

# School Psychology

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# Refugee School Consultation Effects on Teacher Self-Efficacy, Self-Care, and Peer Consultation Skills

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Guided by a participatory culture-specific consultation model, this study contributes to an understanding of the effectiveness of school consultation with teachers of refugee students. The goal of the present study was to determine the impact of an individual consultation intervention with refugee teachers on their self-efficacy and self-care, in addition to their peer consultation skills. The participants were 109 teachers at refugee schools in Malaysia, most of whom were refugees (91% refugees; 73% female). Of the 109 participants, 84 teachers were coconsultants with psychology graduate students; all 109 were individual consultees. The study used a two-timepoint design with the outcomes of self-reported teacher self-care; teacher self-efficacy in the management of refugee student emotion regulation and emotional engagement; and consultation skills. Additionally, consultee-reported goal attainment, consultation effectiveness, and satisfaction were collected. The findings suggested significant latent growth from baseline to post-intervention in refugee teacher self-care and self-efficacy in the management of student emotion regulation and emotional engagement in addition to the growth of their consultation skills. The effect sizes were large for latent growth of teacher self-efficacy in promoting student emotion regulation, behavior, and emotional engagement ( $d = 1.19, 1.01, 1.02$ ); the effect size for self-care was medium ( $d = .62$ ). Growth was not dependent on dosage, age, gender, or consultee education, with the exception of teacher self-efficacy in management of emotional engagement which was dependent on dosage. After the intervention, the consultees reported that they completed their consultation goals at a higher level than expected, were satisfied with the consultation, and found the consultants to be helpful. The discussion situates the findings in relevant theory, research, and the culture-specific context.

## **Impact and Implications**

This study suggests that school consultation has an impact on teacher self-efficacy in promoting refugee student emotion regulation and engagement at refugee schools in Malaysia, in addition to teacher self-care and peer consultation skills. The results hold implications for school consultation promoting trauma-informed, socioemotional supports provided by teachers to marginalized students in a global context.

**Keywords:** consultation, refugee schools, teacher self-efficacy, teacher self-care, consultation skills


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Refugee education in transit countries<sup>1</sup> is under-resourced in the face of the current global refugee crisis, which has forcibly displaced 103 million people, including 35% who are refugee children in need of education (United Nations High Commissioner for Refugees [UNHCR]-Malaysia, 2023). Refugee children who receive education in transit countries are sometimes taught by teachers who are refugees

themselves with limited training as an educator but are typically highly motivated (Low et al., 2014; Maher, 2020; O'Neal et al., 2022). It is critical that teachers of refugees feel confident to promote students' emotion regulation and engagement given trauma and stress experienced by students who are refugees (e.g., O'Neal et al., 2017).

This study examined the effects of an individual consultation program ("Resilient Refugee Intervention" [RRI]) with over a hundred teachers in refugee schools in Malaysia. Note that, in this study, the label "teachers" refers to teachers of students who are refugees, and these teachers were largely refugees themselves; in this sample; approximately 91% of the teachers were refugees. The label "students" refers to students who are refugees. The teachers

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<sup>1</sup> A transit country is defined as a country in which refugees are not resettled permanently but, instead, are in a transmigration phase between their country of origin and their future resettlement country. Most transit countries do not formally accept refugees or allow them to resettle there.

taught at schools that are identified in this study as “refugee schools” given that the schools serve students who are refugees. The majority of these teachers are refugees who have minimal training as teachers, and they work with refugee students who would benefit from trauma-informed socioemotional supports (e.g., Gosnell et al., 2021; Low et al., 2014; O’Neal et al., 2016, 2017, 2022). Our preconsultation, formative research elicited participatory input from the teachers of refugees, and this input informed the development of RRI and this study. The teachers of refugees clearly indicated over a number of our formative studies and previous RRI iterations that they are interested in getting support with their own self-care; to be equipped to support their students’ emotion regulation and engagement; and to have better skills to provide support and guidance to their peer teachers at their refugee schools (Gosnell et al., 2021; O’Neal et al., 2016, 2017, 2022). RRI was developed for teachers of refugees, and RRI was implemented to improve (a) teacher self-efficacy (TSE) in promoting student emotion regulation and emotional engagement; (b) teacher self-care; and (c) teacher skills in conducting consultation with peer teachers at their refugee schools.

### Refugee Education in Malaysia

In Malaysia, over 181,560 registered refugees reside largely in urban centers (UNHCR-Malaysia, 2023); there are many more refugees in Malaysia who have not yet had the privilege of being registered by the United Nations High Commissioner for Refugees. Most of the refugees are from Myanmar. Malaysia has not ratified the 1951 United Nations Convention protecting refugees, and Malaysia does not guarantee the right to education for refugees. Therefore, refugee communities in Malaysia self-organized to provide informal education to their children through under-the-radar, community-based, informal refugee learning centers (“refugee schools”) located in low-cost apartments. A smaller number of refugee schools were started and run by local Malaysian citizens. Only 30% of 49,220 school-age refugee children in Malaysia receive informal education offered by approximately 128 refugee schools (UNHCR, 2020). Most refugee teachers are refugees who are not professional teachers and are not allowed to obtain training in education in Malaysia; indeed, most do not have the necessary training to support the socioemotional needs and trauma-related behaviors often demonstrated by refugee children (Low et al., 2014; O’Neal et al., 2016, 2017).

### Student Emotion Regulation and Emotional Engagement With Implications for Refugee School Consultation

Teachers of refugee children, especially teachers who are refugees, can feel ill-equipped as teachers in socioemotional supports they can provide their often traumatized students who are refugees (West & Ring, 2015). The importance of emotions has been emphasized in refugee trauma and healing literature (e.g., Betancourt et al., 2017) and forms the bedrock on which RRI goals and content are focused—teacher self-care and self-efficacy in promoting the emotion regulation and engagement skills of students who are refugees. Ring and West (2015) posited that teacher training needs to focus on providing skills to support the emotions and emotional distress of students who are refugees, with the goal of improving the students’ academic engagement and learning. They also conducted a qualitative study in which teachers expressed frustrations with

feeling ill-equipped to help students who are refugees with their trauma so that students could better engage in school (West & Ring, 2015). Teachers have limited skills to address the trauma that their refugee students experience, both in the transit country and/or their country of origin; refugee students also need support around being marginalized in the transit country and uncertainty about their future (Dryden-Peterson, 2017). Teacher promotion of refugee student emotion regulation and engagement may help heal refugee student trauma and improve their focus in school (e.g., Betancourt et al., 2017). The school context can also provide a nonstigmatizing and safe environment that would support refugee children’s development (Yap et al., 2022). In the present study, we focused on emotion regulation, operationalized as adaptations children use in response to their emotions (i.e., emotion regulation strategies; Campos et al., 2004), and emotional engagement, operationalized as “states that are germane to students’ emotional involvement during learning activities such as enthusiasm, interest, and enjoyment” (Skinner et al., 2008, p. 766). The present study focuses on (a) TSE in promoting emotion regulation and engagement of students who are refugees and (b) self-care that teachers employ for themselves.

### Emotion Regulation

The ability to regulate emotions has been associated with academic and behavioral outcomes in the classroom (Graziano et al., 2007). Refugee students often struggle with emotion regulation given their exposure to traumatic events and stressful experiences (Khamis, 2019). For instance, a negative impact of war trauma on emotion dysregulation was found in a cross-sectional study of female Syrian refugee students in Lebanon and Jordan (Khamis, 2023). Emotional resilience is crucial in mitigating the risk factor of traumatic stress among refugee students (e.g., Betancourt et al., 2017).

Refugee students often live in high-stress environments. Within the Malaysian context, they experience a high-stress environment due to poverty, fear of detainment from the authorities, and prejudice from locals (Gosnell et al., 2021; Low et al., 2014). Emotion regulation can also build social and cognitive development beyond the classroom (e.g., Graziano et al., 2007), which could mitigate the negative impact of daily life stressors commonly faced by refugee students. Promotion and management of students’ emotion regulation in the classroom have been the focus of Western interventions with teachers (e.g., Promoting Alternative Thinking Strategies; Domitrovich et al., 2016); however, refugee student emotion regulation interventions with teachers remain understudied (e.g., Torrente et al., 2019). In this study, we included behavior strategies under the broad umbrella of emotion regulation.

### Emotional Engagement

Engagement is conceptualized as having behavioral, cognitive, and affective components, and emotional engagement is a student’s emotional responses in class, such as happiness, interest, and curiosity (e.g., Trowler, 2010). Students’ emotional engagement has been found to have a positive relation with achievement (e.g., Taboada et al., 2009). Engagement in school can be an important challenge and strength for refugee students. An ethnographic study of Somali refugee students in the United States found that disengagement, including emotional disengagement like boredom, was a problem due to unfamiliarity with the culture and structure of U.S. education,

in addition to the lack of instructional match as a result of their sporadic informal education in their country of origin (Birman & Tran, 2017). Interventions promoting engagement are not uncommon in the United States. In Malaysia, however, we have found in our formative research that teachers grappled with managing emotions, attention, and behaviors of refugee students (O'Neal et al., 2016). To our knowledge, there are no refugee teacher interventions promoting refugee student emotional engagement reported in the empirical literature.

### Self-Care

Teachers who are refugees living in countries hostile to refugees face critical health, economic, psychosocial, legal, and education-related challenges that impact their well-being and ability to be effective teachers (e.g., O'Neal et al., 2022; Ring & West, 2015). In our previous, preconsultation, formative study, we conducted a mixed-methods study to understand the teachers' culture-specific conceptualization of self-care. We examined stress, mental health, and self-care among teachers who are refugees in Malaysia. We found significantly higher rates of mental health and stress along with lower rates of self-care among teachers who were refugees, compared with teachers who were not refugees (Gosnell et al., 2021). Further, in the qualitative section of our article, teachers who were refugees reported that teaching was a meaningful and personally satisfying occupation; however, the combination of stressors unique to being a teacher who teaches in a refugee school created intense mental, physical, and emotional demands for teachers (Gosnell et al., 2021). The findings of this study reinforced our inclusion of teacher self-care in RRI. Empowering teachers with self-care strategies provides teachers with the means to avoid burnout (e.g., Castro et al., 2010). Nonetheless, we only know of three self-care research studies with teachers who are refugees themselves. Two of these studies are from our research, and another is by Low et al. (2014). Low et al.'s (2014) study with six teachers who are refugees in Malaysia found that self-care consisted of hope, religion, and love for their community. In our qualitative study, we found that Chin refugee teachers from Myanmar, who lived in Malaysia, operationalized self-care as prayer and religion, along with making use of their limited resources, like participating in singing and music (Gosnell et al., 2021). A previous iteration of RRI reported that group training for teachers of refugees in Malaysia increased their use of self-care, especially for the female teachers (O'Neal et al., 2017).

### School Consultation to Enhance TSE in Promoting Emotion Regulation and Engagement

In this study, TSE is operationalized as teacher confidence in promoting emotion regulation and emotional engagement in class. In contrast, most TSE definitions and research have focused on other dimensions, like instructional strategies (e.g., Tschannen-Moran & Hoy, 2001), which have been found to be related to teacher-student relationships and student achievement (Zee & Koomen, 2016). A handful of studies have found consultation effects on TSE, especially in the early childhood mental health and instructional consultation literature (e.g., Downer et al., 2018). Although teacher consultation and coaching both differ and overlap, the coaching literature is enlightening on TSE effects. Many education studies in the United States have found that teacher coaching has an impact on TSE;

indeed, coaching has a stronger impact on TSE than large group trainings/workshops (Kraft et al., 2018; von Suchodoletz et al., 2018). Consultation and coaching literature on TSE in promoting emotion regulation and engagement in the United States, however, remains thin (e.g., Domitrovich et al., 2016). U.S.-based research has largely reported that school consultation was effective in TSE around student behavioral skills (e.g., Reinke et al., 2008).

Most international refugee teacher consultation intervention studies employ only group training/workshops (e.g., Block et al., 2014), and, to our knowledge, no studies have conducted only individual consultation, like in this study. Indeed, no studies, to our knowledge, have examined the impact of individual school consultation in a low- and middle-income country with as many school consultation cases as in the present study; with refugee teachers; and/or focused on emotion regulation and engagement. However, a few of the existing group training and group coaching international interventions with largely internally displaced populations focus on TSE (e.g., Torrente et al., 2019). Teacher training plus peer coaching (i.e., informal peer groups) in the Learning to Read in the Healing Classroom intervention (LRHC) was developed specifically for students displaced within their own conflict-affected, low-income country. LRHC was found to have no effects on student or teacher outcomes, such as TSE, at a 2-year follow-up (Torrente et al., 2019). Perhaps group coaching via informal peer groups, rather than individual consultation, was not enough to attain significant effects. Teachers for teachers in Kenya (Mendenhall et al., 2021) also conducted training plus limited online and peer coaching that were informal peer groups, similar to LRHC. They found that, from their 33 qualitative postintervention interviews, refugee teachers reported improvements in their TSE and well-being, and they wanted more professional development. Intervention dosage may also be an important factor in intervention effects, or lack of effects, on TSE. Notably, most school-based intervention programs, including these professional development programs in international settings, do not systematically assess dosage impacts, and this makes it difficult to identify the causes of variability in program effects (Webster-Stratton et al., 2011).

In sum, no existing international consultation/training interventions have conducted individual consultations targeting TSE promoting emotion regulation and engagement, to our knowledge. We argue that such consultation is necessary given the needs of refugee students around trauma and healing, with emotion-focused strategies being a critical component of healing and engagement.

### Refugee Teacher Consultation Skills

Building refugee consultation skills was also a goal of this study, toward a larger aim of collaboration and sustainable consultation in which refugee teachers are equipped to continue to support each other via consultation, even after completion of RRI. We argue that the label of peer consultant, rather than alternatives like peer mentor, applies to the role that the peer teachers played as coconsultants in this study. We consider them consultants because they were partners in leading a systematic, multisession, problem-solving collaborative process (Newman & Rosenfield, 2018) in which they learned and practiced consultation skills, unlike peer mentoring.

Previous refugee intervention research has not involved systematic individual consultation. LRHC included a bit of peer group "coaching" (peer group sessions) after their group training

with displaced refugee teachers in the Congo, but they did not do consultation because they simply led a couple loose peer group sessions supporting the teachers. The LRHC study also did not assess growth in the peer group coaches' skills. Our understanding is that the present study is the first study to assess growth in refugee teachers' consultation skills. A number of studies in the United States support consultation skill growth via practicum experiences (e.g., Guiney & Zibulsky, 2017), similar to this study's approach of consultation skill capacity building with novice consultants. Guiney and Zibulsky (2017) found that consultants-in-training improved in both problem-solving and process-oriented consultation skills during practica; the consultees gave positive ratings of the consultants-in-training's consultation skills; and the novice consultants-in-training made greater gains compared to more advanced consultants-in-training, even in the challenging setting of a consultee-centered consultation (CCC) process.

Given that the "teacher consultants" (i.e., consultants who are teachers of students who are refugees) in our study could be viewed as novice consultants-in-training, we expect growth in consultation skills after participating as a refugee coconsultant. And, we expect that the "teacher consultees" (i.e., consultees who are teachers of students who are refugees) will give positive ratings of the consultation skills of the consultants and their satisfaction with the consultation process.

### RRI: Description and Theoretical Framework

RRI is a school consultation intervention focused on building TSE in promoting student emotion regulation and engagement in informal refugee schools, along with teacher self-care. RRI has repeatedly obtained formative input from teachers of refugee students to inform each iteration (Gosnell et al., 2021; O'Neal et al., 2016, 2022), guided by a global–intercultural approach (Arora et al., 2017). Three iterations from 2010 to 2019 in Malaysia evolved from a group training, to a peer teacher-led training, to the current school consultation intervention. The previous peer refugee teacher-led group training had impacts on refugee teacher self-care and self-efficacy around behavior management, and refugee teachers were equally effective group trainers as were professionals with master's degrees and experience in group training (O'Neal et al., 2017). The novel feature of the present study's RRI consultation iteration was the triadic consultation structure that utilized graduate students ("interns") as coconsultants to partner with refugee teacher consultants to provide consultation to refugee teacher consultees. To our knowledge, multisession individual consultation, including capacity building of peer teacher consultation skills, has not been researched in the context of refugee education.

RRI relied on two formal consultation models: participatory culture-specific consultation (PCSC) and CCC. PCSC is a transcultural, ecological model relevant to refugee school-based consultation given culture-specific processes in refugee classrooms, in addition to refugee policy influences (e.g., Nastasi, 2017). PCSC generally follows similar steps to all consultation models—problem identification, intervention, and progress monitoring. PCSC does, however, expect consultation steps to include preconsultation, formative research to understand cultural context; cultural adaptation of any interventions; and participatory involvement of local partners. There is also an emphasis on capacity building, similar to the present study's focus on the development of consultation skills of teachers, with the goal of sustainability (Nastasi & Varjas, 2011).

We also adopted the formal consultation model of CCC, which is based on constructivist principles in which the consultant and consultee cocreate the consultation process, like co-identification of the problem (Newman & Ingraham, 2017). From a CCC perspective, school consultation can be defined as a process of empowerment in which the consultee retains problem ownership, while the consultant assists the consultee to develop skills and a conceptual shift that addresses both current and future problems with the goal of promoting student well-being and academic performance (Caplan et al., 1994; Knotek & Hylander, 2014; Newman & Ingraham, 2017). The identified class-wide or individualized student interventions are implemented by the consultee. CCC research has demonstrated the impact of CCC on TSE (e.g., Newman & Ingraham, 2017). The present study highlights the importance of considering a consultee-centric approach to facilitate greater TSE, especially when teachers' existing skills and knowledge may be limited, as is true across many of the teachers of refugees in Malaysia.

We argue that CCC is a framework that can bring together the three constructs of focus in RRI—self-care; TSE in promoting emotion regulation and engagement; and teacher consultation skills. CCC can be viewed as bringing these constructs together because CCC frames consultation skills not just for school psychologists but for many education providers, like refugee teachers. Importantly, a crucial component of CCC is the facilitation of consultee knowledge and skill acquisition in narrow, or broad, areas of need for consultees' students (e.g., Newman & Ingraham, 2017). For this study, the narrow area of need is knowledge and skills in teacher self-care and trauma-informed support of students' emotion regulation and engagement.

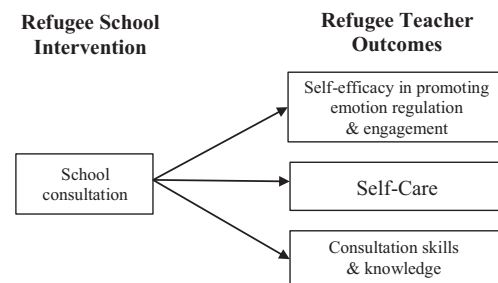
The RRI theory of change in Figure 1 depicts expected outcomes.

### Hypotheses

1. RRI will demonstrate growth from Time 1 (T1) to Time 2 (T2) in:
  - a. TSE in promoting student emotion regulation and emotional engagement;
  - b. Teacher self-care; and
  - c. Teacher consultation skills.
2. This study will explore if variation in RRI growth may be due to dosage and demographics.

**Figure 1**

*RRI Theory of Change*



*Note.* RRI = Resilient Refugee Intervention.



## Method

### Study Design

This two-timepoint study relied on a single-group, pretest (T1), and posttest (T2) design. On average, the time between T1 and T2 was 3 months.

### RRI Consultation Design, Training, and Content

**Consultation Design.** An RRI consultation triad consisted of a Malaysian graduate student intern consultant, a teacher consultant (teacher of refugee students who are largely teachers themselves), and a teacher consultee (teachers of refugee students who are largely teachers themselves). Each triad was facilitated by two coconsultants, that is, “teacher consultant” and “intern consultant,” who met with the consultee. The interns had the same role as the teacher consultants—to colead the consultation process. Through the consultation process, they identified problems, selected interventions, and monitored progress. While the consultees were encouraged to have an average of five to six consultation sessions, consultees were given the flexibility and autonomy to determine the number of sessions according to their needs as well as how quickly they went through the CCC and problem-solving process. The dosage ranged from three to eight consultation sessions, with an average of five sessions for each consultee. Consultation sessions lasted between 30 min and an hour. Given the demands on teachers in refugee schools, the number of consultation sessions and duration of each session might have been hindered, at times, by logistical and time constraints in schools with fewer resources. Of the 109 refugee teacher participants, 89% were both consultants and consultees ( $n = 84$ ) and 11% were only consultees ( $n = 25$ ). In the triad, teachers who were both consultants and consultees took turns being a consultant in one session and then a consultee in the next, in a back-to-back, round-robin fashion. As such, all 109 refugee teachers received consultation.

**Training Process and Content.** There was a training for intern consultants and a separate teacher consultant training. Intern consultants attended a 2-day consultation training. The 84 teacher consultants completed a 2-hr consultation training; the training was only 2 hr because the teacher consultants were in understaffed schools, which could not cover their classes. The teacher consultants’ training was a condensed form of the topics covered in the intern consultants’ 2 day training.

The trauma-informed, emotion-focused topics for both trainings included emotion regulation; emotional engagement and attention; positive classroom behavior management; self-care; and consultation skills. Both trainings also introduced the RRI Magic Tool Box materials (see O’Neal et al., 2019) as an optional resource for the intervention selection and implementation stage of the consultation. The emotion regulation, emotional engagement, and behavior management training sections included didactic content on emotion and behavior management research, the trauma context for refugee children, teachers, and education, in addition to hands-on activities connecting such research to trainees’ experiences in schools and their development of understanding and empathy for what refugee children and teachers who are refugees may have experienced as challenges and points of resilience. Trainees also learned about relevant potential interventions that they could introduce as part of the consultation process. They were told that they could adapt the optional interventions. The intern consultants were told that they could and should employ teacher

coconsultants’ ideas for what is feasible and what the teachers have used before that was helpful in refugee classrooms. In fact, they needed to respect and honor the teachers of refugees’ cultural knowledge and experience with emotion management.

In terms of consultation skills, the intern and teacher consultants-in-training received training on consultation skills in the context of the stages of consultation, with a reliance on CCC consultation skills. The Newman and Rosenfield (2018) textbook provided some basic frameworks for educating novice consultants and served as a loose and informal guide for our consultation skill training content. Each consultant-in-training also received a laminated set of consultation steps (e.g., problem identification, intervention development) with relevant skills for each step. Interestingly, both the intern and teacher consultants were interested in and able to effectively understand and apply a number of skills, like the “ladder of inference,” which is a skill they can use to drill down on identifying and analyzing the problem (Newman & Rosenfield, 2018). Time was limited to deeply train them in progress monitoring given that progress monitoring is a more advanced and challenging skill.

RRI training introduced optional interventions, including the Magic Tool Box (see O’Neal et al., 2019), which was shared with the consultants as a part of the training. RRI interventions have been adapted over time with the intention of being more culturally relevant. Since 2010, RRI has done preconsultation qualitative research to identify refugee teachers’ priorities for interventions (Gosnell et al., 2021; O’Neal et al., 2016, 2022). For instance, many teachers indicated that they would like interventions that are quiet but active so that the refugee students could get their contained energy out (refugee children in Malaysia cannot safely play outside at their schools or in public playgrounds to get their energy out) while also not being too loud that neighbors would complain and call the immigration police which would put them all in jeopardy. So, one of the RRI Magic Tool Box intervention activities is a quiet toss of a soft small plastic ball from one student to another in a circle. Other tool box activities were adapted from empirically based intervention activities. Consultants could help consultees select any interventions that best fit the problem. Some consultation cases relied on the RRI Magic Tool Box for the selection of relevant interventions, while others did not. Content instruction (e.g., math) was not the focus of the consultation.

### Procedure

The procedure was approved by a U.S. university ethics review board. Recruitment was first held with school leaders at the United Nations High Commissioner for Refugees–Malaysia office; then, recruitment of the teachers was held at their respective schools. Twelve of the 20 refugee schools attending the recruitment session agreed for us to recruit at their schools. The coleaders of RRI then met with school leaders and all of the teachers on-site at each school. At the meeting with the teachers at their school, we completed the consent process with teachers interested in being a consultee and/or a consultant with peer teachers at their own schools. Consent was obtained verbally from each participant. The inclusion criteria were simply that the participants teach students who are refugees in a refugee school in Kuala Lumpur, Malaysia, and the teachers had to be interested in being either a consultant or a consultee, or both. Research assistants provided links to the surveys on Qualtrics. Participants completed the Qualtrics surveys on their phones at their schools immediately before and after the intervention. Research

assistants were present to answer any questions when participants completed the survey.

## Participants

In March 2019, a total of 109 teachers from 12 refugee schools in Kuala Lumpur agreed to participate in the study. Again, of the 109 teacher participants, 89% were both consultants and consultees ("teacher consultants";  $n = 84$ ) and 11% were only consultees ( $n = 25$ ). At the end of the intervention, 98 participants remained (10.1% attrition from T1 to T2). From the consultee-only group, five of 25 dropped out of the study by T2. Participants were largely female ( $n = 80$ , 73.4%) with an average age of 31 years (Table 1). Approximately 91% of the teachers were refugees themselves. Ten identified as Malaysian citizens. Nine teachers did not report that they were refugees; however, they were likely refugees because four of the nine were from persecuted minority groups that are recognized as refugees (e.g., Ahmadiyya from Pakistan).

The schools that participated in the study have been characterized as informal learning centers that serve students who are refugees. Most of the participating refugee schools were more ethnic-specific regarding students they served, so, for example, one school only had Myanmar Chin from a Zomi ethnic group who taught students from the same refugee ethnic group. Other schools had a combination of students that came from a variety of countries of origin, such as Somalia, Pakistan, Myanmar, Sudan, Syria, and Iran. Some schools

only served primary school-aged students. Others served students from preschool to secondary school (see Table 1).

## RRI Intern Consultants

Intern consultants ( $n = 26$ ) were not the focus of this study, but they were graduate student interns who coconsulted with a teacher consultant. They were graduate students in either clinical or counseling psychology master's programs. The majority were female ( $n = 21$ ; 27.5 years old average). Twenty-three were Malaysian citizens and three were citizens of Indonesia, Bangladesh, and Iran. Each intern consultant provided consultation to three or four consultees, and they received weekly small-group supervision.

## RRI Supervisors

The six RRI supervisors were not the focus of this study but provided weekly supervision to intern consultants. They listened to audio recordings of consultation sessions and provided feedback to the interns. Of the supervisors, two had doctorates in clinical or counseling psychology; four had master's degrees in clinical psychology. Five of the six identified as female; average age of 33 years; five were Chinese Malaysian; and one was a White American. The supervisors only gave feedback to the interns. The teacher consultants did not receive supervision because the teacher consultants did not have time to conduct the supervision process. Ideally, the next iteration of RRI will provide more training and supervision to the teacher consultants, if the teacher consultants can make themselves available to do so.

## Measures

All of the measures were in English, and they were not translated. The teachers spoke adequate English to complete all of the questionnaires.

## Demographics

A T1 demographic survey assessed variables such as age, gender, citizenship, ethnicity, religion, highest level of education, and country of origin.

The following scales were completed at T1 and T2:

**TSE in Promotion of Emotion Regulation and Engagement.** The authors created this 18-item questionnaire due to the lack of TSE emotion regulation and engagement questionnaires. Some behavior management items were included from the Teachers Strategies Questionnaire (Webster-Stratton et al., 2001), and we conceptualized the behavior management items as under the umbrella of emotion regulation and related behavior strategies. Three subscales included emotion regulation (eight items), behavior (seven items), and emotional engagement (three items). An example of an emotion regulation item is "How good are you in helping your students learn new emotion management skills?" a behavior item example is "How good are you in managing student behavior problems?" an engagement item example is "How good are you at helping your students pay more attention in class (be engaged)?" A 5-point Likert scale was used (1 = *very low good*, 5 = *very high good*). The  $\alpha$ s were adequate for each subscale (Table 2); the confirmatory factor model fit for each of the subscales was adequate.

**Table 1**  
*Teacher Demographics*

Teacher demographics	<i>n</i>	%
Age, <i>M</i> ( <i>SD</i> )	31.4 (10.85)	
Years teaching in Malaysia, <i>M</i> ( <i>SD</i> )	2.28	
Sex		
Female	80	73.4
Male	29	26.6
Nationality		
Refugees	94	91
Malaysian citizens	10	9
Ethnicity		
Myanmar-Chin	26	23.9
Myanmar-Kachin	22	20.2
Myanmar-Karen	5	4.6
Ahmadiyya-Pakistani	25	22.9
Other (e.g., Eritrean, Iranian, Javanese, Lesotho, Liberian, Yoruba)	21	19.3
Religion		
Christian	68	62.4
Muslim	38	34.9
Not specified/other	3	2.7
Highest education level		
Elementary	6	5.5
High school	32	29.4
Preuniversity	18	16.5
Undergraduate degree	39	35.8
Graduate study	11	10.1
Taught in home country	42	43.6
Age of students taught in Malaysia		
2-3 year olds	10	5.7
4-6 year olds	49	28
7-12 year olds	64	36.6
13-17 year olds	45	25.7
18 and above	7	4

**Table 2**  
*Descriptives and Correlations*

Variable	$\alpha$	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10
1. T1 emotion regulation	.92	3.05	0.63	—									
2. T2 emotion regulation	.90	3.74	0.61	.48***	—								
3. T1 behavior	.87	3.15	0.62	.88***	.47***	—							
4. T2 behavior	.85	3.77	0.60	.48***	.87***	.47***	—						
5. T1 engagement	.75	3.18	0.68	.80***	.40***	.86***	.44***	—					
6. T2 engagement	.75	3.77	0.67	.44***	.77***	.46***	.78***	.51***	—				
7. T1 consultation skills	.94	3.13	0.59	.72***	.41***	.80***	.41***	.66***	.39**	—			
8. T2 consultation skills	.95	3.82	0.61	.55***	.87***	.56***	.88***	.48***	.77***	.53***	—		
9. T1 self-care	.78	2.97	0.62	.38***	.17	.44***	.22*	.45***	.24*	.50***	.31**	—	
10. T2 self-care	.82	3.33	0.65	.16	.36***	.21*	.40***	.26*	.47***	.23*	.45***	.54***	—

Note. T1 = Time 1; T2 = Time 2.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

**Self-Care.** This nine-item questionnaire was adapted from *The Mental Health Handbook* (Powell, 2017) with responses on a 5-point rating scale (1 = *not at all*, 5 = *very much*; e.g., “I sometimes give myself something nice like a present or treat”). Our previous studies found an  $\alpha$  of .77 (Gosnell et al., 2021; O’Neal et al., 2017). This study also had adequate  $\alpha$ s for self-care at T1 and T2 (Table 2), and the confirmatory factor analysis results for self-care indicated adequate data fit to the model.

**Consultation Skills and Knowledge.** Fifteen items from the unpublished Consultation Skills and Knowledge scale (Burkhouse & Rosenfield, 2010) were selected and used to measure teacher consultants’ consultation skills (e.g., “How good are you at helping other teachers solve problems in their classes?”) on a 5-point Likert scale (1 = *very low good*, 5 = *very high good*). The  $\alpha$ s for T1 and T2 Consultation Skills and Knowledge were adequate (Table 2).

The following scales were only completed at T2:

**Consultation Satisfaction Scale.** The authors created the Consultation Satisfaction Scale with seven items rated on 4-point responses (1 = *not helpful*, 4 = *very helpful*). We created this measure because only a measure tailored for this consultation study could be used to validly assess participant satisfaction.

**Consultation Effectiveness Form.** All of the participants completed the Consultation Effectiveness Form (CEF), which included six items that were adapted from the original 12-item scale (Erchul, 1987). The CEF employs a 7-point rating scale (1 = *strongly disagree* to 7 = *strongly agree*) to assess the perceived effectiveness of the consultants, such as their effectiveness in problem solving. The  $\alpha$  for the original scale was .95 (Erchul, 1987). The  $\alpha$  was adequate in this study (Table 3).

**Goal Attainment Scale.** Participant perception of consultation goal completion was assessed via a single item on a 5-point rating scale (−2 = *much less than I had hoped*, +2 = *much greater than I had hoped*), as adapted from Coffee and Ray-Subramanian’s Goal Attainment Scale (2009).

### Analytic Approach

Growth from T1 to T2 was tested via latent mean structure models, separately for each of the three TSE factors; it was also tested for the self-care factor. The benefits of latent mean structure models over traditional repeated measure tests are that mean structure models achieve the desired divorce of mean structure from the variance/covariance structure, which is flawed in relying on the sphericity assumption (Fan & Hancock, 2012); full information maximum likelihood can handle missing data; the ability to control for clusters of schools; and “latent-variable models can control measurement error better than observed-variable models” (Kline, 2015, p. 15). The impact of the controls of dosage (i.e., the number of consultation sessions), age, education, and gender were tested. When dosage (i.e., the number of sessions) and demographics were tested in the model, they played the role of controls. Therefore, as controls, they were included in the model as predictors.

## Results

### Descriptives and Correlations

Descriptive statistics in Table 2 depict the averages of each outcome at T1 and T2. The level of self-reported consultation skills at T1 was, on average, moderate, and their T2 consultation skills were

**Table 3**  
*T2 Consultation Satisfaction Measures*

Variable	$\alpha$	<i>M</i>	<i>SD</i>	Likert response range	1	2	3
1. Consultation Satisfaction Scale	.86	3.63	0.39	1–4	—		
2. Consultant Effectiveness Scale	.89	6.40	0.70	1–7	.63***	—	
3. Goal Attainment Scale (one item)		1.16	0.78	−2 to +2	.45***	.47***	—

Note. “Likert response range” refers to how the participants can choose from a Likert response range of 1–4 on the Consultation Satisfaction Scale, for instance. T2 = Time 2.

\*\*\*  $p < .001$ .



higher than at T1 although still at a moderate level. Correlations were moderate to strong between variables.

### Growth in TSE, Self-Care, and Consultation Skills

Latent mean structure two-timepoint growth from pre- to postintervention was significant for all three self-efficacy dimensions, separately—TSE emotion regulation, behavior, and emotional engagement; there was also significant growth for teacher self-care (Table 4); and the confirmatory factor analysis results for each of the four scales suggested that the data fit the expected confirmatory factor analysis models (Table 4). Longitudinal measurement invariance was confirmed across T1 and T2 for each factor prior to growth analyses. The effect sizes for TSE emotion regulation, behavior, and emotional engagement latent growth were large ( $d = 1.19, 1.01, 1.02$ ); an effect size of 1.19 indicates a 1.19 *SD* of improvement. The effect size for self-care was medium ( $d = .62$ ).

There was also significant variance in growth, suggesting different rates of growth. Dosage (i.e., the number of consultation sessions), age, gender, and education were not significant predictors of variance in growth. Dosage was, however, a significant predictor of the growth of latent emotional engagement—dosage slope unstandardized estimate = .03 (.01),  $p < .01$ , CI [.01, .05], standardized estimate = .25 (.07).

Exploratory analyses were run separately for those who were both consultants and consultees versus those who were only consultees, and the results of these analyses should be interpreted with caution given the small  $n$ , especially for the very small consultee-only group (consultant/consultee  $n = 84$ ; consultee-only  $n = 25$ ). Latent mean growth results indicated that all of the latent effects were significant for those who were both consultants and consultees. For the small consultee-only group of 25 participants, results were significant for emotion regulation and self-care; results were not significant for engagement; and behavior was a trend. Model fit was adequate for the consultant and consultee group, and, as one might expect, fit was poor for the consultee-only model given the small sample size of 25. Nonetheless,  $t$  test analyses demonstrated significant average improvement in all domains for both groups (consultant and consultee group; consultee-only group), even with pairwise deletion.

Growth in refugee consultant consultation skills was assessed at the item level, rather than the factor level, given the poor fit of the data to the expected consultation skills factor; however, note that the internal consistency of the observed consultation skills variable was adequate (Table 4). Consultation skills were assessed for the teacher consultants ( $n = 84$  at T1;  $n = 78$  at T2), and item-level growth results were significant for each item, e.g., unstandardized estimate

of Item 1 mean slope change = .59,  $SE = .10$ ,  $p < .001$ , CI [.39, .79]; standardized = .71 (.15); root-mean-square error of approximation (RMSEA) = .00, comparative fit index (CFI) = 1.00, standardized root-mean-square residual (SRMR) = .00. Some items' growth was predicted by age, education, and/or gender.

### Satisfaction

At the end of the consultation, participants gave the consultation process and consultants a rating between helpful and very helpful on the Consultation Satisfaction Scale and a rating between agree and strongly agree on the CEF (Table 3). See Table 3 for the full range of Likert response anchors from which participants can choose, in addition to the average responses given on the satisfaction and consultation effectiveness scales. Average ratings on the Goal Attainment Scale indicated that they had completed their consultation goals "greater than they had hoped."

### Discussion

The main contribution of this study was that consultation led to the growth of TSE in promoting emotion regulation and engagement of their students, in addition to teacher self-care, in informal refugee schools located in a refugee transit country (i.e., Malaysia). A secondary contribution was that teachers can improve their consultation skills with their fellow peer teachers as consultees, with implications for potential sustainability for refugee and other global education contexts. RRI consultation led to significant growth in teacher self-care, consultation skills, and TSE promoting emotion regulation and engagement. To our knowledge, this study also offered the unique contribution of being the only pre-post evaluated individual school consultation intervention study in a low- and middle-income transit country, in addition to being the first refugee school individual consultation study. This intervention was also unique in having a large number of teachers who not only received consultation as consultees but also acted as consultants. We review the results in relation to existing literature and theory, in addition to future research, limitations, and implications.

### RRI Intervention Effects

#### Self-Efficacy

The large effect size of the RRI intervention on TSE in promoting student emotion regulation and engagement was a significant contribution given that studies of displaced/refugee teacher group training with informal peer coaching groups have found limited-to-no

**Table 4**  
*Two-Timepoint Latent Mean Growth*

Growth variable	Unstand. estimate ( <i>SE</i> )	Unstand. CI	Unstand. variance estimate ( <i>SE</i> )	Stand. estimate ( <i>SE</i> )	Effect size ( <i>d</i> )	RMSEA	CFI	SRMR
Emotion regulation	<b>.63 (.08)</b>	[.48, .78]	<b>.26 (.04)</b>	<b>1.24 (.14)</b>	<b>1.19</b>	<b>.04</b>	<b>.98</b>	<b>.07</b>
Behavior	<b>.53 (.08)</b>	[.37, .70]	<b>.24 (.05)</b>	<b>1.09 (.19)</b>	<b>1.01</b>	<b>.00</b>	<b>1.00</b>	<b>.08</b>
Engagement	<b>.58 (.08)</b>	[.42, .74]	<b>.26 (.07)</b>	<b>1.14 (.21)</b>	<b>1.02</b>	<b>.01</b>	<b>1.00</b>	<b>.06</b>
Self-care	<b>.36 (.09)</b>	[.19, .53]	<b>.27 (.10)</b>	<b>.71 (.14)</b>	<b>.62</b>	<b>.03</b>	<b>.98</b>	<b>.077</b>

*Note.* Bold values indicate  $p < .001$  and adequate model fit; unstand. = unstandardized; stand. = standardized; CFI = comparative fit index; RMSEA = root-mean-square error of approximation; SRMR = standardized root-mean-square residual; CI = confidence interval; *SE* = standard error.

TSE or socioemotional effects. The LRHC randomized controlled trial employed a group training plus “teacher learning circles” format, and they found no impact on either TSE or student outcomes 2 years later (Torrente et al., 2019); perhaps, the LRHC teacher learning circles were too loose and not as effective as individual consultation might have been. Therefore, this study’s TSE findings hold promising implications. The results may imply that growth of teachers’ efficacy is possible around refugee student emotion management and engagement, even for teachers who are refugees themselves. Given the trauma faced by refugee students and adults (e.g., Betancourt et al., 2017), teachers of refugees, who have typically reported concerns about refugee student emotion management, may be particularly receptive to and motivated by the emotion-focused problem-solving provided by individual consultation in RRI. This tentative conclusion may be reinforced by the consultees reporting high satisfaction, consultant effectiveness, and goal attainment, along with growth in emotion-focused TSE. Also, these positive results reinforce the reliance on PCSC and CCC frameworks to guide culture-specific, international, transcultural school consultation models in a global-intercultural context (Nastasi et al., 2020). Furthermore, such results were related to a CCC framework in that CCC emphasizes knowledge and skill building, and these results demonstrated significant growth in such knowledge and skills.

On the whole, RRI seems to have similar effects across dosage and demographic groups, with implications for teachers in under-resourced learning environments with refugee or other marginalized students. A large number of studies do not assess dosage, but, in some training and coaching literature, higher dosage has been found to lead to stronger effects than lower dosage (Hickey et al., 2016; Webster-Stratton et al., 2011). Indeed, Pianta et al. (2022) found that coaching dosage effects on teacher emotional support led to better student positive engagement. In contrast, Kraft et al.’s (2018) meta-analysis found that dosage had no impact on teacher coaching effects on academic TSE and instruction. We speculated that dosage might potentially affect all of the outcomes in the present study, but it is possible that, given the range of 3–8 sessions in this study, the lack of dosage effects suggests that a minimum of three sessions might be enough to have an impact.

### **Self-Care**

As hypothesized, the RRI consultation intervention had a positive impact on the teacher self-care outcome, with a medium effect size, consistent with our previous large group training study that observed an increased use of self-care strategies from pre- to posttraining among teachers of refugee students in Malaysia (O’Neal et al., 2017). This study and our previous RRI study (O’Neal et al., 2017) are the only intervention studies, to our knowledge, that measured self-care among teachers of refugee students. The importance of teacher well-being in education-in-emergency contexts cannot be overstated (Inter-agency Network for Education in Emergencies, 2022). Indeed, stress management is especially critical for refugee teachers, given their elevated levels of mental health and stress living in a transit country hostile to refugees (Low et al., 2014). Nonetheless, the effect size of RRI on self-care might have been larger if refugee teachers did not face such severe constraints on resources and time for self-care (Gosnell et al., 2021). More research is needed to design and refine self-care strategies that are culture-specific targeting refugee teacher stress and mental health. We

conducted a qualitative, preconsultation study in which teachers of refugees in Malaysia gave their culture-specific definition of stress, mental health, and self-care (Gosnell et al., 2021), which informed this iteration of RRI and helped us shift our own Western mindset to a more global–intercultural view (Nastasi et al., 2020) of self-care.

### **Consultation Skills**

Teacher consultants also reported improvements in consultation skills, and all of the teacher consultees reported high levels of satisfaction with their consultants. This is consistent with findings from Guiney and Zibulsky (2017) who found improvements in consultation skills among novice and advanced consultants after undergoing CCC practicum training. To the authors’ knowledge, the present study is the first to engage teachers of refugees as consultants and to examine the effectiveness of this process on the teachers’ consultation skills. In theory, the development of consultation skills could bode well for sustainability as teachers of refugees, especially those who are refugees themselves, gain confidence to provide peer consultation in the future. So, they may be more likely to use consultation with their peers given that they feel more confident in their consultation skills.

Such effective growth in consultation skills relates to the PCSC framework in that PCSC emphasizes working with locals with the goal of building capacity and sustainability; such sustainable outcomes might be likely for this study’s consultation program given the teacher consultants’ improvement in consultation skills. The consultees’ positive ratings of their experiences with the consultants may also speak to a value underscored by PCSC—that an intervention is more likely to be received positively if it is implemented, or co-implemented as in our study, with local community members. Future refugee school consultation studies would benefit from examining sustainability by assessing the further development of consultation skills and implementation of peer consultation a year or more after the consultation intervention is completed.

### **Limitations**

This study is a two time-point, single-group, preintervention, and postintervention research design, and there were no follow-up assessments due to pandemic-related restrictions. Another limitation was the sole use of teacher self-report with no student-reported or -observed outcomes, although consultee-reported goal attainment outcomes were included. Student data were not used as an outcome because it was too onerous to collect student data. Why? Because it is very challenging to get primary caregiver consent of parents/primary caregivers who are refugees, given the tumultuous life many refugees lead to survive; therefore, primary caregivers of refugee children are often difficult to find. In addition, the RRI toolbox was an optional resource; however, it is unclear if and how the toolbox might have somehow influenced the improvement in pre- to postoutcome scores. Also, two of the three growth measures were novel and created by the authors, although a strength of these new measures was that they were piloted prior to use; had adequate internal reliability; and the data fit the expected factor structures. A potential limitation is that teacher consultants in the triad might have elicited social desirability effects from their peer teacher consultees. The lack of a control group was also a limitation, and future research should consider a randomized controlled trial of RRI.

RRI effects were explored separately for consultant/consultee and consultee-only groups, with tentative results indicating significant growth for both groups; however, results were not significant for two of the four outcomes for the consultee-only group ( $n = 25$ ; 20% attrition), which needs to be interpreted with caution given that group's low  $n$ . We recommend that future research continues to support the development of refugee teachers who are both consultants and consultees, which is a unique contribution to the literature and may have facilitated growth in this study.

## Conclusions and Implications

Although classroom-focused interventions, like RRI, cannot impede the downstream effects of restrictive refugee policies and improve the education rights of refugees in transit countries (e.g., Maher, 2020), school-level interventions can have a positive effect. Future researchers could build on this intervention by developing a systemic consultation intervention that could help policymakers work with refugee schools and teachers to improve refugee conditions and education in transit countries; indeed, policymakers should work to include refugee children and youth in mainstream schools attended by citizens (e.g., O'Neal et al., 2017). Guided by PCSC (Nastasi, 2017); informed by preconsultation formative research with local communities (Gosnell et al., 2021; O'Neal et al., 2016, 2022); and strengthened by sustained collaborations and partnerships with this refugee education community for over 13 years, this iteration of RRI suggested that CCC was effective in facilitating growth in TSE in managing emotion regulation and engagement of students who are refugees and teacher self-care, along with teacher consultation skills.

This study was guided by CCC (Newman & Ingraham, 2017) which, as applied to these results, underscores the importance of and potential for growth in consultee skills and knowledge, including for marginalized, less educated teachers. We would argue that CCC is particularly relevant for international consultation given CCC's international origins, application, and development over time, with an emphasis on "consultation processes rather than parameters" (Newman & Ingraham, 2017, p. 2). CCC is also an ideal approach to global school consultation given CCC's striving toward mutual capacity building between consultants and consultees, equitable power balances, primary prevention, and environmental influences (Caplan et al., 1994). For instance, this study was novel in its CCC-influenced value of equitable power balances in having local refugee educators as coconsultants. Given their better knowledge of the culture, having local peer refugee educators as coconsultants may have led to better communication with their peer teacher consultees. The local refugee educator coconsultants may have contributed in a more culturally relevant manner to the consultation process, with positive consequences for consultee growth in TSE. In fact, Nastasi et al. (2020) have argued that partnerships are essential to promote a global-intercultural approach given one's partner's better knowledge of the culture. Indeed, the partnership has potential positive consequences for communication, ethics, and effectiveness of collaborative services. We recommend future research on the impact and process of partnerships as part of a global-intercultural approach to the international development of school consultation programs.

Research implications of these findings are that a global-intercultural perspective is important to take prior to doing transcultural, international work with marginalized refugee populations. It is also possible to conduct an intensive consultation intervention and assess

the impact of the intervention with both consultant- and consultee-reported outcomes. Future research should compare large group training versus such intensive individual consultation to determine if the time and energy required for individual consultation is necessary or if it is equal in impact to a more simple group training.

As the next step in the PCSC process, we recommend a collaboration with the refugee education community around resources to promote sustainable, long-term, peer-delivered school consultation. School psychologists are encouraged to collaborate on culture-specific, empowering, and sustainable interventions for refugees, informed by a global-intercultural worldview (Arora et al., 2017). Such a global-intercultural worldview may explain, at least in part, the effectiveness of this intervention. Relatedly, this study highlighted the strengths of these refugee schools and their communities, given refugee teachers' support of their peer teachers with the ultimate goal of creating opportunities for their refugee children and their education communities. Indeed, this study may exemplify ways that school psychologists and educators could work in the global context with refugee and marginalized school communities to amplify strengths in their communities.

In sum, international, transcultural school consultation with marginalized schools can be effective for teachers regarding their self-care, self-efficacy in promoting emotion regulation and engagement of refugee students, and consultation skills, with implications for future school consultation research guided by a global-intercultural approach. Teachers' capacity to promote refugee students' emotion regulation and engagement may hold implications for refugee healing and academic functioning. Such teacher skills not only contribute to the greater good of the refugee community and transit country, but their skills could also be viewed as contributing to a global good with larger implications for the global education community (Dryden-Peterson, 2017).

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