facilitative role of teachers, or remain unclear about the program's purpose and value. Furthermore, both approaches require significant investment in training and resources, and their success depends on cross-sector cooperation and greater openness and trust from families.

Although no comprehensive studies have yet examined parental attitudes toward SEE Learning in Ukraine, preliminary findings – including exploratory research and practitioner observations – suggest the need for greater engagement and clearer communication (Elkin et al., 2025). Integrating SBFC may offer a strategic solution to this gap. SBFC can facilitate dialogue between schools and families, build emotional literacy, and reinforce SEE Learning's principles. Together, these approaches offer a synergistic model for supporting student well-being. Both SEE Learning and SBFC emphasize preventive, whole-school strategies that nurture emotional and ethical development. While SEE Learning offers a structured, curriculum-integrated approach within daily classroom instruction, SBFC complements this by integrating both school-wide prevention and targeted, responsive support tailored to individual

student and family needs. Their integration can lead to a more robust, inclusive, and sustainable system for promoting well-being and emotional development in Ukrainian schools.

Conclusions

The five-year national experiment on the implementation of Social, Emotional, and Ethical Learning (SEE Learning) in Ukraine has confirmed its significant positive impact on students' emotional well-being, the development of social-emotional competencies, and the creation of a positive and supportive school climate. Even under the crisis conditions of war, SEE Learning has enabled children to better understand and regulate their emotions, develop compassion, and adapt to rapidly changing circumstances.

Despite these successes, several challenges remain – particularly limited parental involvement, often due to time constraints, lack of awareness, or skepticism about the value of social-emotional education. Addressing this gap requires greater investment in strategies that engage families more effectively in the learning process.

In this regard, integrating SEE Learning with School-Based Family Counseling (SBFC) offers a promising path forward. SBFC focuses on building strong school-family partnerships, supporting students' academic and emotional development, and creating a systemic approach to child well-being. Importantly, the SBFC metamodel incorporates not only targeted, family-centered support, but also school-wide and classroom-based prevention efforts through its School Prevention quadrant. The synergy between SEE Learning's universal, preventive framework and SBFC's multi-tiered approach ensures that prevention is addressed not only through curriculum, but also through systems-level practices involving teachers, families, and leadership. This integration can help overcome existing implementation challenges – particularly in relation to parental engagement and individualized support for vulnerable students – while fostering a sustainable and inclusive culture of well-being in Ukrainian schools.

However, for the full-scale implementation of SBFC in Ukraine, the development of specialized training programs, access to localized resources, and sustained methodological support are essential. A strategic next step involves training future SBFC consultants from among Ukrainian educators – particularly those already engaged in SEE Learning. This would require deeper understanding of the SBFC framework, training within the EdCamp Ukraine team and by the team, translation and contextual adaptation of existing materials, consultant

training for educators and parents, and ongoing supervisory support during implementation. Just as importantly, this implementation effort should recognize and strengthen the essential role that teachers play in implementing SBFC practices – as classroom-based facilitators, collaborators with counselors, and key links between schools and families.

In conclusion, the integration of SEE Learning and SBFC can lay the foundation for a comprehensive, sustainable emotional support system in Ukrainian schools. This approach not only facilitates students' adaptation to present-day challenges but also fosters resilience, empathy, and responsibility – skills that are crucial for academic success, personal growth, and long-term societal recovery. These findings demonstrate the feasibility and necessity of scaling SEE Learning and implementing SBFC as key components of Ukraine's post-war educational transformation.

References

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press. https://doi.org/10.2307/j.ctv26071r6

Center for Contemplative Science and Compassion-Based Ethics. (2019). *Social, emotional and ethical learning: Educating the heart and mind*. Emory University. ISBN 978- 0-9992150-3-6

Collaborative for Academic, Social, and Emotional Learning. (2025). *SEE Learning*. CASEL Program Guide. https://pg.casel.org/see-learning/

Dehtiarova, O., Drozhzhyna, T., Kaluzhna, H., Dolhova, D., Tverdokhlib, O., Kharchenko, N., & Dmytrenko, S. (2023a). *Ya (praktykuiu) SEEHN: Posibnyk dlia roboty z batkivstvom: Navchalno-metodychnyi posibnyk* [I practice SEE Learning: A guide for working with parents: Educational and methodological manual] (O. Elkin, O. Marushchenko, & O. Masalitina, Eds.; 2nd ed.). TOV "Inzhynirynh." https://www.edcamp.ua/en/seelukraine-en/practice-see-learning/

Dehtiarova, O., Drozhzhyna, T., & Tverdokhlib, O. (2023b). *Ya (praktikuiu) SEEHN: Rekomendatsii dlia zdiisnennia formuval'noho otsiniuvannia navchal'nykh dosiahnenn' uchnivstva iz SEEHN* [I (practice) SEE Learning: Recommendations for implementing formative assessment of students' achievements in SEE Learning]. (O. Elkin, O. Marushchenko, & O. Masalitina, Eds.; 2nd ed.). TOV "Inzhynirynh." Available at https://www.edcamp.ua/en/seelukraine-en/practice-see-learning/

Dehtiarova, O., Drozhzhyna, T., Kaluzhna, H., Podoliak, O., & Tverdokhlib, O. (2023c). *Ya (praktikuiu) SEEHN: Posibnyk dlia stvorennia profesiinoi spil'noty: navchal'no-metodychnyi posibnyk* [I (practice) SEE Learning: A guide for creating a professional community]. (O. Elkin, O. Marushchenko, & O. Masalitina, Eds.; 2nd ed.). TOV "Inzhynirynh." Available at https://www.edcamp.ua/en/seelukraine-en/practice-see-learning/

Disastershock Educator Collaboration Team. (2021). *Disastershock: How schools can cope with the emotional stress of a major disaster. A manual for principals and teachers.* Institute for School-Based Family Counseling. https://www.disasterhealingresources.org/_files/ugd/e85353_3b1aecadb21b47dfad05c6d62d659e7f.pdf

Drozhzhyna, T., Elkin, O., Zhurba, K., Marushchenko, O., & Masalitina, O. (2022a). *Kurs za vyborom "Sotsial'no-emotsiine ta etychne navchannia" (Sotsial'na ta zdoroviazberezhuval'na osvitnia haluz'): Model'na prohrama 1-2 klasiv zakladiv zahal'noi serednioi osvity* [Elective course "Social, emotional and ethical learning" (Social and health-preserving educational field): Model program for 1st and 2nd grades of general secondary education institutions]. Ministry of Education and Science of Ukraine. Available at https://www.edcamp.ua/en/seelukraine-en/practice-see-learning/

Drozhzhyna, T., Elkin, O., Zhurba, K., Marushchenko, O., & Masalitina, O. (2022b). *Kurs za vyborom "Sotsial'no-emotsiine i etychne navchannia" (Sotsial'na ta zdoroviazberezhuval'na osvitnia haluz'): Model'na prohrama 3-4 klasiv zakladiv zahal'noi serednoi osvity* [Elective course "Social, emotional and ethical learning" (Social and health-preserving educational field): Model program for 3rd and 4th grades of general secondary education institutions]. Ministry of Education and Science of Ukraine. Available at https://www.edcamp.ua/en/seelukraine-en/practice-see-learning/

Drozhzhyna, T., Elkin, O., Zhurba, K., Marushchenko, O., & Masalitina, O. (2022c). *Kurs za vyborom "Sotsial'no-emotsiine ta etychne navchannia" (Sotsial'na ta zdoroviazberezhuval'na osvitnia haluz'): Model'na prohrama 5-6 klasiv zakladiv zahal'noi serednoi osvity* [Elective course "Social, emotional and ethical learning" (Social and health-preserving educational field): Model program for 5th and 6th grades of general secondary education institutions]. Ministry of Education and Science of Ukraine. Available at https://www.edcamp.ua/en/seelukraine-en/practice-see-learning/

EdCamp Ukraine. (2022a, November 24). *Ilene Naomi Rusk. Neiroplastychnist – shcho tse i yak rozvyvaty. Toloka stiikosti* [Ilene Naomi Rusk. Neuroplasticity: What it is and how to develop it. Resiliency Toloka] [Video]. YouTube. https://youtu.be/0494hB5oTa0

EdCamp Ukraine. (2022b, December 6). *Poslannia nadii vid Braiana Jerrarda* [A message of hope from Brian Gerrard] [Video]. YouTube. https://youtu.be/gQr0nvkvkt0

EdCamp Ukraine. (2023, April 13). *Toni Nemia. Kotyky, trymaiemos i zmitsniuiemos cherez osvitu. Toloka stiikosti* [Toni Nemia. Darlings, let's hold on and strengthen through education. Resiliency Toloka] [Video]. YouTube. https://youtu.be/OrALyZX8XuY

Elkin, O., Marushchenko, O., Masalitina, O., Drozhzhyna, T., & Zhurba, K. (2022). *Sotsial'no-emotsiine ta etychne navchannia: Formuvannia i rozvytok m'iakykh navychok, stiikosti, uvahy ta podolannia travmy, 7-9 klasy (kurs za vyborom)* [Social, emotional and ethical learning: Developing soft skills, resilience, attention, and trauma coping, 7th and 9th grades (elective course)]. Ministry of Education and Science of Ukraine. Available at https://www.edcamp.ua/en/seelukraine-en/practice-see-learning/

Elkin, O., Marushchenko, O., Masalitina, O., Rasskazova, O., Drozhzhyna, T., & Zhurba, K. (2023). Civil society organisations transforming teacher professional development:

Social, emotional and ethical learning in wartime Ukraine. *European Journal of Education*, *58*(4), 595–610. https://doi.org/10.1111/ejed.12596

Elkin, O., Zhurba, K., Martyniuk, O., Smirnova, E., & Khromenko, I. (2024a, October 25). *Rezultaty eksperymentu z uprovadzhennia SEEHN* [Results of the SEE Learning implementation pilot]. EdCamp Ukraine. Presentation at the *Point of Resiliency 2024 National (Un)conference* [Video]. YouTube. https://youtu.be/i8oNslubtvU

Elkin, O., Marushchenko, O., Bychko, H., Tereshchenko, V., Mazorchuk, M., Vakulenko, T., Kovalchuk, H., & Valevska, N. (2024b). *Natsional'nyi zvit za rezul'tatamy mizhnarodnoho doslidzhennia sotsial'no-emotsiinykh navychok (DoSEN) v Ukraini (2022–2024) [National report on the results of the International Survey on Social and Emotional Skills (SESS) in Ukraine (2022–2024)]: Volume 1*. EdCamp Ukraine. Available at https://dosen.edcamp.ua/rezultaty/

Elkin, O., Marushchenko, O., Rasskazova, O., Hrynko, V., Drozhzhyna, T., & Kaluzhna, H. (2025). Building an effective SEE Learning programme in Ukraine: The key role of family-school partnership. *Journal of Psychologists and Counsellors in Schools, 35*(1), 26–38. https://doi.org/10.1177/20556365251321119

Frazier, T., Rosenstein, S., Marushchenko, O., Valevska, N., Elkin, O., & Drozhzhyna, T. (in press). The effects of a school-based social-emotional and ethical learning program on the well-being of Ukrainian classrooms in the context of war. *Conflict and Health.*

Gerrard, B. (2008). School-based family counseling: Overview, trends, and recommendations for future research. *International Journal for School-Based Family Counseling*, *I*(1), 1–30.

Gerrard, B. & Soriano, M. (Eds.). (2013). *School-based family counseling: Transforming family-school relationships*. Createspace.

Gerrard, B., Carter, M., & Ribera, D. (Eds.). (2020). *School-based family counseling: An interdisciplinary practitioner's guide*. Routledge.

Gerrard, B. (2022). Promoting child, family, and school well-being: A school-based family counseling approach. In S. Deb & B. Gerrard (Eds.). *Handbook of health and well-being: Challenges, strategies, and future trends.* Springer. https://doi.org/10.1007/978-981-16-8263-6

Gerrard, B., Hernandez, E., & Deb, S. (Eds.). (2023). *School-based family counseling for crisis and disaster: Global perspectives.* Routledge.

Hrynevych, L., Drozhzhyna, T., Hloba, O., Zaplotynska, O., Elkin, O., Yehorova, O., Kaluzhna, H., Marushchenko, O., Masalitina, O., Kharchenko, N. (2021). *Analitychnyi ohliad Mozhlyvosti dlia realizatsii sotsialno-emotsiinoho navchannia v ramkakh reformy Nova ukrainska shkola* [Feasibility study on opportunities for SEL within New Ukrainian School reform – Analytical overview] (L. Hrynevych & S. Kalashnikova, Eds.). Shkilny Svit Publishing Group.

Maksimov, D. (2022). Transformation of mental trauma in children using the Hibuki-therapy method. *Psychological Journal*, *8*(3), 18-26. https://doi.org/10.31108/1.2022.8.3.2

Miller-Karas, E., Dehtiarova, O., Drozhzhyna, T., Kaluzhna, H., Dolhova, D., Kondratenko, O., & Slipchenko, V. (2023). *Ya (praktykuiu) SEEHN: Posibnyk dlia batkivstva: Navchalno-metodychnyi posibnyk* [I practice SEE Learning: A guide for parents:

Educational and methodological manual]. (O. Elkin, O. Marushchenko, & O. Masalitina, Eds., 2nd ed.). TOV "Inzhynirynh."

Ministry of Education and Science of Ukraine (2019). *Pro provedennia eksperymentu vseukrainskoho rivnia za temoiu "Orhanizatsiino-pedahohichni umovy formuvannia v uchniv miakykh navychok shliakhom sotsialno-emotsiinoho ta etychnoho navchannia" na bazi zakladiv zahalnoi serednioi osvity Ukrainy na lystopad 2019 – hruden 2024 rokiv* [On conducting a nationwide experiment titled "Organizational and pedagogical conditions of developing soft skills in students through social, emotional, and ethical learning" in general secondary schools of Ukraine from November 2019 through December 2024] Order of the Ministry of Education and Science No. 1431, Ukraine, 18 November 2019. https://mon.gov.ua/storage/app/media/news/Новини/2019/11/19/1431-vid-18112019.pdf

OECD. (2024). *Nurturing social and emotional learning across the globe: Findings from the OECD survey on social and emotional skills 2023*. OECD Publishing. https://doi.org/10.1787/32b647d0-en

Roeser, R. W. (2019). *Educating the head, the heart and the hand in the 21st century: Notes from India and the United States*. The Blue DOT, Issue 10. UNESCO MGIEP. https://unesdoc.unesco.org/ark:/48223/pf0000369079

Seale, J., & Schoenberger, N. (2018). Be Internet Awesome: A critical analysis of Google's child-focused internet safety program. *Emerging Library & Information Perspectives, 1*(1), 45–60. https://doi.org/10.15353/elip.v1i1.366

VoxPopuli Agency, & International Charitable Foundation savED. (2024, February 10). *War and education: Two years of full-scale invasion. Report.* Retrieved from https://mon.gov.ua/static-objects/mon/sites/1/news/2024/02/10/Report.War.and.education.Two.years.of.full.scale.invasion.2024.eng-10.02.2024.pdf

Yefimtseva, H. (2024). *Prostir stiikosti: Stvoriuiemo mistse dlia vidpochynku ta vidnovlennia: Praktychnyi poradnyk* [Resilience Space: Creating a place for rest and recovery: A practical guide] (O. Elkin & O. Marushchenko, Eds.). EdCamp Ukraine. Available at

https://www.edcamp.ua/en/seelukraine-en/practice-see-learning/

Once the Bell Rings: Providing Effective and Socially Valid Supports for At-Risk Students with Gang Affiliation

Nakisha S. Randolph. University of South Carolina

ABSTRACT

Students with gang affiliations face multifaceted challenges that demand a comprehensive, culturally responsive, and socially valid approach to intervention. Schools serve as crucial institutions in mitigating gang involvement by fostering strong, trustworthy relationships, implementing targeted interventions, and collaborating with community organizations. Research indicates that early identification, sustained mentorship, and structured social-emotional learning (SEL) initiatives significantly reduce gang affiliation among youth (Durlak, Weissberg, & Pachan, 2010). Additionally, trauma-informed educational practices, restorative justice approaches, and vocational training programs provide alternative pathways for students at risk of gang involvement (Thornberry & Krohn, 2003). Schools must develop policies and programs that acknowledge the diverse sociocultural backgrounds of students, ensuring that intervention strategies align with students' lived experiences and unique needs. The school system should not merely act as a reactive force against gang activity but should proactively serve as a haven of growth, opportunity, and resilience. This paper underscores the necessity of creating inclusive educational environments where students can thrive academically, socially, and emotionally. Through the lens of existing research, the aim of the work in this paper, advocates for an integrated framework that positions schools as key agents in gang prevention and intervention efforts. The discussion highlights the importance of culturally responsive practices, early intervention, school-based family counseling and the need for schools to serve as safe, nurturing environments for students vulnerable to gang influences.

Introduction

Gang affiliation among youth significantly impacts schooling, disrupting academic performance, student behavior, and social integration. Many students with gang ties experience marginalization, stigmatization, and emotional distress, which hinder their engagement in school activities and increase their risk of school dropout (Esbensen & Osgood, 1999). According to the US Department of Education's School of Crime and Safety Report (2021), approximately 2% of the US students aged 12-18 report current gang membership. Research suggests that students join gangs due to socio-economic hardships, peer influences, family dynamics, and a lack of access to positive mentorship and structured extracurricular activities (Howell, 2010). Schools play a pivotal role in breaking this cycle by offering robust intervention strategies that focus on prevention, behavioral support, and career readiness. A holistic approach, including mentorship programs, trauma-informed practices, and community engagement, is essential for mitigating gang involvement and fostering long-term student success (Reference?).

The intersection of socio-economic disadvantages and educational disengagement is a critical factor in understanding gang affiliation. Students who experience consistent financial insecurity, unstable housing, and food scarcity are more likely to seek alternative networks of support, often finding solace in gang culture. Gangs provide what traditional social structures—family, school, and employment—may fail to offer: a sense of belonging, financial support, and a defined role within a group (Howell, 2010). However, the tradeoff is steep, with gang-involved youth facing higher rates of incarceration, violence, and premature death (Thornberry & Krohn, 2003). Educational institutions must therefore shift their paradigm from punitive discipline models to restorative, rehabilitative, and preventive approaches that address the root causes of gang involvement.

Factors that Influence Gang Affiliation

There is a heightened susceptibility to gang involvement (Howell &Griffiths, 2018). This complex interplay of individual, familial, peer, school, and community factors leads to consistent predictors of youth gang affiliation (Esbensen & Carson, 2012). Youth involvement in gangs is shaped by a mix of personal, social, and environmental factors that often build on one another. On an individual level, traits like impulsivity or a need for protection can make young people more likely to seek out gang affiliation (DeLisi et al., 2019). Family dynamics

also play a significant role, youth who experience instability at home, exposure to violence, or who have relatives involved in gangs are at greater risk (Howell & Griffiths, 2018). Friends and peer groups are particularly influential during adolescence; when a young person spends time with peers who are already gang-involved, the chances of joining increase significantly (Esbensen & Carson, 2012). Students who struggle academically, feel disconnected from school, or perceive their school environment as unsafe may turn to gangs for a sense of belonging (Pyrooz & Sweeten, 2015). On a broader level, communities with high poverty, weak social ties, and frequent violence create conditions where gang activity becomes a common and sometimes expected part of life (Sharkey et al., 2017). These interrelated factors suggest that youth gang affiliation is not the result of a singular cause but rather the cumulative effect of multiple overlapping vulnerabilities.

Barriers to Educational Success

Students with gang affiliations face several barriers that impede their academic and social development. Negative peer influences often perpetuate cycles of violence and disengagement from school, making it difficult for students to focus on their studies (Durlak et al., 2010). Many gang-affiliated students exhibit a deep mistrust of authority figures, stemming from negative interactions with law enforcement, school discipline policies, and personal experiences of marginalization (Howell, 2010). Additionally, a lack of connection to school culture exacerbates feelings of isolation, leading students to seek belonging in gang networks (Esbensen & Osgood, 1999). Family instability further contributes to gang affiliation, as students with minimal parental supervision or exposure to gang-involved family members are more likely to join gangs themselves (Thornberry & Krohn, 2003). Furthermore, economic disparities increase students' susceptibility to gang recruitment, particularly in neighborhoods with high unemployment rates and limited access to community resources (Howell, 2010). Addressing these barriers requires a multifaceted, research-driven approach that incorporates community collaboration, social-emotional learning, and individualized academic support.

Education systems often fail to acknowledge the deeper psychological and emotional needs of gang-affiliated students. Beyond economic struggles, many of these students have experienced trauma, including exposure to violent crime, domestic abuse, and systemic discrimination (Esbensen & Osgood, 1999). Schools that operate within traditional punitive models of discipline—such as zero-tolerance policies and increased school policing—often exacerbate the problem rather than alleviate it. Research indicates that over-policing of

minority students and the criminalization of behavioral issues lead to higher dropout rates and increased rates of incarceration among at-risk youth (Thornberry & Krohn, 2003). A shift in school culture towards trauma-informed practices, coupled with community-based interventions, is crucial in addressing these challenges.

Multisystemic Therapy Model

Multisystemic Therapy (MST) is an evidence-based, intensive family- and community-based intervention designed to reduce antisocial behavior and criminal involvement among at-risk youth, including those involved in gangs. Behavior is believed to be influenced by multiple systems, such as family, peers, school, and the community (Henggeler, et al., 2009). This model was used in Orangeburg, SC as an intervention to decrease youth gang affiliation. MST is a highly effective, research-backed approach to family counseling for youth involved in gangs. By addressing multiple systems influencing delinquent behavior—including family, peers, school, and community—MST reduces gang involvement, enhances family stability, and promotes long-term social and psychological well-being. By addressing these systems simultaneously, MST aims to strengthen family relationships, reduce criminal behavior, and promote positive social engagement. **MST is shown to reduce recidivism** significantly with violent offenses and rearrest rates among at-risk youth (Henggeler et al., 2009). Research posits an i**mproved family functioning which** leads to improved parental supervision, reduced family conflict, and greater cohesion (Curtis et al., 2004). MST has shown efficacy with increased school attendance and a decrease of school stopout and dropout rates among youth offenders (Howell & Egley, 2005).

MST is grounded in social-ecological theory, which views delinquency as a product of various interacting systems. Key principles include (Henggeler & Sheidow, 2012):

1. **Targeting Risk Factors Across Multiple Systems:** MST therapists work with families, schools, and communities to address risk factors such as poor parenting, negative peer associations, school disengagement, and neighborhood crime.
2. **Using Strength-Based and Empowerment Approaches:** MST builds on family strengths to improve problem-solving skills and decision-making processes.
3. **Providing Intensive, Home-Based Therapy:** MST therapists work directly with families in their homes, ensuring interventions are context-specific and practical.
4. **Promoting Sustainability and Long-Term Change:** MST seeks to equip families with skills that persist beyond the duration of treatment.

Key Components of MST for Gang-Affected Families

1. Family-Focused Interventions

- **Parental Training & Support:** MST therapists teach parents effective discipline techniques, supervision strategies, and ways to establish positive authority in the home (Huey, Henggeler, Brondino, & Pickrel, 2000).

- **Family Therapy:** Addressing intergenerational trauma, conflict resolution, and dysfunctional family dynamics (Curtis, Ronan, & Borduin, 2004).

- **Strengthening Parent-Child Relationships:** Building trust and improving communication within the family (Henggeler et al., 2009).

2. Addressing Negative Peer Influences

- **Disengagement from Delinquent Peers:** Therapists help youth exit gang-affiliated social circles and build positive peer relationships (Dishion & Tipsord, 2011).

- **Community Engagement:** Youth are encouraged to participate in prosocial activities such as sports, mentorship programs, and faith-based initiatives (Howell, 2010).

3. Educational and Vocational Support

- **School-Based Interventions:** MST therapists collaborate with teachers and school counselors to improve school attendance, behavior, and academic performance (Henggeler & Sheidow, 2012).

- **Career and Employment Training:** Providing job-readiness programs to offer alternatives to gang-related income sources (Pyrooz & Decker, 2013).

4. Mental Health and Trauma-Informed Therapy

- **Addressing PTSD and Trauma:** Many gang-involved youth have experienced violence and need trauma-informed cognitive-behavioral therapy (CBT) (Fowler, Tompsett, Braciszewski, Jaques-Tiura, & Baltes, 2009).

- **Substance Abuse Treatment:** MST integrates substance use interventions for youth struggling with addiction (Sheidow, McCart, & Davis, 2016).

5. Community-Based Interventions

- **Collaboration with Law Enforcement:** MST includes restorative justice practices and partnerships with probation officers and community policing initiatives (Esbensen & Peterson, 2012).

- **Reintegration Programs:** Support for youth leaving gangs, including housing assistance, counseling, and life-skills training (Miller, 2001).

Effective School-Based Interventions

One of the most effective school-based interventions for addressing gang affiliation is the integration of Social and Emotional Learning (SEL) programs. SEL enhances students' self-awareness, emotional regulation, and interpersonal skills, equipping them with the tools needed to navigate conflict and peer pressure without resorting to violence (Durlak et al., 2010). Studies have demonstrated that students participating in SEL programs show improved academic performance, reduced behavioral infractions, and a greater sense of school belonging (Durlak et al., 2010). Another critical intervention is the establishment of mentorship programs that connect students with positive adult role models. Research indicates that mentorship significantly reduces students' likelihood of joining gangs by fostering supportive relationships and guiding them toward alternative paths, such as higher education and career training (Thornberry & Krohn, 2003). Trauma-informed educational practices further bolster intervention efforts, as many gang-affiliated students have experienced exposure to violence and chronic stress. Implementing restorative justice initiatives, counseling services, and safe spaces within schools helps students process their experiences while fostering a supportive learning environment (Esbensen & Osgood, 1999).

A shift from punitive disciplinary models to rehabilitative approaches is necessary for meaningful intervention. The school-to-prison pipeline is a growing concern, as students with behavioral challenges are disproportionately funneled out of the education system and into the juvenile justice system (Howell, 2010). Research shows that once students are expelled or suspended, they are more likely to disengage from academic pursuits and become entrenched in criminal activity (Thornberry & Krohn, 2003). By implementing early warning systems that identify at-risk students before they become involved in gangs, educators can provide support that prevents negative outcomes. Programs such as peer mediation, mentorship, and job readiness training have proven successful in offering students alternative pathways to success.

Problem Overview with Orangeburg, SC

Orangeburg,SC, a predominantly rural area, has experienced a surge in youth violence over the past decade, with gang-related crimes, drug activity, and firearm incidents increasing (OrangeburgCounty.Org). According to the Orangeburg County Sheriff, gang-affiliated violence has contributed to higher crime rates, increased school disciplinary issues, and heightened tensions among residents. One of the key drivers of youth violence in Orangeburg is economic hardship. Many young people in the region struggle with poverty, limited access

to educational resources, and a lack of employment opportunities (OrangeburgCounty.Org). These factors contribute to feelings of hopelessness and disengagement from school, making gang involvement an attractive alternative. Another significant issue is intergenerational gang membership. Many youths who join gangs in Orangeburg come from families with a history of gang involvement, criminal activity, or incarceration. These young individuals often see gang membership as a means of survival and social belonging, particularly when faced with unstable home environments (OrangeburgCounty.Org). Additionally, the lack of structured after-school programs and mentorship opportunities has left many at-risk youths vulnerable to recruitment by gangs. Without positive influences and role models, these students are more likely to seek guidance and protection from gang members, further perpetuating cycles of violence.

Orangeburg has implemented school-based intervention programs aimed at identifying at-risk youth early and providing preventative resources. Schools within the Orangeburg County School District have worked to establish behavioral intervention teams that monitor academic performance, attendance patterns, and disciplinary infractions to flag students who may be vulnerable to gang recruitment (OrangeburgCounty.Org). Additionally, restorative justice practices have been introduced to reduce suspensions and expulsions that may otherwise push students further into gang affiliation. Schools are prioritizing conflict resolution programs, peer mediation initiatives, and mental health support services to address the root causes of student aggression and violence.

The Orangeburg County Sherriff's Office Gang (OSCO) Awareness program focused on establishing intentional relationships with youth, parents, teachers, school personnel and churches through gang prevention education, and trusting relationships. OCSO gang prevention education modeled some aspects of the Gang Resistance Education and Training (G.R.E.A.T.)initiative recruitment (Esbensen et al., 2011) which teaches students conflict resolution skills, decision-making strategies. Another component which accompanied their Gang Awareness program was school-based trauma-focused education, led by a licensed marriage and family therapist. Key implications from the rollout of gang prevention and trauma focused education included:

1. Ongoing mental health support to youth and their families:
    o   Mental health interventions must be tailored to the unique needs of at-risk youth, particularly those who have experienced trauma and gang-related violence.
2. School-based Intervention

- o Wraparound supports that provide training for school personnel on gang awareness and identification. Building safe spaces for students and their families to receive support and resources (i.e. afterschool programs, promotion of extracurricular activities, parent engagement workshops).
3. Strengthening After-School and Job Readiness Programs
    - o Expanding vocational training, job internships, and extracurricular activities can provide healthy alternatives to gang involvement and improve long-term economic prospects for at-risk youth.
    - o Do you have data regarding this project? Was there an evaluation of the project?

Youth Violence in Orangeburg, South Carolina

Orangeburg, South Carolina has experienced persistently high levels of youth-involved gang violence over the past decade. In recent years the county recorded one of the highest violent crime rates in the state, at approximately 143 violent crimes per 10,000 residents in 2023 (OrangeburgCounty.Org). The incidence of homicides spiked with 31 murders in 2022, before a concerted law enforcement crackdown helped reduce the number to 17 in 2023 (OrangeburgCounty.Org). Within the City of Orangeburg, violent offenses have climbed sharply, the city saw a 16% increase in violent crime from 2020 to 2021 alone, reaching 255 reported violent incidents in 20212023 (OrangeburgCounty.Org). Much of this violence is linked to youth gangs and the drug trade; for example, a 2024 after-prom party in Orangeburg turned deadly when three teenagers recklessly opened fire into a crowd, killing a 17-year-old student and resulting in murder charges against the teen suspects. Drug-related gang activity is also a major concern, as illustrated by a June 2025 raid in which Orangeburg County deputies seized over 1.5 kg of marijuana, nearly 0.5 kg of cocaine (crack and powder), large quantities of THC products, and multiple firearms a haul that led to three arrests for trafficking 2023 (OrangeburgCounty.Org). These statistics underscore a troubling trend of lethal violence and narcotics offenses involving young people in the Orangeburg area over the past ten years.

Socioeconomic and Environmental Contributing Factors

Analysts and officials point to deep-rooted social and economic factors in Orangeburg that contribute to youth gang violence. Poverty is a critical underlying issue: as of 2020, about 23.1% of Orangeburg County residents lived below the federal poverty line, including a staggering 34.9% of children – far above the statewide averages 2023 (OrangeburgCounty.Org). Orangeburg's communities also contend with limited economic

opportunities and deteriorating social conditions that can fuel gang recruitment. Many parents are stretched thin working long hours to make ends meet, leaving fewer resources to supervise or engage their children, especially after school (South Carolina Department of Juvenile Justice, 2025).. This lack of adult oversight and structured activity creates an opening for gangs to influence idle youth. Additionally, local officials observe that certain neighborhoods suffer from a transient population and weak community cohesion – areas with predominantly rental housing and short-term residents tend to have higher crime and a "disconnected environment" where residents are less invested in preventing violence. The confluence of high child poverty, family strain, and neighborhood instability in Orangeburg forms a breeding ground for youth involvement in gangs, drug activity, and violent behavior (South Carolina Department of Juvenile Justice, 2025).

Need for Youth-Focused Intervention and Prevention Programs

The escalation of youth gang violence in Orangeburg has highlighted the urgent need for proactive intervention and prevention programs targeting children and teenagers (South Carolina Department of Juvenile Justice, 2025). Law enforcement leaders emphasize that simply arresting gang-involved youth is not a sufficient or sustainable solution. "It's not about how many people we take to jail," one Orangeburg County deputy explained, "but about giving our children resources" to steer them away from gang. Many violent incidents have revealed gaps in youths' conflict-resolution skills and emotional support, for instance, local faith leaders noted that adolescents are often not being taught how to handle disputes without resorting to violence. This points to the importance of early interventions that build life skills and provide positive alternatives before youths become deeply involved in gang culture. Orangeburg authorities have accordingly set up specialized units focused on youth crime prevention (South Carolina Department of Juvenile Justice, 2025). The city's Department of Public Safety operates a Juvenile Services Unit that works closely with social services and juvenile justice agencies, aiming to identify at-risk youths early and divert them from criminal paths (South Carolina Department of Juvenile Justice, 2025). School-based initiatives are also key: by placing School Resource Officers in local schools to mentor students and address issues like fighting or drug use before they escalate, officials hope to create a safer, more supportive environment for young people. Overall, the consensus in Orangeburg is that robust prevention efforts from mentoring and counseling to education on gang dangers – are essential to reducing youth violence in the long run.

Community and Faith-Based Efforts to Combat Gang Violence

Grassroots and faith-based organizations in Orangeburg have mobilized to counteract gang violence and reclaim the community. In October 2024, local activists and parents organized a "Live in Peace Youth Summit" at Claflin University, an event explicitly focused on youth violence prevention. Spearheaded by the South Carolina chapter of *Voices of Black Mothers United*, a national network of mothers who have lost children to violence (Voices of Black Mothers United, 2024). The summit brings together families/Black mothers who have lost their children to violence. As part of a National Day of Concern about Young People and Gun Violence local faith leaders have been particularly active in these efforts. Pastors from Orangeburg's churches regularly convene community meetings and prayer vigils to address gang-related crime, seeking to heal divisions and offer hope (OrangeburgCounty.Org). These faith-based initiatives often partner with civic groups, for example, annual anti-violence marches and candlelight memorials for slain youth are organized to both honour victims and rally residents against gang activity. Through mentorship programs, sports leagues, and outreach by church youth ministries, the Orangeburg community is striving to provide its young people with positive role models and a sense of belonging outside of gangs. Addressing youth gang violence in Orangeburg has proven to be a complex challenge, but the past decade offers lessons that can guide future strategies. Building on that precedent, local officials today recognize that long-term success requires both strong enforcement and robust school and community intervention. Medical University of South Carolina began extending services to Orangeburg, identifying young shooting or stabbing victims treated at the local trauma center and connecting them with counseling, social support, and follow-up care to prevent retaliation or reinjury (OrangeburgCounty.Org).

Such efforts reflect a growing understanding that youth violence is as much a public health issue as a criminal justice problem. Going forward, Orangeburg's leaders and residents are looking to a holistic model of gang violence reduction – one that combines vigilant law enforcement with investment in youth opportunities, education, and economic development. This means strengthening after-school and summer programs, job training and apprenticeship opportunities for teenagers, and family support services in high-poverty neighborhoods (OrangeburgCounty.Org. It also means continuing to foster trust and cooperation between the community and police, so that information about gang activity can be shared and interventions deployed before crimes occur.

Conclusion

At-risk youth are increasingly vulnerable to gang affiliation due to socio-economic challenges, isolation, and a lack of access to opportunities and support systems. While the impacts of gang involvement on rural communities are significant, targeted interventions can help reduce gang activity and provide youth with healthier, more productive alternatives. Schools, community organizations, and law enforcement must collaborate to develop comprehensive prevention and intervention strategies that address the unique challenges faced by at-risk youth. Implementing multi-systemic therapy for families also provides significant support to process trauma and other mental health concerns. A holistic approach in Orangeburg County to intervene with at-risk youth has made important strides in the reduction of gang activity. However, there is still more work to be done in order to implement restorative safe practices for at-risk youth.

References

Curtis, N. M., Ronan, K. R., & Borduin, C. M. (2004). Multisystemic treatment: A meta-analysis of outcome studies. *Journal of Family Psychology, 18*(3), 411-419.

DeLisi, M., Vaughn, M. G., Beaver, K. M., & Wright, J. P. (2019). *The development of criminal and antisocial behavior: Theory, research and practical applications*. Springer.

Dishion, T. J., & Tipsord, J. M. (2011). Peer contagion in child and adolescent social and emotional development. *Annual Review of Psychology, 62*(1), 189-214.

Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of after-school programs that promote personal and social skills in children and adolescents. *American Journal of Community Psychology, 45*(3-4), 294-309.

Esbensen, F. A., & Carson, D. C. (2012). Who are the gangsters? An examination of the age, race, sex, and risk factors of gang membership. *Journal of Crime and Justice*, 35(1), 1–18. https://doi.org/10.1080/0735648X.2011.631210

Esbensen, F. A., & Osgood, D. W. (1999). Gang resistance education and training (GREAT): Results from the national evaluation. *Journal of Research in Crime and Delinquency, 36*(2), 194-225.

Esbensen, F. A., & Peterson, D. (2012). Youth violence: Programs and strategies for prevention. *Criminology & Public Policy, 11*(3), 451-454.

Esbensen, F. A., Peterson, D., Taylor, T. J., & Osgood, D. W. (2011). How great is G.R.E.A.T.? Results from a longitudinal quasi-experimental design. *Criminology & Public Policy, 10*(4), 963-994.

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). *Multisystemic therapy for antisocial behavior in children and adolescents*. Guilford Press.

Henggeler, S. W., & Sheidow, A. J. (2012). Empirically supported family-based treatments for conduct disorder and delinquency in adolescents. *Journal of Marital and Family Therapy, 38*(1), 30-58.

Howell, J. C. (2010). *Gang prevention: An overview of research and programs*. Juvenile Justice Bulletin.

Howell, J. C., & Griffiths, E. (2018). *Gangs in America's communities* (3rd ed.). Sage Publications.

Howell, J. C., & Egley, A. (2005). Moving risk factors into developmental theories of gang membership. *Youth Violence and Juvenile Justice, 3*(4), 334-354.

Huey, S. J., Henggeler, S. W., Brondino, M. J., & Pickrel, S. G. (2000). Mechanisms of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting and Clinical Psychology, 68*(3), 451-467.

Miller, J. (2001). *One of the guys: Girls, gangs, and gender*. Oxford University Press.

National Center for Education Statistics. (2022). Students' Reports of Gangs at School. *Condition of Education*. U.S. Department of Education, Institute of Education Sciences. Retrieved [date], from https://nces.ed.gov/programs/coe/indicator/a08.

Orangeburg County Sheriff's Office. (n.d.). *Community outreach and youth programs*. https://orangeburgcounty.org

Pyrooz, D. C., & Decker, S. H. (2013). Motives and methods for leaving the gang: Understanding the process of gang desistance. *Journal of Criminal Justice, 41*(5), 277-284.

Pyrooz, D. C., & Sweeten, G. (2015). Gang membership between ages 5 and 17 years in the United States. *Journal of Adolescent Health*, 56(4), 414–419. https://doi.org/10.1016/j.jadohealth.2014.11.018

Sharkey, P., Torrats-Espinosa, G., & Takyar, D. (2017). Community and the crime decline: The causal effect of local nonprofits on violent crime. *American Sociological Review*, 82(6), 1214–1240. https://doi.org/10.1177/0003122417736289

Sheidow, A. J., McCart, M. R., & Davis, M. (2016). Multisystemic therapy for emerging adults with serious mental health conditions and justice involvement. *Cognitive and Behavioral Practice, 23*(3), 356-367.

Thornberry, T. P., & Krohn, M. D. (2003). *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies*. Springer.

Voices of Black Mothers United. (2024, October). *Live in Peace Youth Summit at Claflin University*. Retrieved from https://abcnews4.com

Transforming Interprofessional Collaboration Through Enhancing Teacher-Provider Partnership

Stacy A. Gherardi, PhD., New Mexico State University

ABSTRACT

Effective mental and behavioral health support for children requires robust collaboration between schools, families, and providers, though research and practice have often focused on school-family and provider-family relationships to the exclusion of provider-school collaboration. This presentation seeks to 1) address the knowledge and practice gaps in this area, 2) highlight how meaningful partnerships between teachers and providers can enhance School-Based Family Counseling, and 3) describe a model for effective teacher-provider partnerships. Drawing on personal experiences and qualitative data from informal discussions—known informally in Spanish as pláticas— with teachers in New Mexico, we highlight common challenges, misconceptions, and misperceptions that arise in teacher-provider collaboration and present a model for addressing these issues. Findings illuminate the foundations of successful partnerships, identify common obstacles to avoid, and outline practical skills to employ, particularly focusing on adapting family and client engagement skills for teacher-partners. These findings have critical implications for improving interprofessional collaboration within the School-Based Family Counseling (SBFC) model, ensuring that holistic mental health interventions effectively engage both school and family partners.

Introduction

School-based mental health exists in the interstitial space between education and behavioral health (Phillippo & Blosser, 2013). The School-Based Family Counseling (SBFC) Model (Gerrard, 2008) highlights the necessary bi-directional relationships between providers and children, providers and families, and providers and schools as essential for successful outcomes. While the need to build effective, empathetic, and reciprocal relationships with families is well-documented and understood, the relationship between providers and schools is undertheorized. Importantly, in discussing provider-school relationships, we are typically referring to relationships between providers and teachers given the centrality of teachers in everything that happens for students at schools (Gherardi et al., 2022). Knowing this, the

success of school-based mental health interventions and the capacity to implement the SBFC model is often dependent on the quality of collaboration between providers and teachers. Despite this reality, there is little attention paid in research or practice to building the structures and skills necessary for effective teacher-provider partnerships.

Recent studies have exposed existing gaps in effective collaboration between school-based mental health providers and teachers (Gillespie, 2022). These providers may include school social workers, school counselors, school psychologists, or other school-based therapists; while their titles may vary, many of the challenges they face in effectively engaging with teachers as collaborative partners in the treatment process are shared. Stone and Charles (2018) found a notable asymmetry in how different professionals view their collaborative relationships. Specifically social workers were more likely to identify teachers as collaborative partners than teachers were to recognize social workers as collaborators. This disparity raises important questions. Anyone who has spent time in schools recently has witnessed pleas for more mental health providers and more help with student mental health. Why, then, do educators not view these providers as collaborators? The lack of desire or need for collaborative partnerships is not the issue, but rather that existing relationships between providers and educators frequently lack reciprocity.

The complexity of school-based mental health service delivery requires a nuanced understanding of both the barriers to effective collaboration and the tools that can support successful partnerships. Considering this reality, there is a substantial need to articulate and address barriers to and skills for building more reciprocal and effective teacher-provider partnerships. Calling upon conclusions from existing literature and exploratory analysis of teacher perspectives gained through interviews and informal "pláticas" (chats) with teachers in the Southwest United States, this paper seeks to articulate challenges and opportunities increasing reciprocity and transforming interprofessional collaboration through enhancing teacher-provider partnership.

Literature Review

Despite their centrality to the success of school-based mental health and the SBFC model, teacher-provider partnerships have been undertheorized and understudied. As such, teacher-provider relationships are often characterized by lack of mutual understanding, competing priorities, or ineffective communication. Below we review existing literature which does explore teacher-provide collaboration to draw key conclusions from current research and inform the subsequent analysis.

Teacher-Provider Collaboration

Research from the mid-2000's in the field of school social work explored the issue of school social worker collaboration, identifying four broad patterns of collaboration that characterized providers (Berzin et al., 2011). These included: 1) *Non-collaborators* who worked primarily in isolation, focusing on direct service delivery without significant engagement with school staff, 2) *System-level specialists* who focused on connecting students and families to resources, 3) *Consultants* who offered support and guidance to teachers and other school staff to support students, and 4) *Well-balanced collaborators* who engaged in a wide range of reciprocal collaborative activities, maintaining both direct service provision and robust partnership with school staff. They found that while most providers engaged in some form of collaboration, few engagements qualified as well-balanced. Other collaborative approaches typically fell short, either by failing to establish robust connections between schools and communities or by limiting the potential for deeper impact within the school environment itself.

More recently, Testa (2023) explored collaboration between teachers, psychologists, and social workers in Australia. While they found that collaboration strengthened policies, programs, and practices, they also noted that providers tended to focus on intensive or individualized interventions at the expense of supporting teachers and schools to implement targeted or universal approaches.

Barriers to Effective Partnerships

It is critical to consider the ways in which school-based mental health provider roles are crafted and understood by others. The lack of clarity around the roles of many school-based mental health providers has been identified as a barrier to effective interprofessional partnerships. Kelly and colleagues (2016) found that teachers frequently express uncertainty about the functions of social workers within the school environment. Importantly, much of this lack of role clarity was due to the reality that the work of providers was often invisible to teachers. Consequently, teachers often lacked clarity regarding the specific nature of providers' work with students. Without intentional efforts by providers to clarify and mark their roles visible, the lack of transparency inhibited effective collaboration and constrained the potential impact of mental health services.

Role clarity has clear implications for the potential impact that issues of hierarchy or jurisdiction play in teacher-provider collaboration. Isakson and Larsson (2017) noted that

teachers and school social workers readily agreed on the need for services but presented with significant different expectations for what those services should entail. They employed the term *jurisdiction* to explore the ways in which a struggle for power within the educational space can often characterize interactions between teachers and providers. Such hierarchies and power struggles, often the result of poor role clarity, limited visibility, and different professional cultures, exert a substantial negative influence on partnership and limit effective collaboration.

Methods

This paper seeks to add to existing literature asserting the centrality and challenges of effective teacher-provider collaboration through exploring the voices of teachers as they articulate their experiences with school-based mental health services. The researcher led a year-long project in which they spent several hours each week at one elementary school in a large urban center in the Southwest United States. The school served diverse population (65% Hispanic, 20% Caucasian, 2.6% Black, 5.3% Native American, and 3% multi-racial) in which 100% of students were reported as qualifying for free or reduced lunch and 27% of students were chronically absent. The school had expressed an interest in developing trauma-informed practices across their classrooms and systems. The researcher was there to provide training and ongoing consultation in this area while collecting data about the school's response to the training and consultation.

This project utilized an ethnographic approach to data collection and analysis with the researcher serving as a participatory member of the community. Specifically, the project employed a critical ethnographic approach in which the researcher approaches a community not only as a subject of interest but as partners in advancing collective interests (Foley & Valenzuela, 2005). As such, the project served a dual aim of understanding educator responses to the implementation of trauma-informed practices while also gaining deep insight into their experiences and needs in this area in order to collectively identify solutions and meet needs.

While a wide range of data was collected over the year including observations and online surveys, one component of the project involved engaging in regular pláticas or chats with teachers about the successes and challenges they were encountering in implementing trauma-informed practices. Pláticas are "both a method and a methodology" (Fierros & Bernal, 2016). In this project, they served as opportunities for data gathering, relationship building, and providing support (Gherardi & Stoner, 2024).

Not all teachers participated, and participation was entirely optional. Teachers were free to come and chat and have a coffee as they were available on designated days, while additional pláticas occurred informally following classroom observations or other encounters with the researcher. Over the course of the year, the researcher had personal contact with 17 out of 38 teachers. Given the nature of the project and methodology, personal information about participants was not associated with their responses or considered in analysis as analysis was focused on collective experiences.

Key topics and key quotations which reflected these topics were recorded by the researcher following the interaction and compiled for analysis on a weekly basis. At the conclusion of the project, topics identified each week were later coded and codes were consolidated to articulate key themes that emerged from pláticas. While the researcher conducted the coding, final themes were reviewed by a research assistant for coherence, resulting in an interactive process of collaborative refinement prior to a final articulation of identified themes. While pláticas covered many different topics relating to the project aims, issues specific to the need for and challenges to effective collaboration with mental health providers commonly arose; these issues and associated themes are the focus of this paper Within the wide range of topics identified over the year, five key themes relating to teacher-provider collaboration were identified.

Findings

Five key themes relating to barriers to collaboration emerged from pláticas. These included conflict over confidentiality; constraints of time and space; competing priorities and expectations; unclear professional identity and roles; and differences in knowledge and skills. Below we describe these themes, sharing the voices of teachers who articulated them.

Conflict Over Confidentiality

One of the most significant challenges in teacher-provider partnerships comes from the tension many providers experience in adhering to confidentiality requirements while maintaining effective communication. The boundaries between privacy as a legal requirement, an ethical imperative, and a practical matter are often blurred in the school setting. Mental health providers often enter collaborative relationships with teachers from a clinical perspective in which the sphere of communication is much more limited. Consequently, providers may not see communication with teachers as imperative to treatment. However, this perspective can lead to friction with teachers, who spend substantial amounts of time with students and often

feel they require more information to provide appropriate support. Frustration around provider assertions that student information was confidential in light of their own perceived need to know was frequently expressed by teachers in pláticas and observations.

As one teacher explained, "I get that things are private - but I have them all day. How am I supposed to do the right thing if I don't know what's going on?" While the principle of confidentiality allows for information sharing with those who have a "legitimate educational interest" (cite), teachers and providers appeared to ascribe to different conceptions of what might constitute such an interest, leading to breakdowns in collaboration.

Time and Space Constraints

Structural realities and limitations created by the school environment were often identified as posing significant challenges to collaboration. Teachers reported facing severe time pressures, characterized by limited preparation periods and demanding daily schedules. These time constraints were described as affecting multiple aspects of potential collaboration by limiting opportunities to meet or communicate with providers, reducing capacity to implement recommended interventions or supports for students, restricting opportunities to receive professional development, or inhibiting their ability to address emergent needs in students.

As one teacher explained, "I get a 40-minute prep and a 30-minute lunch. Most weeks, I have to cover other classes at least once during those times. I have 24 big students in a tiny classroom - when and where am I supposed to be doing the things they are telling me will work?" Limitations in the physical environment and structures of the school day reflected barriers to direct engagement between providers and teachers while also inhibiting implementation of ideas of interventions emerging from direct collaboration when it did occur.

Competing Priorities and Expectations

Teachers and mental health providers are often expected to operate as partners who share a singular common goal despite operating within distinct professional paradigms, each characterized by unique priorities and success metrics. On the one hand, mental health providers prioritize therapeutic outcomes such as emotional regulation and coping skills; on the other, teachers face significant pressure to meet academic benchmarks and standardized testing requirements. The barrier created by these competing priorities emerged from observed discrepancies regarding the definition of student success, the prioritization of academic versus behavioral interventions, and the selection of metrics for evaluating success.

This tension is illustrated by the following exchange. Provider: "It would be huge if he could identify how he is feeling and then make a choice to cope with that feeling..." Teacher: "Yeah....but he has to be able to pass the grade-level exam at the end of the semester. When am I supposed to catch him up? I know he needs those other needs met before he can do well in math...but the district doesn't seem to care..." Both the providers in the teacher express important but potentially conflicting goals in terms of how to prioritize student time. The provider asserts that the student's ability to identify their feelings and make appropriate choices in response is a critical skill deserving of the time and resources necessary to teach the skill and implement it. The teacher, while they may agree, sees the reality of grade-level proficiency and is understandably concerned about what any missed academic time might mean in terms of progress toward that goal. While both stakeholders have valid concerns and there are pathways in which these priorities need not compete, the priorities and expectations inherent to each role (provider and teacher) can come to represent barriers to effective collaboration if not explicitly understood and mutually considered.

Professional Identity and Role Expectations

Issues related to professional identity and role expectations emerged as barriers closely linked to competing priorities. In pláticas, lack of clarity over identities and roles often manifested as disagreement around the degree to which providers were or should be part of the life of the school beyond the direct services they provided. Some providers resisted deeper involvement in school routines such as supervising recess, arguing, "I have a master's degree. This is not a good use of my time."

Teachers, however, often viewed this stance as problematic. They noted frequently that they were unable to opt out of such requirements and felt looked down upon by providers who saw such responsibilities as below them. Providers perceived requests to take on other school responsibilities as negatively impacting their service provision whereas teachers saw the limited engagement of providers as evidence that they (providers) were disengaged. As one teacher put it, "If you don't help carry the load, you aren't helping."

Knowledge and Skills

A final theme that emerging from pláticas highlighted how teachers' knowledge and skills relating to student mental and behavioral health often acted as a barrier to collaboration. Specifically, many teachers held pre-existing paradigms that conflicted with provider recommendations or had insufficient knowledge or skills to implement recommendations. Consequently, a fundamental mismatch existed between the provider's expectations of teachers and teachers' existing knowledge and practice skills. In the words of one teacher, "I know my

students are impacted by trauma...we do mindfulness, and I try to avoid triggers but what do I do when she's throwing desks?" A pattern in which teachers were aware of what to do but unsure of how to do it (or unsupported in implementation) was seen to contribute to frustration with or skepticism toward providers.

Discussion and Implications

The themes relating to challenges with teacher-provider partnerships uncovered during pláticas often reflect findings from existing research. Issues of role definition, institutional limitations, jurisdiction to student success and pathways have been and continue to be critical factors limiting the development of effective collaborative relationships. This exploratory research also suggests that the specific issues of provider confidentiality and teacher knowledge and skills in student mental and behavioral health should be addressed. The barriers identified are not insurmountable but require thoughtful attention and systematic approaches to address.

This research should be interpreted within the lens through which it was conducted. The critical ethnographic approach and use of pláticas as a means of data collection allowed for the development of meaningful relationships, honest and informal dialogue, and collaborative problem exploration. The realities that teachers who participated in pláticas were self-selected and the relatively small sample overall limits generalizability of this data.

While the research identified discrete barriers that inhibited partnership among participating teachers, the identified themes are united in their reflection of different realities experienced by teachers and providers in their work with students. While schools must address the concrete resource and institutional constraints that contribute to this phenomenon, we suggest that it is the responsibility of providers, not teachers, to work to repair this fissure. In response, we provide five foundational principles for practitioners as a starting point for establishing reciprocal collaborative partnerships with teachers that can transform school-based mental health and ensure effective implementation of the School-Based Family Counseling model (Gerrard, 2008).

Principle One: Deep Empathy

Successful partnerships require that providers move beyond viewing teachers as either obstacles to avoid or conduits for service delivery. To effectively work with teachers, whether that work involves support or development providers must begin from a position of deep empathy for teachers' experiences and challenges. This empathy includes understanding the practical constraints of the classroom environment and the multiple demands placed on teachers. This includes efforts to see and experience the ways in which time and space constraints, expectations, and priorities influence teacher actions. It also includes the capacity

to connect with the challenging emotional responses some teachers can exhibit in response to challenging student behaviors. At its core, it involves the capacity to understand the teacher's current perspective and circumstances, even if these differ from what providers might ideally prefer.

Principle Two: Assessment

Building upon the foundation laid by empathy, providers can engage in meaningful assessment of their teacher partners to design effective approaches to collaboration. In the same way that providers assess clients and their families, adapting their approach accordingly, effective teacher-provider partnerships can be built on accurate provider understanding of teacher strengths and existing skills, teacher knowledge or knowledge gaps, teacher resources or resource constraints, and specific dynamics of the teacher's classroom or school culture that are likely to influence work with the child.

Principle Three: Shared Vision

Effective teacher-provider partnerships require alignment between therapeutic and educational goals. While providers and teachers may share the goal of student success, they often have different conceptualizations of success and the methods for achieving it often differ. Providers can support the development of a shared vision through explicitly connecting therapeutic progress to classroom outcomes, identifying areas of overlap between therapeutic and academic goals, and creating common metrics for success. When therapeutic and educational priorities appear to conflict, providers should initiate a dialogue to achieve mutual understanding, articulating the potential for long-term educational benefits of prioritizing specific therapeutic aims.

Principle Four: Capacity Building

Once providers develop empathy-centered, assessment-informed visions of student success in collaboration with teachers, they can begin to collaborate effectively As they work with students and families, they can consider the ways in which building the capacity of teachers to effectively support students is another essential intervention Providers can enhance teacher capacity through a process of truly collaborative planning in which they can provide feedback and insight into treatment. Capacity can also be enhanced through more direct teacher support such as consultation, professional development or opportunities for skill rehearsal and practice. Time spent developing teacher capacity can multiply the impact of direct intervention from providers.

Principle Five: Reality-Based Intervention

Most importantly, successful partnerships require a commitment to developing interventions that can be realistically implemented within the constraints of the classroom environment. The most theoretically sound interventions are useless if they cannot be practically implemented within existing time, space, and resource constraints. Key considerations for reality-based interventions include classroom size and composition, available time and resources, teacher skill level and comfort, school culture and systems, academic requirements, and priorities.

Integration of School-Based Family Counseling

While this research focused on teacher-provider collaboration, the principles identified here have strong implications for the potential integration of School-Based Family Counseling (SBFC) as a model which could both inform and benefit from such collaboration. As an approach, SBFC employs a systems approach with a focus on educational success and the promotion of school transformation (Gerrard & Soriano, 2019). Importantly, it is deeply rooted in the principle of parent partnership (2019). Given the centrality of teachers in the school system, the educational success of students, and the implementation of any efforts to transform schools, they too may be understood as equality important partners. Without minimizing the essential nature of parent partnership in SBFC, this paper suggests that a concurrent focus on teacher partnership could serve as a foundation for fully integrating the focus on systems, educational success, and school transformation that are strengths of SBFC.

Conclusion and Implications

This paper explored the issue of effective collaboration between school-based mental health providers and teachers through examination of the literature in this field and exploratory analysis of themes generated through year-long dialogues with teachers in one school in the Southwest United States. Through this analysis, we have identified critical barriers to effective teacher-provider partnerships as well as foundational principles for reciprocal, collaborative partnerships. While providers are advised to consider these principles as they continue their work to effectively link and leverage the collective strengths of families, teachers, and the students they seek to support, there are additional concrete steps that providers and schools can take to build environments more conducive to these partnerships.

It is critical that both educators and providers begin from the shared position that effective collaboration is essential to the success of school-based mental health services.

Ensuring that pre-service training and professional development for both teachers and providers includes specific training on interprofessional collaboration and partnership building could be a critical lever in developing this shared belief. In schools themselves, it is essential that there is structured time and space for teacher-provider collaboration, recognizing it as an essential component of effective service delivery. Ideally, intervention development should explicitly consider classroom constraints and teacher capacity while providers should be compensated for time spent engaged in classroom observation, teacher consultation, or other similar activities that directly enhance their ability to understand and support teachers.

The SBFC model presents a powerful framework through which mental health providers can employ systems approaches to integrate effective work with students and families into school-based services. There is no question that effective mental health services for children require meaningful partnerships with families. We suggest that effective school-based mental health services also require strong, reciprocal partnerships between teachers and providers. While significant barriers exist to building these partnerships, there are clear strategies and tools available to support their development. Future research should focus on evaluating the effectiveness of specific partnership-building approaches and identifying systemic changes that can support more effective collaboration.

References

Berzin, S. C., O'Brien, K. H. M., Frey, A., Kelly, M. S., Alvarez, M. E., & Shaffer, G. L. (2011). Meeting the Social and Behavioral Health Needs of Students: Rethinking the Relationship Between Teachers and School Social Workers. *Journal of School Health, 81(8),* 493–501. https://doi.org/10.1111/j.1746-1561.2011.00619.x

Fierros CO, Bernal DD. Vamos a platicar: the contours of pláticas as Chicana/Latina feminist methodology. Chicana/Latina Stud. 2016;15(2):98–121. https://www.jstor.org/stable/43941617

Foley, D., & Valenzuela, A. (2005). Critical ethnography. *The Sage handbook of qualitative research*, 217-234.

Gerrard, B. (2008). School-Based Family Counseling: Overview, trends, and recommendations for future research. *International Journal for School-Based Family Counseling*, *1*(1), 1-30.

Gherardi, S. A., Knox, K., Stoner, A., & Garling-Spychala, B. (2022). Perceptions and practices in school social worker-teacher interprofessional collaboration. *International Journal of School Social Work, 8(1)*, 3. https://doi.org/10.4148/2161-4148.1085

Gherardi, S. A., & Stoner, A. (2024). Transcending attitudes: teacher responses to professional development in trauma-informed education. *Discover Education*, *3*(1), 132. https://doi.org/10.1007/s44217-024-00207-6

Gillespie, A. S. (2022). A Qualitative Study: Assessing Barriers to Interprofessional Collaboration Among School Mental Health Professionals. [Doctoral dissertation, University of Alabama]. https://ir-api.ua.edu/api/core/bitstreams/e85646d6-d531-441e-85a9-27330495dbf7/content

Isaksson, C. & Larsson, A. (2017) Jurisdiction in school social workers' and teachers' work for pupils' well-being. Education Inquiry, 8(3), 246-261, https://doi.org/10.1080/20004508.2017.1318028

Kelly, M. S., Frey, A., Thompson, A., Klemp, H., Alvarez, M., & Berzin, S. C. (2016). Assessing the National School Social Work Practice Model: Findings from the second national school social work survey. *Social Work, 61(1),* 17–28. https://doi.org/10.1093/sw/swv044

Phillippo, K. L., & Blosser, A. (2013). Specialty practice or interstitial practice? A reconsideration of school social work's past and present. *Children & Schools*, *35*(1), 19-31. https://doi.org/10.1093/cs/cds039

Stone, S. I., & Charles, J. (2018). Conceptualizing the problems and possibilities of interprofessional collaboration in schools. *Children & Schools, 40(3),* 185-192. https://doi.org/10.1093/cs/cdy011

Testa, D. (2023). Interprofessional collaboration: How social workers, psychologists, and teachers collaborate to address student wellbeing. *Australian Social Work*, 1-14. https://doi.org/10.1080/0312407X.2023.2256703

Empowering Healing and Resilience: A Strength-Based, Trauma-Informed Model for Working with Immigrant and Refugee Children and Families

Stephaney S. Morrison, PhD., University of the Cumberlands

ABSTRACT

This paper examines the use of a strength-based, trauma-informed approach in school-based family counseling for immigrant and refugee families. Research has shown that immigrant and refugee families often experience complex trauma due to the challenges faced by the immigration processes, namely, pre-migration, migration, and post-migration stressors, which impact their well-being and children's academic performance (Knaak et al., 2017). In this paper, the author makes a case for a school-based family counseling approach, which focuses on strength, resilience, cultural assets, and protective factors within families while integrating trauma-informed care, which ensures safety and sensitivity to the unique challenges that immigrant and refugee families face (Hernandez & Tummala, 2019). Further, the paper presents a case study integrating the school-based family counseling model and discusses challenges and solutions when implementing an SBFC, strength-based, and trauma-informed approach. By employing a school-based family counseling model, school and community based mental health practitioners can partner with families to create a healing-centered approach that not only addresses trauma but also empowers immigrant and refugee children and their families to build on their strengths and move toward recovery.

Introduction

Movement across borders has been consistent throughout human history. Miller et al. (2019) noted that there has been significant increase in immigrants and refugees in recent years. Miller et al, explained this growth in immigrant and refugee movement as primarily attributed to persistent international conflicts, economic inequalities, political instability, and environmental challenges. Based on the increase in migration travels internationally, it is essential for SBFC practitioners to understand international issues, such as migration challenges and opportunities, to effectively support immigrant and refugee children and their

families. According to Miller et al. (2019), an alarming 30 million children and youth under the age of 18 have been displaced from their homes, with 17 million of them having endured violence and conflict. Further, many of these children are vulnerable to trauma before migration based on negative experiences, they met due to civil war and unrest, drug-related violence, poverty, physical and sexual abuse (Miller et al., 2019).

Other scholars noted children's vulnerability during the harsh migration journey, where they are victims of physical and sexual abuse, unsafe travel conditions, separation from family members, and trafficking (U.S. Committee for Refugees and Immigrants, 2021). Upon arrival in the host country, children also suffer immense trauma when they experience various forms of discrimination and racism (Miller & Rasmussen, 2017). The negative experiences faced by these children will no doubt place them at risk for adverse health outcomes. Though these children may exhibit resilience and strength, prolonged trauma and stress are associated with higher rates of depression, anxiety, post-traumatic stress disorder (PTSD), heart disease, metabolic syndrome, and early death (Williams, 2016). Mental health professionals working in schools must assume that immigrant and refugee children may have experienced trauma (Pike, 2014), and employ a trauma informed approach to intervention and prevention care. Further, these mental health professionals must implement a systemic strength-based approach that provides a clear framework and tangible strategies for working with immigrant and refugee children and their families.

This article employs a conceptual analysis approach complemented by a case study illustration to bridge theory and practice in school-based family counseling for refugee children. The methodology follows a systematic literature review strategy to synthesize current research, ensuring a comprehensive and transparent approach. The literature review was conducted using the following electronic data bases, PsychINFO, PubMed, ERIC, and Google Scholar, covering searches mainly from 2010 to 2024. Keywords included, *"school-based family counseling," trauma-informed care in schools," "strength-based counseling for immigrants and refugees." And resilience in refugee children."* The inclusion criteria included peer-reviewed articles, books, and government reports focusing on SBFC, TIC, and SBA with applications to immigrant/refugee youth. Further, seminal articles from 1990-2008 were utilized in the context of a strong framework. Studies unrelated to trauma-informed school counseling or those lacking empirical evidence were excluded.

Contextualizing Displacement of Immigrant Families and Children

Conflict and violence are the leading causes of prolonged and new displacements in 2023. An estimated 11.1 million new displacements of children occurred globally in 2023.

Conflict and violence resulted in 9.2 million new displacements of children, and over 8.8 million were the consequences of disasters (mainly floods and storms. Further, most conflict and violence-related new displacements occurred in the Middle East and sub-Saharan Africa. In contrast, the bulk of new displacements due to disasters occurred in sub-Saharan Africa and Eastern and South-Eastern Asia (UNICEF Data, 2024).

Stemming from the experiences immigrant and refugee children experienced, these include violence/persecution, loss of or separation from family members, refugee camps, or displacement in cities. Immigrant and refugee families are often affected by trauma stemming from war, violence, displacement, and the loss of loved ones. Additionally, children in these families confront extra challenges, including interruptions in their education and the stress of adjusting to a different culture (Meyer, 2023).

Childhood traumatic experiences are distressing or overwhelming events that occur during a child's development, from infancy to adolescence. These events can exceed a child's ability to cope, potentially leading to lasting psychological, emotional, and even physical effects ((NCTSN, 2022)). Such traumas often disrupt a child's sense of safety and stability, significantly impacting their development, behavior, and health outcomes as adults. Moreover, Miller et al. (2019) explained that Childhood trauma can be caused by acute traumatic events (e.g., witnessing violence, natural disasters, severe accidents) chronic or complex trauma (e.g., prolonged abuse, neglect, domestic violence) Adverse Childhood Experiences (ACEs), such as emotional abuse, parental substance abuse, or exposure to mental illness in the family.

Critical characteristics of childhood trauma include feelings of fear, helplessness, and uncertainty. The impact of trauma can manifest in psychological disorders, behavioral problems, and impaired emotional regulation. When a child experiences an event (e.g., physical, sexual abuse, domestic violence, and natural disasters) that is emotionally painful or distressing and that overwhelms their ability to cope, trauma often results (NCTSN, 2022)

Further, the American Psychological Association (APA) describes childhood trauma as: An emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock, and denial are typical. Longer-term reactions include unpredictable emotions, flashbacks, strained relationships, and physical symptoms (APA, 2021).

Finally, the Substance Abuse and Mental Health Services Administration (SAMHSA) emphasizes the broad scope of childhood trauma, Trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (SAMHSA, 2014).

Impact of Trauma on Immigrant and Refugee Families and Children

Extreme challenges and trauma-related risks throughout the immigration process impact immigrant and refugee families and children psychologically. In fact, these processes indicate three distinctive phases: pre-migration, migration, and post-migration. Therefore, School-Based Family Counseling practitioners must understand each phase to provide strength-based trauma-informed care effectively.

Pre-Migration: Families fleeing conflict zones or persecution experience traumatic events such as witnessing violence, loss of family members, or enduring poverty and deprivation. These experiences can profoundly impact family relationships and individual mental health (Fazel et al., 2005; Miller & Rasmussen, 2017).

Migration: The journey may include dangerous travel conditions, family separations, extended refugee camps, and detention center stays. Many families live in uncertainty and fear, leading to helplessness and anxiety (Porter & Haslam, 2005; Nickerson et al., 2019; Nikerson et al., 2021).

Post-Migration: Upon settling in a new country, children, and families experience the challenge of acculturation, learning a new language (for some), adjusting to unfamiliar communities and school systems, discrimination, inaccessibility to services such as health and mental health care, and unemployment issues. These barriers lead to stress, depression, and complex social integration for both parents and children. Children are at risk for educational challenges, behavioral issues, and emotional dysregulation (Silove et al., 2021).

Impact on Parents and Families

Parents may experience intense emotional pain when their child is traumatized, which may lead to secondary trauma, where parents begin to feel the symptoms of trauma because of their child's suffering (Baumrind, 1991; Deater-Deckard, 2008). Research has shown that when children suffer trauma, parents may experience heightened levels of anxiety, depression, and emotional exhaustion due to the stress of managing their child's emotional needs and their feelings of helplessness (Van Der Kolk, 2005; Uy et al., 2023). Impact on parenting and attachment, which include overprotectiveness or withdrawals and attachment strain, which strain the parent-child bond, mainly if the child exhibits emotional or behavioral changes such as aggression, withdrawal, or difficulty trusting. This change in behavior for children may affect the parent-child bond, where parents may feel disconnected from their children or unsure of how to respond to their traumatic behaviors (Scheeringa & Zeanah, 2001).

Recent studies reveal how deeply secondary trauma can affect parents when their children go through traumatic experiences. This phenomenon, often referred to as secondary or vicarious trauma, happens when parents take on the emotional and psychological stress that their children are facing. Studies show that parents can develop trauma-related symptoms, such as anxiety or PTSD when their children suffer from trauma. For instance, parents of children hospitalized after traumatic injuries often report high levels of distress, which can distort their perception of their child's trauma severity and hinder recovery for both the parent and child (Uy et al., 2023).

Parents' trauma symptoms may shape how they view their children's PTSD symptoms, sometimes leading to misjudgments about the child's actual mental health. Parents' understanding suggests that parents may unknowingly project their distress, impacting how they support their child's healing process (Davis et al., 2023).

Moreover, parental mental health significantly influences a child's emotional recovery. Research shows that when parents, especially mothers, have histories of childhood trauma, they may transmit vulnerabilities to their children through heightened stress or mental health challenges during critical parenting periods (Uy, 2023). These findings suggest that trauma-informed interventions for families must address both children's and parents' trauma, creating a systemic and collaborative support system to ensure better outcomes for both children and families.

Theoretical Foundations: SBFC Strength-Based, Trauma-Informed Approach
School-Based Family Counseling Model

Scholars argued that research in trauma-informed counseling recognizes the importance of holistic, and multisystemic interventions for at risk populations such as immigrant and refugee children (Ellis & Abdi, 2019). However, few models specifically combine school-based family counseling (SBFC), trauma-informed care (TIC), and strength-based approaches. This article informs the mental health field by proposing a synergistic model that integrates these three frameworks to address the unique needs of this population.

The school-based family counseling (SBFC) model is a comprehensive, interdisciplinary approach designed to address students' academic and personal challenges by integrating mental health interventions involving schools and families. It operates under the whole notion that schools and families are two of the most significant social systems influencing a child's development. The SBFC model emphasizes a collaborative effort among counselors, educators, and family members to support a child's overall well-being and

academic success (Gerrard et al.,2019). School-based family counseling proponents argued that SBFC model is particularly effective in addressing trauma in immigrant and refugee families, behavioral challenges, and academic difficulties in a school setting (e.g., Gerrard et al., 2019; Gerrard et al., 2023; Griffin & Farris, 2018).

In practice, SBFC interventions/prevention in the school, family and community levels often include counseling sessions with students and their families, mental health support within the school environment, and strategies to foster better family-school and community collaboration. This approach is beneficial for children facing emotional or behavioral issues related to trauma, including those from immigrant and refugee families (Steen et al., 2010).

Critical Components of the SBFC Model:
1. **School-Family Collaboration:** SBFC promotes strong relationships between school staff (counselors, teachers, etc.) and the student's family. This partnership addresses both academic and emotional concerns holistically.
2. **Interdisciplinary Approach:** SBFC brings together school counselors, social workers, and mental health professionals to create a support network for the child.
3. **Cultural Sensitivity:** The model is particularly effective when applied in multicultural settings, where counselors train to work within the cultural contexts of families, especially when dealing with trauma among immigrant or refugee children.
4. **Prevention and Intervention:** SBFC includes preventive measures (such as building positive family-school relationships) and targeted interventions for students with academic or behavioral issues.

These three conceptual models are mutually reinforcing. SBFC provides structure for engagement and collaboration, TIC ensures safety and supportive environment, and SBA empowers families and students by recognizing their inherent strengths. When the three models are integrated effectively, the model can mitigate trauma's effects while simultaneously fostering resilience and academic success.

Integration of SBFC, Trauma-Informed Care, and Strength-Based Approaches
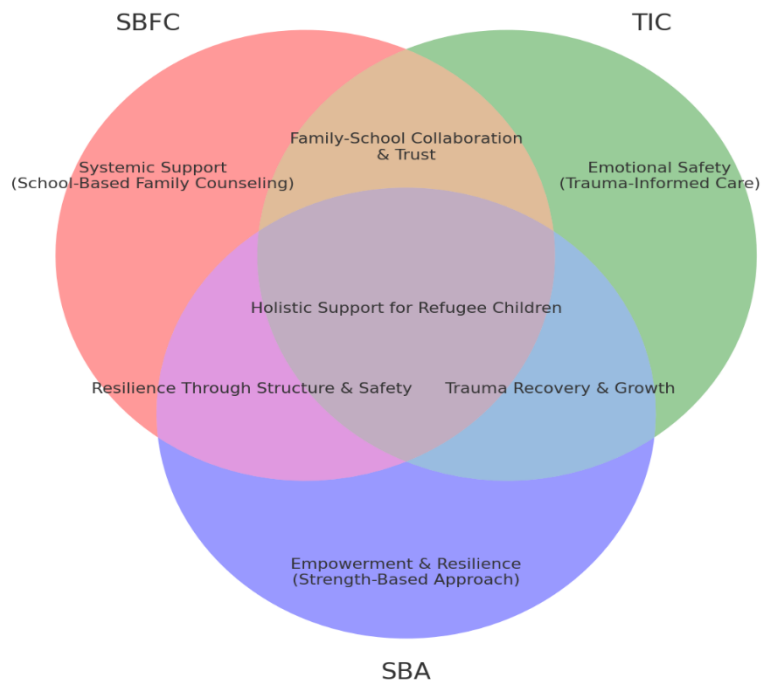
Above is a **Venn diagram** illustrating the synergy between **School-Based Family Counseling (SBFC), Trauma-Informed Care (TIC), and Strength-Based Approaches (SBA)**:

The key takes away from the diagram include:

- **SBFC (Systemic Support):** Focuses on integrating schools, families, and communities.
- **TIC (Emotional Safety):** Ensures trauma-sensitive environments to prevent re-traumatization.
- **SBA (Empowerment & Resilience):** Helps students and families recognize and utilize their strengths.
- **Intersections Include:**
  - **SBFC + TIC:** Family-School Collaboration & Trust.
  - **SBFC + SBA:** Resilience through Structure & Safety.
  - **TIC + SBA:** Trauma Recovery & Growth.

o **SBFC + TIC + SBA (Center):** Holistic Support for Refugee Children—the ideal integration ensuring systemic, emotional, and strength-based interventions.

Trauma-Informed Care

Research on trauma-informed care emphasizes that children who suffer from prolonged trauma need continuity of a nurturing environment (safety and trust, self-regulation and social-emotional skills, and early skills needed to succeed in school) and programs and systems that are trauma-informed. A trauma-informed approach emphasizes understanding the pervasive effects of trauma on emotional, social, and cognitive functioning. Trauma-informed care is essential in schools to create a safe, supportive learning environment that fosters trust and healing. Core principles include safety, trust, peer support, empowerment, cultural sensitivity, and cultural humility (Miller et al., 2019; SAMHSA, 2014, Uy, 2023). Trauma informed principles emphasize safety, trust, and collaboration (SAMHSA, 2014). In the SBFC model. TIC ensures that children and families feel secure in the school environment and that practitioners avoid re-traumatization by incorporating predictable routines, emotional support strategies, and culturally competent interventions (Blaustein & Kinniburgh, 2019).

Strength-Based Approach (SBA)

The strength-based model focuses on identifying and building upon individuals' and families' strengths and protective factors. Instead of viewing immigrant and refugee families solely through a deficit lens (i.e., focusing on trauma, loss, and hardship), this approach emphasizes resilience, cultural identity, family bonds, community connections, and coping strategies developed through adversity (Pulla, et al.,2024). Further, Pulla et al., (2024), indicated that strength-based models are particularly effective in enhancing resilience and self-efficacy, helping individuals and communities overcome challenges by focusing on their capabilities and assets. This approach has gained traction globally, especially in social work and educational settings. Moreover, the importance of a strength-based, trauma-informed approach when working with immigrant and refugee children lies in its ability to leverage their natural resilience and focus on their healing capacities. SBA shifts the focus from deficits and pathology to resilience and strength (Pulla, 2024). This approach fosters empowerment by recognizing the cultural, familial, and personal assets that amplify existing protective factors, such as strong family ties, multi-language abilities, and cultural identity (Walsh, 2023).

Strength-Based, Trauma-Informed Approaches in School-Based Family Counseling

As stated earlier, a strength-based trauma-informed approach is an essential model to work with immigrant and refugee children to help leverage their natural resilience and focus on their healing capacities. When SBFC practitioners recognize and identify immigrant and refugee children's cultural strengths, family ties, and ability to overcome challenges, they instill hope, identity, and recovery in these children and their families. This approach also considers the cultural significance of their background and context, such as family involvement, and provides school-based support to create environments where children can thrive. Further, this model identifies and leverages these children's inherent strengths and resources rather than emphasizing deficits or problems (Pulla, et al. 2024). The critical components of a strength-based trauma-informed approach are resilience and empowerment. Immigrant and refugee children often endure multiple forms of trauma, such as war, displacement, or loss. A strength-based approach highlights their resilience in overcoming these challenges and empowers them by focusing on coping skills and survival strategies (Caiels et al, 2023; Zolkoski et al., 2019).

The connectedness between trauma-informed and strength-based models ensures that SBFC practitioners provide counseling services with a comprehensive understanding of past trauma. Together, they offer a comprehensive approach that addresses trauma and promotes growth, healing, autonomy, and resilience (Jennings & Antle, 2023). For example, a trauma informed, strength-based focused practitioner shifts from asking, *"what happened to you"? to "what strengths have helped you to survive"*? (Ungar, 2011).

SBFC Implementation of Strength-Based, Trauma Informed School Strategies

Implementing a strength-based, trauma-informed approach with immigrant and refugee children involves strategies that focus on their inherent strengths, cultural identities, and resilience. These strategies create a therapeutic environment where healing from trauma is fostered by emphasizing empowerment, cultural awareness, and emotional safety.

Build Safe and Trusting Relationships

Goal: Counselors can foster trust between SBFC practitioners and families by ensuring a safe, non-judgmental space.

Strategy:

1. Counselors can establish trust by allowing families to control the pace of sharing traumatic experiences with the counselor. Another approach to establish alliance between counselors and families is to be intentional about asking families and children for permission before discussing sensitive and traumatic issues. By asking for

permission, counselors are communicating that they are culturally responsive and respectful of families' autonomy and control of the narrative (Miller, et al., 2019).

2. Counselors must be discerning in asking children to share their stories. It is best practice to encourage children to share their stories only when ready, respecting their "window of tolerance" to avoid re-traumatization (Miller et al., 2019).

For example, A school-based family counseling practitioner might say, *I would like to understand what happened during your migration, but only if you feel comfortable sharing with me today* (NCTSN, 2013).

Leveraging Cultural Strengths

Goal: Counselors must identify and incorporate cultural values and community connections as sources of strength for the child and family.

Strategy: After strengths have been identified and incorporated, counselors integrate culturally appropriate interventions by identifying the family's coping mechanisms, spiritual beliefs, and community ties. Culturally proper intervention may involve connecting families to cultural community organizations or utilizing culturally relevant storytelling as a therapeutic tool (Miller et al., 2019).

For example, if within the family unit, members practice storytelling to pass on cultural history, counselors can integrate these practices into the counseling sessions to empower children by reconnecting them with their roots and fostering a sense of belonging (Ellis et al., 2011). The story of the very loved television series in America "Roots" is an example of storytelling and its strong impact on building self-worth, resilience, strength, and self-efficacy and building empowerment (Wolper, 1977).

Focus on Empowerment and Self-Efficacy

Goal: Counselors empower children by focusing on their strengths and capacities rather than solely on their trauma.

Strategy: Counselors can work with children to identify their strengths and previous successes in overcoming challenges. Included in this strategy, is the significance of utilizing goal-setting techniques highlighting children's ability to control their healing and future discovery (U.S. Committee for Refugees and Immigrants, 2021).

For example, During the counseling session, counselors ask the child to recall a time when they faced adversity and succeeded, find the strengths in the narrative, and explore how those strengths can help in their current situation (Betancourt et al., 2013).

Support Family Involvement.

School-based family practitioners must involve the family, recognizing that trauma affects the family unit. Incorporating the family may involve incorporating family members in counseling sessions with children to understand how the trauma affected the family and teach them how to rebuild ruptures in the family unit and reestablish bond.

Goal: Counselors involve the family as active participants in the healing process with their children, as appropriate.

Strategy: Counselors supply family-based intervention strategies that focus on strengthening the family's resilience. Family-based interventions include sessions that recognize parental strengths and promote positive parenting techniques. These sessions could also include interventions to help parents recognize their coping mechanisms, ensure support, and avoid re-traumatizing (Miller et al., 2019).

For example, SBFC organizes individual or family therapy sessions where parents and children collaborate on activities to strengthen communication and emotional support within the family (Weine, 2008).

Promote Resilience and Safety in Educational settings:

SBFC promotes a whole school approach where schools establish a trauma-sensitive culture where safety (physical and emotional) is paramount. The schools can ensure that they have in place culturally responsive policies and anti-bullying programs and create spaces where students and families from immigrant and refugee backgrounds are respected.

Goal: Counselors equip schools to be trauma-sensitive and promote resilience for students.

Strategy: (1). SBFC practitioners train educators and parents in trauma-informed practices to recognize and respond to trauma triggers from a strength-based perspective. A whole school approach can be done by offering workshops to families on stress management, cultural adaptation, and positive parenting can strengthen family resilience. (2). By integrating a systemic collaborative approach, where teachers, administrators, mental health professionals, and outside community organizations coordinate efforts to ensure families have access to academic support, mental health resources, legal aid, and social services. (3). To operationalize this aspect of the whole school approach, counselors integrate regular meetings to oversee the comprehensive support systems needed by families.

For example, one way in which counselors can support children from a multi-disciplinary approach, is to institute and implement mindfulness programs, art therapy, or peer mentoring program, with the purpose of fostering a sense of safety, connectedness, and positive school engagement for immigrant and refugee students (Walkley & Cox, 2013).

Strength-based Assessments and Interventions.

SBFC must introduce interventions and culturally responsive assessments that help children and families find their strengths.

Goal: Counselors use assessments and interventions that identify and build on immigrant and refugee children's existing strengths.

Strategy: Counselors use tools such as the *Resilience Questionnaire* or *Strength-based interviews* to show the child's existing competencies and positive coping strategies rather than solely on their traumatic experiences. Further, integrating activities like narrative therapy, where children reframe their trauma stories to focus on resilience or group therapy sessions where families can share their cultural strengths can be influential in fostering hope and build community support.

For example, trauma informed care emphasize that counselors focus on strengths, instead of deficits, labeling or pathologizing immigrant families and children. That is, instead of focusing on symptoms of PTSD or anxiety, counselors can lead children to focus on their areas of resilience. To illicit strengths from children's stories, counselors can ask, *"What helped you get through tough times before? "What is something you feel proud of about yourself?"* (Ungar, 2011).

To illustrate how this model is integrated and applicable, the author selected a case study that exemplifies common challenges faced by refugee children, including language barriers, cultural adaptation, and trauma-related learning difficulties. The chosen case study involves a 10-year-old refugee student from Syria, integrated into a trauma informed school program. This case was chosen because it reflects the following criteria: (1) complex trauma exposure due to war and displacement, (2) school intervention as a primary support system, and (3) family engagement challenges and cultural adjustment issues. The analysis of this case follows a thematic approach, examining how the integrated model addresses the students' socio-emotional, and academic needs. The case study provides practitioners with concrete implementation strategies, enhancing the study's practical relevance.

Case Study: Strength-Based, Trauma-Informed Counseling with Refugee Children

Case Background: In this case study, we focus on Layla, a 10-year-old Syrian refugee, who fled her home country due to war and conflict. She, and her family, including her parents and younger siblings now live in a refugee camp in a Western country. In her home country, Layla saw violence, lost friends, and faced a harrowing journey to safety. During the migration process, Layla had a treacherous journey, fear, witnessed death, hunger in a refugee camp and other unimaginable experiences. In the host country, Layla attends school where she is

experiencing   discrimination, language barriers, difficulty relating to her peers and teachers. The negative experiences she is having at school, in addition to experiences pre-migration and during migration has impacted her psychologically. Layla now struggles with anxiety, has trouble concentrating, and experiences recurring nightmares, which are signs of trauma. However, despite the traumatic experiences she encountered through the process of pre-migration, migration, and post-migration, it is evident that Layla exhibits resilience. It is also noted that Layla cares for her siblings, takes part in community activities, and shows exemplary leadership abilities.

Strength-Based Approach Implementation

Finding Strengths through Initial Assessment

The SBFC, trained in trauma-informed care, begins by focusing on Layla's existing strengths, using strength-based interviewing. Evidently, Layla's leadership at home and care for her siblings are strengths that contribute to her sense of responsibility and ability to manage challenges. Next, the counselor explores Layla's resilience, asking questions such as, *"How have you managed to care for your siblings so well during this difficult time?"* This approach allows Layla to reflect on her capacity for caregiving and problem-solving, thus reinforcing her sense of self-confidence and self-efficacy (Ungar, 2011).

Cultural Sensitivity and Community Involvement

To be culturally attune to Layla's experiences, counselors will recognize Layla's cultural background in therapy, as important in understanding how Layla continues to prove resilient in the face of trauma. To encourage resilience and strengths through community, counselors connect her to local Syrian community centers where storytelling, a culturally significant practice, is integrated into her therapy sessions (Sue, etal, 2022). This counseling approach helps her reconnect with her identity and history, building a sense of continuity despite displacement.

Further, since school is a huge part of Layla's experience, counselors explore how to collaborate with her educators, suggesting culturally responsive support programs, including Arabic-speaking peer mentors, to help her transition. In the school system, the SBFC counselor implements programs that include her heritage, such as a multicultural week, inviting speakers and community members, and pictures and flags of countries, including Layla's.

Empowerment and Goal setting

In counseling, Layla is encouraged to establish small, attainable goals that reinforce her sense of agency, such as taking the lead on a minor group project at school, centered around the positive experiences in her home country. The counselor supports her in recognizing this

as a natural extension of her strengths. As Layla successfully meets these goals, it is expected that her confidence will increase, and she will feel more in control of her life (Betancourt et al., 2013).

Family and School Engagement

To foster family and school engagement/collaboration, it is recommended that families are included in the counseling sessions with Layla, as appropriate. In the counseling sessions, counselors can work with family members to recognize their resilience and how their ability to protect their children through the migration processes has been a vital to their strengths. It is expected that by focusing the family's attention on their strengths through adversities, family members can experience how their strong bonds and cultural practices, can foster a sense of pride and continuity.

In terms of working with the school in supporting Layla's healing, counselors partner with Layla's educators to apply trauma-informed educational practices in the classroom and the wider school community, ensuring she has a predictable and supportive environment. Special attention is paid to her academic needs, allowing her to build on her strengths in leadership and empathy for peers (Walkley & Cox, 2013).

Focus on Resilience

To focus on Layla's resilience Layla can be encouraged to participate in creative arts therapy, which uses art and storytelling as a way for her to process her experiences. This strength-based intervention allows her to creatively express her identity and resilience while being supported by peers who share similar experiences (Weine, 2008).

Outcomes

It is expected that through this strength-based trauma-informed approach, Layla's anxiety symptoms gradually reduce. Her academic performance improves as she becomes more confident in her strengths, and her family begins to heal collectively, drawing on their cultural resilience and community support. This case demonstrates how a strength-based trauma-informed approach not only focuses on healing trauma but also highlights the inherent resilience and capacities within immigrant and refugee families. Through this case study, we also learn that SBFC practitioners must work collaboratively with the schools to invest in training, resources, and collaborative programs that address both the trauma and the inherent strengths of immigrant and refugee families. Policymakers, educators, and mental health professionals should work together to ensure that these families receive the comprehensive, culturally sensitive support they need to heal and grow.

Real-World Implementation of SBFC Strength-based, Trauma Informed Model

While the theoretical models discussed provide guidance, specific examples of successful implementations of these models were identified and recognized to better support the proposed models use in strength-based, trauma-informed SBFC, and help practitioners see how these models have been applied in different diverse contexts. The following are examples of implementations of SBFC, TIC, and SBA in school settings:

Case 1: School-Based Trauma-Informed Intervention in Canada

Several school-based initiatives in Canada have used the arts as a tool to support refugee students' social and emotional well-being. A report by the Toronto South Local Immigration Partnership (LIP) highlights a range of arts-based programs that foster solidarity, resilience, and cultural expression among refugee children and youth. These initiatives, implemented in school settings across the country, offer accessible alternatives to traditional mental health services by promoting healing through creative practices such as music, visual arts, storytelling, and performance. While these programs vary by location and design, they share a common emphasis on culturally affirming, trauma-informed engagement (Toronto South LIP, 2021).

Case 2: Family Engagement Model in the U.S.

A school district in California piloted a family counseling model where school counselors conducted home visits and culturally tailored workshops to address trauma's impact. The results showed increased parental involvement and improved academic performance among refugee students (Smith & Lopez, 2020).

Case 3: Resilience-Focused Counseling in Australia

A trauma-informed youth mentoring program in Australia was developed to support the resettlement process for refugee children by enhancing problem-solving, social integration, and self-reliance (UNHCR, n.d.).

Limitations

While the SBFC strength-based trauma-informed model is highly effective, several challenges must be addressed. When SBFC practitioners are implementing a strength-based family counseling model that is trauma-informed for immigrant and refugee children and

families, they must be cognizant that the process involves navigating several challenges. Here are a few challenges and solutions for reflection.

Cultural Barriers

Immigrant and refugee families come from diverse cultural backgrounds that may hold different beliefs and practices regarding mental health and family dynamics. When there is miss-alignments in values between counselors and clients this can lead to misunderstandings and hinder effective communication between counselors and families (Meyer, 2023; Pérez & Moya, 2023). SBFC can engage families in counseling to build trust from the outset. Establishing a safe and welcoming environment can help bridge the gap and build trust between counselors and families. Further, establishing an open line of communication where families feel safe to ask questions and share, indicates safety (Hernandez & Tummala-Narra, 2019; Pulla et al., 2024).

Language Barriers

Language differences pose significant challenges in conveying complex emotional and psychological concepts. With language differences, the ability to accurately assess needs and strengths increases, which can lead to misinterpretation of the family's concerns (Smith & Robinson, 2023). Therefore, providing access to bilingual counselors or translation services is essential to help bridge the gaps, ensuring that families can express their needs and concerns effectively (Kuo, et al., 2023; Smith & Robinson, 2023).

Trauma History and Trust Issues

Many immigrant and refugee families have experienced trauma, which can foster mistrust towards professionals and systems. Building rapport is essential in SBFC, but past experiences with trauma may hinder families from engaging openly in the counseling process (Hernandez & Tummala-Narra, 2019; Pulla et al., 2024). SBFC counselors can utilize trauma-informed care to acknowledge and respond to the effects of trauma in immigrants and refugees by cultural adaptation of interventions and avoid traumatization by using strength-based approaches to empower clients (Jennings, 2004). One way for counselors to build trust with families is to have consistent and reliable interactions with them. Counselors should be present, attentive, and consistent with their approach, which can foster a sense of security (Macdonald, 2017).

Additionally, involving families in the decision-making process regarding their treatment and goals empowers families and gives them a voice (McCoy & Thelen, 2023). Integrate peer support programs where families with similar experiences can share stories and provide each

other with encouragement is crucial to healing. Connecting families with community resources can enhance trust and provide additional support networks, such as connecting families to religious institutions (Raghavan & Blasé, 2020).

Resource Limitations

Scholars noted that there are often limited mental health resources, community support, and financial assistance available to immigrant and refugee families. Limited resources can restrict the implementation of comprehensive SBFC interventions, as effective counseling typically requires collaboration with various community services (Sharma et al., 2022; Meyer, 2023). SBFC can collaborate with local organizations that provide resources for immigrant and refugee families, such as legal aid, housing assistance, and social services (Sharma et al., 2022; Meyer, 2023).

Generational Differences

Immigrant families frequently experience generational differences that can create tension within the family unit. Parents may struggle with keeping traditional values while their children adapt to a new cultural context, complicating family dynamics that SBFC aims to address (Meyer, 2023; Smith & Robinson, 2023). SBFC counselors and staff must undergo training in cultural competence to understand the diverse backgrounds of families and the significance of generational differences within the family unit. Culturally sensitive training can help counselors understand the background of immigrant and refugee families, which is critical in tailoring interventions that respect and integrate cultural values (Sue et al., 2012; Pulla et al., 2024).

Stigma Around Mental Health

In many cultures, seeking mental health support carries a stigma, which can discourage families from participating in SBFC programs. Counselors need to be deliberate in understanding the help-seeking attitudes of immigrant and refugee families before providing counseling services. One way to understand the community that counselors serve is to be actively engaged in the community by forging partnerships with community leaders, clergy, and provide education to raise awareness, demystify mental health issues and treatment and reduce the stigma associated with mental health needs (Knaak et al., 2017, Meyer, 2023; Hernández & Tummala-Narra, 2019). Engaging community leaders or influencers to advocate for mental health awareness normalize discussions around mental health and highlight challenges that exist in the community (Chow et al., 2016; Gonzalez & Tarraf, 2017). Finally, counselors can partner with community organizations and institutions to create a safe space for

mental health dialogue, where discussion can be open without fear of judgment (Rusch et al., 2009). Support groups and community forums can also help open dialogue and reduce stigma.

Conclusion and Call to Action

The integration of School-Based Family Counseling (SBFC), Trauma-Informed Care (TIC), and Strength-Based Approaches (SBA) offers a transformative framework for supporting immigrant and refugee children and families. By recognizing the complexities of pre-migration, migration, and post-migration trauma, practitioners can create healing-centered interventions that foster resilience, cultural empowerment, and family-school collaboration. This paper has demonstrated how SBFC practitioners can apply trauma-informed and strength-based strategies to address the unique needs of these populations while building protective factors that enhance long-term well-being. While this article highlights the benefits of SBFC for families, ethical challenges such as informed consent, cultural understandings, and counselor bias require further considerations. Future research should examine long-term program effectiveness and develop quantitative measures for assessing SBFC strength-based, trauma-informed care outcomes.

Policy Recommendations

As global migration continues to rise, school counselors, educators, policymakers, and mental health practitioners must collaborate to ensure that immigrant and refugee children receive the support they need to thrive. It is imperative that school systems adopt strength-based, trauma-informed approaches that not only address past trauma but also cultivate resilience and empowerment. Given the profound impact of trauma on immigrant and refugee families, policymakers and educational institutions should take proactive measures to institutionalize trauma-informed, strength-based school counseling practices. Key policy recommendations include:

1. Mandating Trauma-Informed Training for Educators and Counselors – require school staff to undergo professional development on trauma-sensitive and strength-based interventions for working with diverse student populations.
2. Establishing School-Family Liaison Programs – implement school-based liaisons to facilitate family engagement, ensuring culturally responsive services that bridge the gap between home and school.

3. Expanding Access to Multilingual Mental Health Services – increase funding for bilingual counselors and interpreters in schools to mitigate language barriers.

4. Funding Community-Based Support Initiatives – develop partnerships between schools, community organizations, and social services to create a comprehensive support network for refugee and immigrant families.

5. Implementing Trauma-Informed School Policies – encourage schools to adopt anti-discrimination policies, restorative discipline practices, and safe spaces that promote belonging and psychological safety for all students.

References

American Psychological Association. (2021). *Trauma. American Psychological Association.* https://www.apa.org/topics/trauma

Baumrind, D. (1991**).** The influence of parenting style on adolescent competence and substance
   use. *Journal of Early Adolescence, 11*(1), 56–95. https://doi.org/10.1177/0272431691111004&#8203

Betancourt, T. S., Meyers-Ohki, S. E., Charrow, A., & Tol, W. A. (2013)**.** Interventions for children affected by war: An ecological perspective on psychosocial support and mental health care. *Harvard Review of Psychiatry, 21*(2), 70–91. https://doi.org/10.1097/HRP.0b013e318283bf8f&#8203.

Blaustein, M. E., & Kinniburgh, K. M. (2019)**.** *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency* (2nd ed.). The Guilford Press.

Bryan, J. (2005). Fostering educational resilience and achievement in urban schools through school-family-community partnerships. *Professional School Counseling*, 8(3), 219-227. https://doi.org/10.5330/prsc.8.3.p219

Chow, J., Barret, T., & Liem, R. (2016). Mental health and stigma: The role of community leaders. *Journal of Community Psychology*, 44(7), 871-887. https://doi.org/10.1002/jcop.21863

Davis, R. S., Meiser-Stedman, R., Afzal, N., Devaney, J., Halligan, S. L., Lofthouse, K., Smith, P., Stallard, P., Ye, S., & Hiller, R. M. (2023). Systematic review and meta-analysis: Group-based interventions for treating posttraumatic stress symptoms in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, *62(11),* 1217–1232. https://doi.org/10.1016/j.jaac.2023.02.013.

Deater-Deckard, K. (2008). Parenting stress and child adjustment: Some old hypotheses and new questions. *Journal of Family Psychology, 22*(1), 135–142. https://doi.org/10.1037/0893-3200.22.1.135.

Ellis, B. H., & Abdi, S. M. (2020). *Mental health practice with immigrant and refugee youth: A socioecological framework*. American Psychological Association. https://doi.org/10.1037/0000163-000.

Ellis, B. H., Miller, A. B., Baldwin, H., & Abdi, S. (2011). Culturally based, trauma-informed mental health services for refugee youth: An integrated approach. *Child and Adolescent Psychiatric Clinics of North America*, *20(4),* 901–914. https://doi.org/10.1016/j.chc.2011.07.003

Ellis, B. H., Kia-Keating, M., Yusuf, S. A., Lincoln, A., & Nur, A. (2007). Ethnic identity, trauma, and well-being: A study of Somali refugee adolescents in the United States. *Journal of Child and Family Studies, 16*(2), 209–221. https://doi.org/10.1007/s10826-006-9075-2

Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet, 365*(9467), 1309–1314. https://doi.org/10.1016/S0140-6736(05)61027-6

Gerrard, B., & Soriano, F. (2019). *Promoting Child, Family, and School Well-Being: A School-Based Family Counseling Approac*h. Routledge

Gonzalez, J. M., & Tarraf, W. (2017**).** Cultural factors in the help-seeking behavior of African American and Latino/a families. *Social Work in Public Health, 32*(3), 193–204. https://doi.org/10.1080/19371918.2016.1188740

Griffin, D., & Farris, A. (2018). Leadership practices linked to involvement in school–family– community partnerships: A national study. *Professional School Counseling, 22*(1), 1-12. https://doi.org/10.1177/2156759X18761897

Hernandez, P., & Tummala-Narra, P. (2019). Building Trust in Immigrant Families: The role of trauma-informed Care. *Journal of Counseling Psychology*, *66(1),* 106-116. https://doi.org/10.1037/cou0000302

Jennings, A. (2004). *Models for developing trauma-informed behavioral health systems and Trauma-specific services*. National Center for Trauma-Informed Care. Retrieved from National Sexual Violence Resource Center.

Kuo, D. Z., et al. (2023). The role of language in family-centered care: Bridging communication gaps. *Pediatrics*. https://doi.org/10.1542/peds.2022-052206

Knaak, S., Modgill, G., & Patten, S. B. (2017). Reducing stigma through education: A systematic review. *BMC Psychiatry*, 17(1), 1-12. https://doi.org/10.1186/s12888-017-1409-4.

M. V., Meaney, M. J., & Callaghan, B. L. (2023). Effects of maternal childhood trauma on child emotional health: Maternal mental health and frontoamygdala pathways. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 64(3), 426–436. https://doi.org/10.1111/jcpp.13721

Meyer, R. (2023). Barriers to Accessing Mental Health Services for Refugees and Immigrants. Journal of Social Work in Mental Health.

Miller, K. K., Brown, C. R., Shramko, M., & Svetaz, M. V. (2019). Applying trauma-informed practices to the care of refugee and immigrant youth: 10 clinical pearls. *Children, 6*(8), 94. https://doi.org/10.3390/children6080094

Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: An ecological model of refugee distress. *Epidemiology and Psychiatric Sciences*, 26(2), 129-138. https://doi.org/10.1017/S2045796016000172

Miller, K. E., & Rasmussen, A. (2020). War exposure and refugee mental health. *Epidemiology and Psychiatric Sciences*, 29, e182. https://doi.org/10.1017/S204579601900033X

National Child Traumatic Stress Network. (2013). What is child trauma? National Child Traumatic Stress Network. Retrieved from https://www.nctsn.org/resources/what-is-child-trauma. NCTSN. (2022). Childhood Trauma. National Child Traumatic Stress Network. https://www.nctsn.org

Nickerson, A., et al. (2019). The long road to recovery: a systematic review and meta-analysis of mental health outcomes in protracted refugee situations. The Journal of Nervous and Mental Disease. 207(3), 187-198. https://doi.org/10.1097/NMD.0000000000000907.

Nickerson, A., Bryant, R. A., Silove, D., & Steel, Z. (2021). Migration and mental health: A systematic review of the literature. *The Journal of Nervous and Mental Disease*, 209(1), 1-12. https://doi.org/10.1097/NMD.0000000000001214

Pike, S. L. (2014). The assessment of alcohol use disorders among homeless men in residential treatment. https://core.ac.uk/download/288853900.pdf.

Pulla, V. (2024) Exploring strength-based approaches in social work with immigrant families. *Journal of Strength-based Practices*.

Sharma, A., Jackson, T., & Lee, K. (2022). Challenges in implementing trauma-informed care for refugees. *Trauma, Violence, & Abuse, 23*(2), 215-230. https://doi.org/10.1177/15248380211015896

Smith, A., & Robinson, L. (2023). Cultural Competence in School-Based Family Counseling. *Journal of School Counseling*, 21(3), 145-160.

Steel, C., Macdonald, J., & Schröder, T. (2018). A systematic review of the effect of therapists' internalized models of relationships on the quality of the therapeutic

relationship. *Journal of Clinical Psychology, 74*(1), 5–42. https://doi.org/10.1002/jclp.22484&#8203

Toronto South Local Immigration Partnership (LIP). (2021). *Supporting refugee students in Canada: Building strength through the arts*. https://torontolip.com/wp-content/uploads/2021/03/Supporting-Refugee-Students-in-Canada-Report.pdf.

Raghavan, R., & Blasé, K. (2020). Peer support in trauma-informed care: A systematic review of the evidence. *Journal of Trauma & Dissociation, 21(4),* 456-469. https://doi.org/10.1080/15299732.2020.1722748

Rüsch, N., Angermeyer, M. C., & Corrigan, P. W. (2009). The role of self-stigma in seeking help for mental illness. *Psychological Science, 20*(5), 553-557. https://doi.org/10.1111/j.1467-9280.2009. 02321.x

SAMHSA. (2014). Trauma-Informed Care in Behavioral Health Services. *Substance Abuse and Mental Health Services Administration*. https://www.samhsa.gov

Silove, D., Steel, Z., & Watters, C. (2021). Post-migration factors in refugee adjustment. *International Journal of Environmental Research and Public Health, 18*(2), 918. https://doi.org/10.3390/ijerph18020918

Scheeringa, M. S., & Zeanah, C. H. (2001). A relational perspective on PTSD in early childhood. *Journal of Traumatic Stress*, 14(4), 799-815.

Smith, J., & Lopez, M. (2020). *Culturally responsive school counseling with refugee families: A pilot program in California.* Journal of School Counseling, 18(4), 45–60.

Steen, S., & Noguera, P. A. (2010). A school-based family counseling model for low-income African American families. *Journal of Family Counseling, 18*(2), 118-130. https://doi.org/10.1080/10507611003709030

Sue, S., Cheng, J. K. Y., Saad, C. S., & Cheng, J. (2012). Asian American mental health: A cultural competency perspective. *American Psychologist, 67*(7), 532-540. https://doi.org/10.1037/a0028005

Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2022**).** *Counseling the culturally diverse: Theory and practice* (9th ed.). Wiley.

UNHCR. (n.d.). *Trauma-informed youth mentoring program for resettled refugees*. Global Compact on Refugees Digital Platform. https://globalcompactrefugees.org/good-practices/trauma-informed-youth-mentoring-program-resettled-refugees.

Walsh, F. (2023). *Strengthening family resilience* (4th ed.). The Guilford Press.

Weine, S. M., Kulauzovic, Y., Klebic, A., Besic, S., Mujagic, A., Muzurovic, J., & Pavkovic, I. (2008). Evaluating a multiple-family group access intervention for refugee families. *The Journal of Marital and Family Therapy, 34*(2), 149-164. https://doi.org/10.1111/j.1752-0606.2008.00093.x

Williams, L. (2016). The Value of Alternative Therapies in Mental Health Treatment for Incarcerated Youths. *Corrections Today*, 78(1), 24-28

Wolper, D. L. (Executive Producer). (1977). *Roots* [Television miniseries]. Warner Bros.

Van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals,* 35(5), 401-408. U.S. Committee for Refugees and Immigrants. (2021). *Trauma-informed case management with foreign national children and youth survivors of trafficking.* Retrieved from https://www.refugees.org

Uy, J. P., Tan, A. P., Broeckman, B. B. F. P., Gluckman, P. D., Chong, Y. S., Chen, H., & Fortier, M. (2023). The impact of maternal childhood adversity on child development. *Developmental Psychology*, *59*(4), 585-598. https://doi.org/10.1037/dev0001152

Ungar, M. (2011). The Social Ecology of Resilience: Addressing Contextual and Cultural Ambiguity of a Nascent Construct. *American Journal of Orthopsychiatry*, 81(1), 1-17. doi:10.1111/j.1939-0025.2010. 01067.x

Walkley, M., & Cox, T. L. (2013). Building trauma-informed schools and communities. *Children & Schools, 35*(2), 123-126. https://doi.org/10.1093/cs/cdt007

World Health Organization. (2017). *Adverse Childhood Experiences International Questionnaire (ACE-IQ).* World Health Organization. https://www.who.int/publications/i/item/adverse-childhood-experiences-international-questionnaire-(ace-iq)

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review, 34*(12), 2295–2303. https://doi.org/10.1016/j.childyouth.2012.08.009