




NATIONAL COMPADRES NETWORK



**Best Practice Interventions for the Well-Being and Mental Health
of Frontline Workers in Immigrant-Serving Institutions
Literature Review**



Background. The United States is a country of immigrants, some that have and continue to come willingly while others that have been forcibly uprooted. Historians tell us that the steady infusion of diverse peoples, cultures and the visions they bring has played a critical role in America's development into the land of opportunity, innovation, technological and economic growth. Change, however, has also come through conflict, pain and trauma. As alluded to in the welcoming words of the Statue of Liberty, *"Give me your tired, your poor, your huddled masses yearning to breathe free,"* immigrants tend to be those already struggling to thrive or even survive in their countries of origin. For many, the perilous road to America and currently uninviting, often hostile political climate in the United States only adds to the trauma that immigrants bring with them (Held et al 2020). The landing spots have changed as well. Immigrants are no longer settling only in the southern or coastal regions such as Texas, Arizona, New York or California, but in destinations such as Idaho, Wyoming, Tennessee and Kentucky, states with little history, at least recently, of accommodating newcomers (Padilla 1997). Historically, the bulk of the work of welcoming, comforting and providing direction has shifted from religious to community-based, non-profit organizations as well as public health workers. Often overlooked, it has become apparent that the people on the "front lines," those helping immigrants integrate themselves into American society are

struggling to help the dramatically different and diverse populations (Olcoń, K., & Gulbas, L. E. (2021).

Efficacy and Well-being of Frontline Workers.

Frontline workers or those who deal directly with traumatic and otherwise highly stressful situations are often overwhelmed and experience their own adverse responses. For example, studies focused on mental health report high levels of clinical syndromes such as anxiety, depression and Post-Traumatic Stress Disorder (PTSD) (Chen et al., 2022; Hao et al., 2021; Rossi et al., 2021). Other studies note that the distress is compounded by the emotional toll of working with vulnerable populations, such as unaccompanied minors and immigrants, who may themselves be experiencing trauma and instability (Chhablani & Choudhari, 2022; Sritharan et al., 2020). Still others suggest that the symptoms experienced by frontline workers are much deeper than psychological distress. Borrowing the term from the medical profession, researchers point out that social workers and other professionals who perform similar functions are susceptible to "compassion fatigue" and "compassion burn-out." Lynch and Lobo (2012) note that interventions based on empathy do carry the risk of increased levels of stress. Younger and less experienced, more isolated or unsupported are more susceptible than more



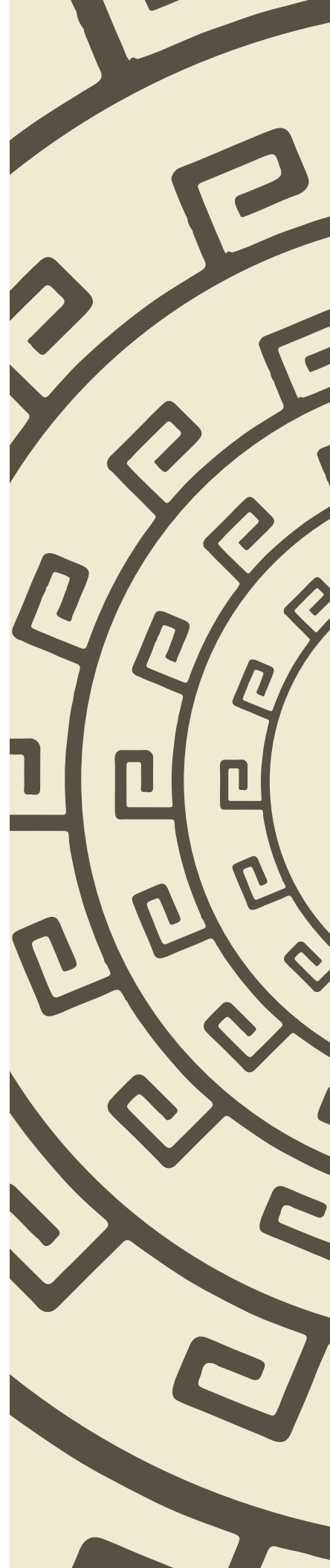
seasoned counterparts and those who enjoy organizational support (Hunsaker et al. 2015; Zhang et al 2018; Collins and Long 2003; Unlugedik and Akbas 2023). Additionally, a meta-analysis conducted by Chen et al 2022 revealed that frontline healthcare workers during the pandemic reported significantly higher levels of psychological distress compared to their non-frontline counterparts. Taken as a whole, the research on preparing and supporting current frontline workers strongly indicates a need for “re-imagining social work” (Evans et al 2022) - for more comprehensive paradigms that include contextual factors such as community and organizational support, as well as more personal-subjective variables such as cultural and spiritual considerations.


Frontline Workers Capacity and Skills.

In general, there are relatively few evidence-based studies that lift up best practices on the preparation of and support frontline staff working with current immigrant families. We supplement the existing literature on frontline workers with relevant research from related fields such as social work, mental health, medicine and others (Gentry et al 2004). Although there may be clinical supervision provided to frontline workers, it may not be enough given the amount of trauma experienced by those they are serving. Mejía-Lancheros et al. 2022 emphasize the importance of providing comprehensive support tailored to the unique challenges faced by frontline workers during crises. This includes

the implementation of psychological “first aid” programs, which have been shown to be beneficial in mitigating the psychological impact of traumatic events (Grubin et al., 2022). Collins and Long (2003) found that service providers with their own history of trauma were more susceptible to “vicarious trauma.” Decker et al (2015) note that “mindfulness,” a current adaptation of indigenous meditation and breathing practices can help improve worker efficacy and satisfaction. The development of other culturally-adapted mental health interventions can significantly improve the effectiveness of support services for diverse populations (O’Keefe, 2024; Brown, 2023).

In discussing preparation for frontline workers serving immigrant families, the importance of culture inevitably rises to the forefront. The training and preparation should help frontline workers address not only the “surface structures” of culture (e.g., matching client language, aesthetics of treatment location, but also “deep structures” such as cultural beliefs and values. (Hwang 2016). Falicov (2009), well-established, practitioner-researcher in the field of intervention with immigrant and marginalized populations distinguishes between two belief systems; one that concerns illness and health and a second system that refers to religion and spirituality. Escamilla et al (2025) note that cultural compe-





tency in another's culture is not enough to establish the necessary connection and relationship between providers and the people they serve. They suggest that service providers can better serve marginalized communities if they first appreciate the critical importance of their own culture. They present agency data indicating that even among trained practitioners in various helping professions, there is significant racial/ethnic variation in the perceived importance of culture in well-being.

Organizational Support. Beyond individual skill and capacity, delivering targeted organizational support plays a crucial role in the mental well-being of frontline workers. Team building and unity are important considerations. Research indicates that supportive workplace environments, characterized by open communication and access to mental health resources, can reduce burnout and promote resilience among staff (Søvold et al., 2021; Dobnik, 2023). For instance, frontline workers who reported feeling supported by their organizations were less likely to experience severe mental health issues (Dobnik, 2023). Additionally, fostering a culture that prioritizes broadly-defined mental health can help reduce stigma associated with seeking help, encouraging workers to utilize available resources (Billings et al., 2021). The relationship between providers and what Isaacs et al 2013 call *competence trust* is another way of looking at organizational support. Their study found that where

trust and collaboration between workers are high, individuals are more committed and can better access services for families. The use of talking circles is another adaptation of indigenous-based practice currently being used to solidify organizational support in diverse areas such as law enforcement (Burrell 2023), the medical professions (Jordan 2014), community advocates (Struthers et al 2003) and program evaluation (Brown & Di Lallo 2020).

Community Engagement. Promoting community engagement is also vital in addressing the mental health needs of frontline workers in diverse areas. Collaborative efforts between mental health professionals and community organizations can create a network of support that extends beyond the workplace (Rathnayake & Chandradasa, 2020; Alabdulla et al., 2022). Such partnerships can facilitate access to resources and provide a platform for workers to share their experiences and coping strategies, thereby enhancing their resilience (O'Keefe, 2024). Moreover, integrating psychosocial support into existing community services can ensure that frontline workers receive holistic care that addresses both their professional and personal challenges. Morales et al (2023) found that community talking circles were very effective in reaching and building resiliency in immigrant communities.



BEST PRACTICE INTERVENTIONS FOR THE WELL-BEING AND MENTAL HEALTH OF FRONTLINE WORKERS IN IMMIGRANT-SERVING INSTITUTIONS

INTRODUCTION

Based on our experience, people want to be heard, respected, included, made to feel they belong, and that there is hope for solutions. This experience allows us to inform and implement strategic activities, but also co-create broader aspects of capacity building. We propose three focus areas of *Best Practices* that promote inclusive issue framing, skill development, and community building for organizations serving immigrant children and their families.

Focus Area 1: Efficacy and Well-being of Frontline Workers

BEST PRACTICE	TARGET POPULATION	BRIEF DESCRIPTION	OUTCOME OBJECTIVE
Listening Circle Methodology	<ul style="list-style-type: none">• All groups• All demographic backgrounds• Practitioners	<ul style="list-style-type: none">• Four-hour <i>circulo</i>, depending on size• Uses indigenous restorative-based ritual and ceremony to establish a sacred space for open discussion• Dialogue-based encouraging participants to share from the heart for rapport-, trust-, and community-building• Focus group study and survey research	<ul style="list-style-type: none">• To reframe interventions from a deficit- to strengths-based approach.• To listen and learn from frontline staff about their experience serving immigrant children and their families and their own self-care.• To enable collection of both qualitative and quantitative information on provider and client strengths, needs, and primary socio-emotional problems, relevant to program design.
Narrative Change Campaign		<ul style="list-style-type: none">• Publications, podcasts, and other thought products designed for narrative change• Arts-based products and activities designed as discussion starters for healing trauma	<ul style="list-style-type: none">• To accurately convey the experiences of immigrant children and their families.• To build or strengthen stakeholder support for organizations serving immigrant children and their families.
Data/Research	Healing Circles for Re-Rooting People of Color		



Focus Area 2: Frontline Worker's Capacity and Skills/Organization Support

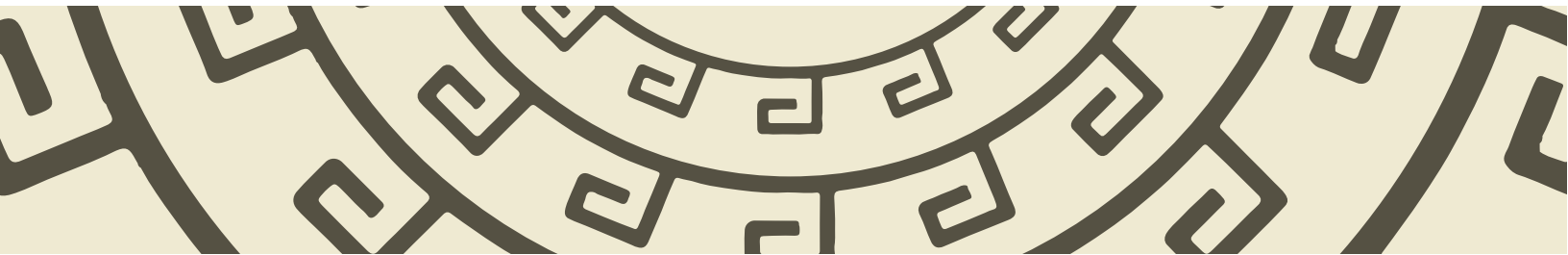
BEST PRACTICE	TARGET POPULATION	BRIEF DESCRIPTION	OUTCOME OBJECTIVE
Listening Circle Methodology	<ul style="list-style-type: none"> All groups All demographic backgrounds Practitioners 	<ul style="list-style-type: none"> La Cultura Cura (LCC) Overview Four-hour <i>circulo</i>, depending on size Uses indigenous restorative-based ritual and ceremony to establish a sacred space for open discussion Dialogue-based encouraging participants to share from the heart for rapport-, trust-, and community-building Focus group study and survey research 	<ul style="list-style-type: none"> To help develop an assessment on the most important needs including self-care.
Narrative Change Campaign <ul style="list-style-type: none"> Joven Noble Girasol Cara y Corazon 	<ul style="list-style-type: none"> Targeted groups (boys, girls, caretakers, frontline workers, practitioners) Targeted demographic backgrounds 	<ul style="list-style-type: none"> La Cultura Cura (LCC) Overview Three sessions on how to implement <i>circulos</i> for specific populations (boys, girls, caretakers, frontline workers) Uses indigenous restorative-based ritual and ceremony to establish a sacred space for reframing and understanding their own behavior Dialogue-based encouraging participants to share from the heart for rapport-, trust-, and community-building 	<ul style="list-style-type: none"> To orient social workers, counselors and other mental health providers as well as educators on how to operationalize LCC as a tool for building or strengthening healing-informed skills and for self-care. To adapt it as necessary to fit the needs of people serving immigrant children and their families.
Data/Research	Our ongoing research shows that the three-day, highly interactive orientation helps participants discover and better manage personal “triggers” mitigating the impact of vicarious trauma, work dissatisfaction and eventually burn out. How to listen actively to participants, helping them connect with rather than distance from the people they serve.		



Focus Area 3: Community Engagement

BEST PRACTICE	TARGET POPULATION	BRIEF DESCRIPTION	OUTCOME OBJECTIVE
Technical Assistance & Capacity-Building Program	<ul style="list-style-type: none"> • All groups • All demographic backgrounds • Practitioners 	<ul style="list-style-type: none"> • La Cultura Cura (LCC) Overview • Convening of regular national and regional gatherings of practitioners across the country – rooted in practicing mutual healing, learning, relationship, and field building. • Nationally recognized expertise in LCC training, learning, and education across such germane realms as Fatherhood, Women and Girls Healing and Leadership, Boys and Men of Color, Juvenile and Restorative Justice to the Healing Practitioners Network. • Healing Practitioners Network with principles and guidelines on promoting intergenerational racial healing and equity program that supports advocates, service providers and movement leaders 	<ul style="list-style-type: none"> • To establish CFP/Partner identified self-sustaining Círculos by the end of 2025. • To address the needs and self-care of people serving immigrant children and their families. • To contribute to the development of family resource centers that support local <i>círculos</i> in boardrooms, classrooms, government centers, communities, and philanthropic entities. • To provide compassionate and committed people, rooted in proven principles and practices, who will actively support youth – and walk with them.
Data/Research	Healing Circles for Re-Rooting People of Color		

CONCLUSION. There is very little research on best practices that prepare and support frontline workers working with immigrant families. Therefore, addressing the well-being and mental health of frontline workers serving unaccompanied minors and immigrant communities necessitates a comprehensive approach that includes enhanced access to comprehensive psychosocial services, robust organizational support, and active community engagement. By listening to frontline workers, adapting existing best practices, we develop uniquely adaptive programs and interventions to better prepare and support the health and well-being of these essential workers, ultimately improving their capacity to provide care to vulnerable populations. NCN training expertise, experience with a proprietary healing approach and methods with diverse service populations, and access to a professional network of knowledgeable wisdom keepers can serve as valuable assets for Casey Family Programs Foundation.



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