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An Exploratory Study of Healing Circles as a Strategy to Facilitate Resilience in an Undocumented Community

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Abstract

Within the United States (U.S.), the COVID-19 pandemic highlighted critical inequalities affecting undocumented communities and resulting in particularly heightened stress for members of these communities. In addition to the stress associated to COVID-19, immigrants in the U.S. were more than ever subjected to a hostile anti-immigrant climate under Trump's administration. Given this compounded stress, the impact of the pandemic on mental health is likely to be disproportionately experienced by undocumented immigrants. In response, a group of psychologists partnered with a leading immigrant rights advocacy organization and formed a reciprocal collaboration to support undocumented communities. A major focus of the collaboration is to foster learning, supporting members of the immigrant community to contribute to their own well-being and others in the community. Accordingly, the collaborative developed and delivered a web-based mental health education session to the immigrant community and to practitioners serving this population. The session presented the use of healing circles as a strength-based approach to building resilience and also sought feedback regarding specific features of healing circles that can enhance their effectiveness in managing distress. Survey data and qualitative findings from this study show that those who participated in the web-based program perceived the session as validating and informative. Findings also underscored the need for creating safe spaces for community members to be vulnerable about their lived experiences while promoting ownership of their narratives. We discuss practical implications pertaining to the development and facilitation of social support groups for immigrants led by non-specialist community members trained for this role.

Keywords: healing circles, covid19, mental health, compounded stress, undocumented immigrants

Resumen

Dentro de los Estados Unidos (EE. UU.), la pandemia de COVID-19 acentuó desigualdades críticas que afectan a las comunidades indocumentadas, provocando un nivel de estrés particularmente alto entre los miembros de estas comunidades. Además del estrés asociado con el COVID-19, los inmigrantes en los EE. UU. estuvieron más que nunca sujetos a un clima antiinmigrante y hostil bajo la administración de Trump. Dado este estrés agravado, es probable que los inmigrantes indocumentados experimenten el impacto de la pandemia en su salud mental de manera desproporcionada. En respuesta, un grupo de psicólogos se unió a una organización líder en defensa de los derechos de los inmigrantes y formó una colaboración recíproca para apoyar a las comunidades indocumentadas. Un enfoque central de esta colaboración ha sido fomentar el aprendizaje, apoyando así a los miembros de la comunidad inmigrante para que contribuyan a su propio bienestar y al de los demás en la comunidad. Por consiguiente y a través de esta colaboración, se desarrolló y presentó una sesión de educación en línea sobre salud mental a la comunidad de inmigrantes, así como a los profesionales que sirven a esta comunidad. La sesión presentó el uso de círculos curativos como una estrategia basada en las capacidades para desarrollar la resiliencia y buscó también obtener retroalimentación sobre características específicas de estos círculos que puedan aumentar su efectividad en el manejo de la angustia. Los hallazgos de la encuesta y cualitativos de este estudio muestran que los participantes percibieron la sesión como validante e informativa. Los hallazgos también destacaron la necesidad de crear espacios seguros para que los miembros de la comunidad puedan ser vulnerables sobre sus experiencias vividas mientras se promueve la propiedad de sus narrativas. Discutimos las implicaciones prácticas relacionadas al desarrollo y la facilitación de grupos de apoyo social para inmigrantes dirigidos por miembros de la comunidad capacitados para asumir dicho rol.

Public Significance Statement: We describe a reciprocal collaboration between psychologists and an immigrant-led advocacy organization for the purposes of supporting undocumented immigrants in tailoring culturally congruent therapeutic approaches for fostering resilience as they face multiple stressors due to interlocking crises, such as the COVID-19 pandemic and anti-immigrant policies. The collaboration led to the development and delivery of a web-based session which provided immigrant community members and practitioners with recommendations for facilitating healing circles as a strength-based and culturally responsive approach to fostering peer-led social supports during stressful times. Findings highlight the need for creating such safe spaces for community members to be vulnerable about their lived experiences and feel validated.

An Exploratory Study of Healing Circles as a Strategy to Facilitate Resilience in an Undocumented Community

The COVID-19 pandemic has affected millions worldwide, yet it has disproportionately affected the overall health and economic status of vulnerable communities, including immigrant and racial and ethnic minorities (Centers for Disease Control and Prevention, 2020). Prior to the pandemic, there were already considerable challenges in meeting the public health and social care needs of immigrant, racial, and ethnic minority groups around the world (Bhopal, 2020). Without doubt, the COVID-19 pandemic has highlighted these critical health inequities affecting many vulnerable populations in the United States (U.S.), including undocumented immigrants (Garcini et al., 2020). Due to underlying health comorbidities such as diabetes and hypertension, and systemic barriers such as crowded living spaces, employment discrimination and vulnerability (for example, jobs in the service industry), the undocumented immigrant population may be at a greater risk of contracting the virus and may suffer from higher morbidity rates (Page et al., 2020). This population is less likely to have access to health care (League of United Latin American Citizens, 2020), and an estimated 7.1 million undocumented immigrants in the U.S. do not have health insurance (Radford & Noe-Bustamante, 2017). Furthermore, many immigrants lost their jobs in the course of the pandemic (Capps et al., 2020). Compounding these effects, undocumented immigrants were ineligible for federal financial stimulus programs meant to mitigate some of the aforementioned hardships—a major concern given disproportionate increases in unemployment for immigrants compared to U.S. born individuals during the COVID-19 pandemic (Clark et al., 2020).

In addition to the stress caused by the risks for and consequences of infection, as well as the associated financial hardships, immigrants in the U.S. were more than ever subjected to a

hostile anti-immigrant climate under Trump's administration (Garcini et al., 2020); and despite new Biden administration, immigrants continue to face a hostile environment thanks to the lingering hateful rhetoric of Trump (Zakaria, 2021). Children of immigrants living in mixed-status families, many who include recipients of the Deferred Action for Childhood Arrivals (DACA) program, are particularly vulnerable as people may hesitate to access necessary community resources due to increased immigration enforcement measures and a more visible presence. In addition, public health initiatives, such as free COVID-19 treatment and preventive and vaccination education messaging and directives, may be less accessible due to health insurance and language barriers, respectively (Cholera et al., 2020).

Unquestionably, socioeconomic disparities, job losses, and other systemic barriers have compromised the mental health status of the general population during the COVID-19 pandemic. These psychological consequences can be manifested as elevated levels of stress or anxiety, depression, and other negative psychological symptoms (Otu et al., 2020). The impact of the pandemic on mental health is likely to be even greater among undocumented immigrants (Garcini et al., 2020). Many have a severe history of trauma (Mercado et al., 2019) and high distress associated with the immigration process (Garcini et al., 2017) and detention (von Werthern et al., 2018). Uncertainty related to their legal proceedings, as well as the possibility of deportation, can lead to increases in general distress among immigrants (Green, 2019). This type of chronic exposure to stress can disrupt the functioning of stress reactivity systems (Chaby et al., 2017), thereby leaving individuals susceptible to physical and mental illnesses when faced with additional stressors (Mercado et al., 2019).

Emerging research has already documented that children and adults of color are experiencing the mental health effects of the COVID-19 pandemic more profoundly than White

Americans and, as the pandemic has worn on, improvement in mental health has been noted among White Americans, whereas adverse outcomes have persisted over time for individuals of color (Center for Translational Neuroscience, 2020a; Dorn et al., 2020). Clearly, the compounded stress of enduring the COVID-19 pandemic with limited access to health services and resources, and the hostility of the ongoing anti-immigrant climate can be expected to negatively affect the mental health of undocumented immigrants. Given the current health and socio-political context, and the seemingly unsurmountable barriers faced by undocumented immigrants in accessing health and mental health support, it is important for mental health providers to develop and implement culturally and contextually congruent therapeutic approaches to respond to the mental health needs of immigrant communities.

Strength-Based Approaches to Mental Health

Mental health encompasses the transactions between individuals and their environments. Traditionally, the field of mental health has focused on disease, impairment, and dysfunction (Swaine, 2011). However, focusing exclusively on impairment hinders individuals from exercising personal and social power, reinforcing the social structures that create unequal power relationships (Cowger, 1994; Freire, 1968; Martín-Baró, 1994; Prilleltensky, 2008; Prilleltensky, 2012). Liberation Psychology, which was first articulated in the work of Martín-Baró (1994), underscores the relationship between an individual's psychological suffering and well-being and the sociopolitical structures that negatively impact oppressed communities. Thus, members of oppressed communities can better heal when clinicians conceptualize problems and interventions within a social-historical context and promote individual self-determination of community members (Chavez-Dueñas et al., 2019). Hence, identifying opportunities to promote client empowerment within their own environments should be essential to clinical practice. While

personal empowerment recognizes the uniqueness of each individual, social empowerment acknowledges that the characteristics of individuals cannot be fully understood without their context and that personal empowerment depends on opportunity (Cowger, 1994; Martín-Baró, 1994; Suárez-Orozco et al., 2018; Prilleltensky, 2008; Prilleltensky, 2012).

Strength-based practice may be particularly beneficial to undocumented communities whose experiences are greatly shaped by their circumstances. Strengths comprise accessible strategies, beliefs, and personal assets that can be used with relative ease (Padesky & Mooney, 2012). One such positive attribute is resilience, which can be defined as the capacity of individuals to successfully cope and adapt to adversity or challenges (Masten, 2014) and the capacity to take charge and control of their personal lives (Padesky & Mooney, 2012). As such, resilience protects individuals from deleterious psychological and physical health outcomes during stressful times (Yi et al., 2008). Through the assessment of strengths, individuals can define their situations and attain clarity about their situation by taking ownership of their story (Cowger, 1994; Barak et al. 2008). In addition to individual characteristics, strengths-based approaches recognize the innate assets of families, groups and organizations, and maximize these strengths to promote growth and empowerment (Cowger, 1994). Similarly, emerging research from diverse fields ranging from genetics to human ecology is elucidating the role that culturally relevant resources available to stressed individuals have on their capacity for resilience (Suárez-Orozco et al., 2018; Ungar & Theron, 2020). Such works demonstrate that certain factors may enable resilience when provided and experienced in culturally and contextually meaningful ways (Ungar & Theron, 2020).

Reciprocal Collaboration with an Immigrant-Led Advocacy Organization

Responding to the aforementioned myriad of intersecting crises, ongoing stressors, systemic barriers, and underlying health conditions, a group of psychologists entered into a reciprocal collaboration with the largest immigrant youth-led organization in the country, United We Dream (UWD), which focuses on advancing immigrant rights through community organizing and policy advocacy (www.unitedwedream.org). The reciprocal collaboration focused on supporting UWD in further developing their UndocuHealth program and resources to meet the growing health and psychological needs of undocumented communities in the U.S. using a strength-based approach. Accordingly, a major focus of the collaboration is to foster learning, supporting community members to contribute to their own well-being and others in the community. This collaboration is multi-tiered and multi-faceted, being led on the UWD side by immigrant rights activists, many of whom are undocumented. On the psychology side, the collaboration is led by a group of experts from the Latinx Immigrant Health Alliance that are actively involved in service delivery, education, and research to meet the health needs of immigrants, and most of whom identify as immigrants themselves.

For the purposes of supporting the undocumented community amid intersecting crises (e.g., COVID-19 pandemic, anti-immigrant policies), the team of psychologists developed and delivered a web-based mental health education and skills-building program to the immigrant community, as well as to practitioners serving this population. The development of this mental health program focused on the following tenets: (a) teaching skills as a means of supporting communities in coping and healing from compounded stressors, (b) listening to narratives and building community through shared experiences, and (c) learning about available culturally sensitive resources for providers and community members to support growth and resilience.

The web-based mental health education and skills-building program was launched using the Extension for Community Healthcare Outcomes (ECHO) telementoring platform which was developed to reduce health disparities in rural communities (Arora, 2008) and is commonly used for both healthcare service delivery and knowledge sharing in training programs. The first stand-alone session of this program focused on the value and development of support networks for emotional wellness in the form of healing circles. Panelists included expert psychologists who summarized findings from the literature and applied evidence-based practices to create practical guidelines; advocates with lived experiences as immigrants and professionals; and an immigrant activist youth with real-life case illustrations reflecting the various challenges faced by the community.

Healing Circles: A Strength-Based Approach

Healing circles, also referred to as talking circles or peacemaking circles, are deeply ingrained in the traditional practices of indigenous people (Stevenson, 1999). These circles continue to be a common practice among the First Nations people of Canada and the different tribes of Native Americans in the U.S. (Mehl-Madrona & Mainguy, 2014), as well as among the Mhuysqa de Cota indigenous people from Colombia (Correa & Jiménez, 2013). Healing circles can adopt a variety of forms, and in its most basic format, members sit in a circle to contemplate an issue or a question. Traditionally, the circle starts with a prayer, usually made by the person convening the circle or by an elder (Stevenson, 1999). One person speaks at a time, while the rest of the members remain quiet. The person holds a talking stick or another sacred object while speaking. After the person is done speaking, they pass the stick around the circle, clockwise. Once the talking stick has passed around the entire circle, the circle is complete.

Native American tribes have used healing circles to gather individuals of all ages together for the purposes of teaching, listening, and learning (Stevenson, 1999). Healing circles nurture a strong sense of belonging and cultural identity (Stevenson, 1999). They draw on the life experiences of all the participants to better understand the issue at hand and problem solve. The circle process establishes a safe non-hierarchical space in which all participants have the opportunity to speak without interruptions or judgment (Umbreit, 2003). Through this distinctive style of communication, healing circles effectively promote respect, foster attentive listening skills, resolve conflicts, and build self-esteem. Indeed, the beauty and strength of these healing circles reside in a shared experience of mutual respect, acceptance, and shared identity.

In the last decade, there has been emerging interest in the implementation of modified healing circles in diverse Western systems, including education, recovery, counseling, and health settings among others (Obie, 2016). Archambault (1993) argues that healing circles hold significant potential as a therapeutic approach for psychological and spiritual healing for both indigenous people as well as the general population. Many of the practices invoked in healing circles are similar to the practice of psychotherapy groups and support groups (Helgeson & Gottlieb, 2000; Yalom, 1995). For Latinx immigrants, healing or talking circles may be a particularly culturally appropriate way to receive help from others. Even though healing circles are traditionally associated with Native American tribes, healing circles and similar rituals have been practiced by many indigenous peoples throughout the Americas over the centuries. Among the Mhuysqa de Cota, an indigenous group from Colombia, talking circles (*“círculos de palabra”*) are still practiced (Correa & Jiménez, 2013). The main purpose of these circles is to transmit knowledge from the oral tradition and to invite participants to reflect. For Mhuysqa people, talking circles are the only way for traditional knowledge to endure, transmitting it from

generation to generation and countering in this way the influence of Eurocentric knowledge (Correa & Jiménez, 2013).

Moreover, healing circles or talking circles embody certain values which closely align with those commonly endorsed by Latinx people such as *respeto*, relationalism/allocentrism, and spirituality (Correa & Jiménez, 2013; La Roche et al., 2006; Organista, 2019). These values may aide in creating trust, promoting engagement, and creating a safe space for undocumented community members. Further, healing circles offer an opportunity for community members to help each other without relying on professionals. In this manner, healing circles enable participants to narrate the authoritative and legitimate story of their experience. For Latinx people, practicing these rituals provides a way to honor and reclaim indigenous traditions which have been nearly erased by colonization, and ultimately resist oppression by coming together as a community. It was with this understanding that a lead member of UWD suggested healing circles as a means of fostering resilience among undocumented communities by embracing the indigenous roots of members at all levels of the organization. Healing circles may be especially beneficial to undocumented communities in building social support by sharing space with people with similar lived experiences (Glanz et al., 2008). Research has documented how group work and community dialogue circles have been beneficial to undocumented immigrants in educational and community settings (Chen et al., 2010; Filomeno, 2019).

Purpose

In the spirit of Freire's work, psychologists leading this research project chose collaborative methods and a social justice stance in the exploratory study of a web-based mental health education session for the immigrant community, as well as to practitioners serving this community. We joined with UWD and used the ECHO (Arora, 2008) telementoring model to

facilitate dialogue around mental health education between leading mental health providers, immigrant advocates, and undocumented immigrants. The primary goals of this stand-alone session were to increase knowledge and motivation to use healing circles as a strength-based approach to building resilience and promoting connection, and to seek feedback from community stakeholders regarding specific features of support groups and healing circles that can enhance their effectiveness in managing distress during these unprecedented times. The session facilitated the exchange of information and resources for facilitating healing circles between providers and the community. The overarching aim of this strategy was to encourage community members to apply knowledge for personal and community healing.

Method

Participants

Participants were recruited to attend the ECHO session by UWD. Invitations were disseminated to all members by using emails, mass text messages, and social media. Additionally, a flyer invitation was shared among psychology networks, including listservs of multiple divisions of the American Psychological Association, National Latinx Psychological Association, and state psychological associations. Participation in the ECHO session was free but required preregistration and access to basic audiovisual capabilities, such as a laptop, computer, or smartphone with internet access. Being mindful of protecting participants' sensitive information (e.g., documentation status), providing demographic information was not necessary to preregister. Additionally, participants had the opportunity to remain off-camera or use their first name only to protect their confidentiality.

By observation, 169 individuals joined the web-based discussion session, including the moderator, five psychologists from the Latinx Immigrant Health Alliance, psychologists and

members of state and national professional psychological associations, advocacy leaders from UWD, and ECHO support personnel. Although participation was open to anyone, the target audiences were undocumented individuals, community leaders and organizers that work with undocumented immigrants, and mental health providers who serve this community. At the outset of the webinar, 89 people completed pre-assessment measures available in English only. At the end of the webinar, 47 people provided data on post-assessment measures. Of these, 39 participants provided both start-of-webinar and end-of-webinar data; data from only those 39 participants was used for comparisons between pre- and post-webinar scores.

Procedures

The web-based discussion session “*Building Healing Circles to Overcome Compounded Stress from COVID-19 and Anti-Immigrant Policy*” was held on Thursday, May 14th, 2020. This was the first ECHO session in the ECHO Series titled: “*Building resilience of DACA recipients and mixed-status families in the face of adversity: An ECHO Program.*” The ECHO sessions are carried out in English on the Zoom web-based platform and during the session teams of expert and community partners facilitate virtual discussions with the goal of providing education and relevant resources to traditionally underserved populations. The ECHO session lasted 75 minutes, including the pre- and post-session evaluation.

The format of this ECHO session included a discussion of community agreements or expectations for communication and conduct during the sessions, a brief didactic presentation about the relevance of support groups/healing circles to promote wellbeing during times of stress based on evidence-based data, the presentation of a real-life case study to highlight the psychosocial needs of undocumented immigrants, followed by an open forum discussion about how to build culturally congruent resources (i.e., support groups, healing circles) for this

population and a summary of recommendations and resources to be produced as deliverables. This discussion focused on providing practical guidance on defining the overall purpose of support groups and presenting recommendations for the recruitment and training of community leaders to prepare as group facilitators while eliciting feedback from stakeholders (community members). Specifically, the mental health professionals who served as the panelists for this session discussed a 3-phased approach for the development of social support groups. This approach is driven by the different objectives and guiding questions corresponding to each of the elements of the group process: *Planning* (Phase 1), *In Action* (Phase 2), and *Reflection and Growth* (Phase 3). A detailed description of the purpose of each phase was offered in the form of handout prepared by the team and made available in both English and Spanish. Panelists also requested feedback from stakeholders regarding specific features of support groups and healing circles that could enhance their acceptability and effectiveness.

Information resulting from this session, including the live discussion and chat transcript, was used to refine context and culturally sensitive resources that were distributed among providers and community members, as well as shared online via collaborating organizations. The information presented in these resources was synthesized and organized by an expert team of psychologists and integrated with feedback provided by UWD representatives. Evaluation activities were administered by UWD and data were analyzed and summarized by the Latinx Immigrant Health Alliance partners. All materials related to and resulting from this webinar can be found on the Open Science Framework at: <https://osf.io/ck5pq/>

Positionality

The author collective is comprised of ten Latinxs with diverse lived experiences (e.g., undocumented present, past; naturalized and lifetime US citizens; academics, organizers) as well

as varied identities (e.g., gender, national origins) and developmental stages (e.g., students to late career; varied ages). This group is united by their desire to address health inequities as one collective with varied positionalities. As such, all program development activities were carried out during ongoing meetings, with ample collaboration, open-source documents, and opportunities to discuss the evaluation of early programs to inform future programming. This group has a track-record of working collaboratively, taking turns with leadership on varied initiatives so the collective work can move forward in a timely manner.

The lead authors took responsibility for advancing the work of the collective. The first author identifies as a first-generation Mexican immigrant cisgender heterosexual woman whose research addresses the mental health of recent immigrants within the context of anti-immigrant policy. The second author identifies as a DACAmented first-generation Mexican cisgender heterosexual man whose research is broadly on understanding and addressing the mental health needs of undocumented people. As researchers and leading authors of this paper, we view our immigrant identity as a strength as it provides us with unique insight into the distinctive challenges that undocumented Latinxs face. We are aware that the undocumented experience can vary due to factors such as skin tone, sexual orientation, gender identity, among many others. While conducting the study on this community, we were also keenly aware of our privileges as highly educated individuals. Thus, to ensure that the input of the participants was well represented, we collaborated with community leaders throughout the research process.

Measures and Sources of Data

The evaluation of this session includes multiple and varied observations, including data from an exploratory self-report survey as well as qualitative data, allowing for greater depth and breadth of understanding of a phenomenon being studied (Almalki, 2016). Participants' self-

report surveys, before and after the session, provide preliminary information on their perceptions of their own knowledge and efficacy in building support networks as immigrants themselves or when working with immigrant clients in clinical practice. Chat room data provides important information about the participants' engagement with the material during the session especially where the coders were also participants (Shapka et al., 2016). Participant observation allows for thick descriptions (Phillippi & Lauderdale, 2018). Additionally, the use of an online video interface such as Zoom increases accessibility (Gray et al., 2020) while still maintaining a similar level of quality as in-person interviews (Shapka et al., 2016).

Pre- and Post-Assessment Surveys

To obtain preliminary data on the potential impact of the ECHO session on participants' knowledge and perceived self-efficacy for mastering the content of the session learning objectives, a brief and anonymous online survey was completed before and after the session. The survey questions assessed participant understanding of barriers and facilitators to building social support (Table 1). The survey included 5-items to assess change in perceived self-efficacy based on the learning objectives of the session. Participants responded on a scale ranging from 0 (*not at all*) to 7 (*extremely*), where higher scores reflected higher perceived self-efficacy. We report descriptive data (e.g., *M*, *SD*, ranges) on evaluation items tied to specific presentation/discussion goals at the outset and completion of the session.

Field Notes

Field notes are defined as a written record of observational data (Montgomery & Bailey, 2007). The content of field notes can include any behavioral observation or impression from the participants (Montgomery & Bailey, 2007). Field notes are commonly used to help aid and enrich the analysis of other qualitative data (Phillippi & Lauderdale, 2018). In this study, field

notes were used in conjunction with chat room data to better understand the experiences of the participants. A note-taker was instructed to take notes on how participants were responding to the information provided throughout the session. These notes were used to help develop our discussion on the perceptions of healing circles within this community.

Chat Room Data

Participants had access to the Zoom chat function to share their thoughts throughout the session. Chat room transcripts have been found to be a useful source of qualitative data (Robinson, 2001). The chat room function can be an avenue of expression for those who are not comfortable vocalizing their thoughts. Since more participants used the chat room to express themselves than in the context of the session itself, the chat room transcripts enriched the data collected through notes. The chat room transcripts revealed all chat comments were written in English and these were analyzed by two independent researchers, starting with the development of domains, or broad thematic areas of interest (Hill et al., 1997). Independently, and keeping the research question in mind, the two members of the analysis team reviewed the chat room transcripts before sharing their coding. After this step was completed, the analysis team convened to discuss emergent topics of interest to ensure that they accurately described the data. During this meeting, the analysis team also developed a list of core ideas or specific topics of interest within the existing domains. To increase validity, coding discrepancies were evaluated through discussion between the two researchers before a final coding decision was made. Core ideas were audited in order to avoid redundancies and excessive specificity. Totals within each domain were tallied and illustrations were provided to deepen the understanding of each domain.

Results

Pre- and Post-Session Surveys

Pre-session survey mean ratings for the key evaluation items (see Table 1) were on the mid-point of the 7-point scale, suggesting there was some room to improve on knowledge barriers in developing social support networks, the importance of these networks, strategies for building and giving support, and knowledge of relevant resources to share with group members that may experience distress. In addition to these questions, participants were asked about prior exposure to training on the mental health needs of undocumented immigrants. The majority ($n = 48$, 53.93%) had not had specific training, but a sizeable number had ($n = 29$, 32.58%).

Post-session survey mean ratings for the key items were at the high end of the scale at the end of the webinar compared to the pre-session survey mean ratings at the beginning of the webinar (see Table 1). Although our analyses are exploratory and descriptive in nature, the observed movement on all key times may indicate that participants' perceived an increase in their understanding of the barriers that DACA recipients face in finding or building adequate social support, confidence in their ability to identify strategies or skills helpful to provide support to DACA recipients, and their understanding of a format that can be helpful to build support groups for DACA recipients at the end of the webinar. Survey results also reveal that participation in the session may have enhanced participants' knowledge of relevant resources to share with group members that may experience distress.

At the post-session survey, participants also provided information regarding the webinar itself. Specifically, participants rated the perceived value of the workshop using a scale from 1 = *not helpful* to 7 = *extremely helpful*. In this regard, participants provided high ratings ($M = 6.17$, $SD = 1.09$). Participants were also asked about their willingness to recommend this workshop to others, with 89.4% ($n = 42$) agreeing to recommend the workshop and 8.5% ($n = 4$) expressing that they may recommend it. Only one person responded "no." The vast majority of respondents

($n = 44$, 93.6%) reported they would be interested in attending additional sessions related to the health needs of undocumented immigrants. The remainder ($n = 3$, 6.5%) said “maybe.”

The following item was asked of participants post-program: “Do you have any suggestions or comments that would make this workshop better? (Please describe).” Ten participants offered a response to this item and most focused on sharing ideas for future content (e.g., more therapeutic techniques), gratitude (e.g., thank you for sharing COVID specific tools). Only one participant offered critical, yet important, feedback:

[the session] was too centered on psychological language and on the panelists. I would suggest to divide the spaces for counselors and for undocumented immigrants like myself. To have spoken about our lives like statistics and like pathologies felt disrespected and condescending. Please allow more time for break outs and for presenters to become more of facilitators than presenters. It would be great to actually see what a healing circle is and do a practice round instead of talking about it from the surface.

Chat Room Data

In total, 64 participant comments were coded. Comments coded were generated by 40 participants including practitioners and community members, comments from presenters and UWD team were not coded. The major domains that emerged were: (a) relevance of information, (b) creating safe spaces, (c) healing, and (d) need for healing circles. Relevance of information referred to comments expressing how pertinent the material was to their own lives. Most comments in the chat room were within this domain (59%) and most were expressions of excitement and gratitude towards the psychologists and UWD for hosting this event (51%). For example, “healing circles sound like a beautiful way of feeling supported” and “Thank you so much everyone! All the information was very helpful and insightful.” Another comment within

this domain referred to the mental health benefit afforded by information perceived as reliable “in our community, even having medical experts talk and have Q&A about Covid19 has helped a lot of anxiety in immigrant community.”

The second most common domain was creating safe spaces (17%) which was defined as needing a trustworthy space to be vulnerable about lived experiences and encompassing ownership. Participants spoke about the importance of including only people with whom they do not feel the need to “explain themselves” and people who are knowledgeable about the experiences of undocumented people. Two particular comments that stood out were “[i]n my experience creating and honoring safe spaces is THE most critical factor when working in our undocumented community,” and “one thing that doesn’t work is making emotions and mental challenges only the territory of professionals. We can all build skills to hold one another as organizers and community leaders.” These comments highlighted the necessity for establishing safe spaces for the undocumented community that encourage community members to use knowledge for personal and social transformation. Additional comments referred to the need for safe spaces as a result of the anti-immigration political rhetoric.

As for healing, 13% of comments were related to the need for healing. Participants talked about experiencing burn out and guilt related to their immigration status. One participant mentioned “Once I have experienced burn out, I realized I have two choices, I either leave or realized that I had to take care of myself.” This comment stresses the impact of working with highly distressed people and the need to pace the work so it can be done over time as well as the need to take time to engage in self-care. Another comment expressed “through regaining dignity from our community and reclaiming our humanity in healing circles, it is so powerful and allow

us to understand that we can be unapologetic for existing,” alluding to the healing and empowering potential of healing circles for immigrant communities.

Field Note Data

The second author took field notes during the session thus capturing live discussion; these were reviewed and coded by the first two authors. One interesting finding was that participants expressed the need for providers to build trust with the undocumented community before expecting engagement from them. Here, participants talked about the critical role of professionals’ understanding about the undocumented experience in establishing trust. Some participants mentioned that one way to build trust is for professionals to be vulnerable and disclose their own story even if they are not undocumented. Similarly, participants explained that they wanted to learn about the provider’s or researcher’s intentions before opening up about their own experience; they wanted to know whether they could trust the professionals. Participants also highlighted that building that trust can take time. This notion is in congruence with Liberation Psychology, which states that providers and researchers should act with *acompañamiento* - building solidarity by working alongside communities (Comas-Díaz & Torres Rivera, 2020). To act with *acompañamiento*, researchers and providers must challenge their own power dynamics. It is clear that researchers and providers are in a position of power when working with marginalized people. By allowing themselves to be vulnerable, researchers and providers are giving up some of that power, making way for *acompañamiento* in the process.

Moreover, participants brought up the need to destigmatize mental health and normalize people’s experiences within the Latinx community. Participants also noted the need to integrate cultural assets in strength-based approaches in work that advances mental health and wellbeing. Indeed, as this need was being described orally, another individual echoed the sentiment in the

chat room: “[d]raw upon our *abuelas* (grandmothers) and *abuelos* (grandfathers) as examples of strength and overcoming so much.” This individual was conveying the idea that intergenerational strengths should be incorporated into interventions for undocumented people. It is important to note that healing can look different for people. Thus, when creating healing spaces, it is recommended to work *with* individuals and the group as a whole to implement healing practices that work for them. Other participants mentioned that professionals should teach community leaders how to create and lead their own healing circles. One individual said “now that my dad was deported and my mom and brother went back to our country after him ... I feel pain and guilt because we never truly normalized sharing our feelings of fear about our reality. I think equipping young folk with resources can open those healing conversations at home.” This comment highlights the need to equip undocumented people with tools that they can apply with their own families. In other words, to liberate oppressed people, we must support them in finding their own liberation.

Discussion

Responding to the complex health and social needs of undocumented communities in the midst of intersecting crises, such as the COVID-19 pandemic and a wave of anti-immigrant policies (Garcini et al., 2020), a group of psychologists and a community agency joined in a reciprocal collaboration to address immigrant mental health. This effort led to the delivery of a web-based mental health education session for undocumented immigrants, community leaders, and mental health providers to present research-grounded recommendations for facilitating healing circles, as a strength-based and culturally responsive approach to fostering peer-led social supports during stressful times (Obie, 2016). This strategy aimed to increase community members’ confidence through applying knowledge for personal and community healing.

Additionally, the reciprocal collaboration provided psychologists with critical experience and information to shape future science and practice. The web-based mental health session supported knowledge acquisition and self-efficacy development among undocumented immigrants and those who serve them. Findings from this exploratory project show that this form of reciprocal collaboration was validating and informative to those who participated in the web-based session as evidenced by the qualitative data (i.e., chat-room responses and notes taken during the ECHO program) as well as participants' survey ratings. In particular, qualitative data analyses illustrate just how potentially beneficial it can be to develop and deliver collaborative programs that respond to the needs of vulnerable communities, and that provide education and resources in culturally and contextually meaningful ways while fostering dialogue between marginalized individuals and mental health providers. Similarly, post-assessment surveys reveal that most participants perceived the session as valuable and would be willing to recommend it to others.

Even though preliminary in nature, our findings have theoretical implications that contribute to the literature on developing group-based strategies for fostering resilience and resisting trauma among vulnerable communities. For instance, our findings add to the growing literature on adapted forms of healing circles and their utility in contemporary times and across cultural contexts (Obie, 2019). Qualitative findings from this exploratory study may add to the literature on how to support undocumented immigrants by developing culturally congruent and strengths-based therapeutic approaches to foster resilience during traumatizing sociopolitical contexts. Qualitative data reveal participants' desire to take part in healing circles, particularly those that include only people who can understand the struggles of the undocumented community. Healing circles can nurture a strong sense of belonging (Stevenson, 1999) and may be a particularly culturally appropriate way for Latinx people to receive help from others and

come together as a community. Healing circles also provide the Latinx undocumented community a way to honor and reclaim their indigenous traditions. In addition, the web-based session delivered in collaboration with immigrant rights leaders is aligned with recent frameworks for healing ethno-racial trauma, for radical healing in communities of color, and for cultivating critical hope in revolting times (Chavez-Dueñas et al., 2019; Comas-Díaz et al., 2019; Mosley et al., 2020). Likewise, the described reciprocal collaboration established between psychologists and an immigrant-led advocacy organization is consistent with the propositions outlined by Domínguez and coauthors (2020).

Practical Implications

The availability of social support in times of stress and uncertainty is essential for overall health and well-being. Indeed, early data support the notion that the disproportionate effects of COVID-19-related hardships on people of color are mitigated in the presence of social support (Center for Translational Neuroscience, 2020b). Established mental health providers are traditionally seen as a referral source to ease mental health distress; however, access to culturally and linguistically appropriate professional services is not always available or preferred. For instance, comments made during the session reflected participants' strong desire to acquire skills and tools to support one another as community members, organizers and community leaders without overreliance on professionals. Consistent with literature on the development of community health worker programs, community members with similar lived experiences and values often emerge as the most trusted voices in the delivery of health and mental health promotion efforts (Pérez & Martinez, 2008). While community-based support groups for immigrant families can serve as a path towards stability and improved quality of life, training and capacity-building for the creation of informal support networks is not always provided. To

meet these needs and support undocumented communities, psychologists and other mental health professionals can establish reciprocal collaborations with immigrant organizations. Within the context of these reciprocal collaborations, a framework that emphasizes carefully defining the overall purpose of support groups along with thoughtful facilitator recruitment and training for community leaders to prepare as group facilitators enables the building of a sustainable healing community which support members of the immigrant community in contributing to their own well-being and others in their community.

Limitations

This study has significant internal and external validity limitations that should be borne in mind when interpreting the preliminary findings discussed in this paper. First, participants completed the post-session survey immediately after the delivery of the information on healing circles revealing improved knowledge and understanding as a result of their participation in the session; however, no follow-up survey was employed to assess knowledge retention. Additionally, from the 169 people who joined the session, 89 completed the pre-session survey, while only 47 provided data on the post-session survey, and only 39 participants provided both start-of-webinar and end-of-webinar data. While attrition almost always occurs to some degree, in this case, it was greater than what we expected. A number of factors could have contributed to the attrition observed such as having to exit the session early due to competing commitments or poor internet connectivity. Significantly, the session was entirely delivered in English and pre- and post-assessment surveys were only offered in English. This language barrier could have discouraged participants from participating in the session and/or completing the surveys. Overall, a better understanding of the factors leading to participation attrition is needed as this information may be beneficial in developing effective retention strategies for future sessions.

Furthermore, those who were motivated to complete the pre- and post- session surveys or participated orally or via the chat room may have been those who felt most positively about the session, skewing in this manner the obtained results and representing a threat to the internal validity of the study. We did not collect demographic information to protect participants whose documentation status could present a vulnerability. However, this means we did not have information to learn about any possible important differences between those that provided information and those that did not. A notable limitation in this regard is that we could not distinguish the feedback from members and organizers of the undocumented community as opposed to the feedback from academics and practitioners which limits inferences drawn from the feedback obtained. It is also important to note that the exploratory nature of the study limits its generalizability, constituting a major external validity limitation of the study.

Another limitation arose from the group's goal of being inclusive by having the session open to both providers and community members. The rationale was that many community leaders and activists may be interested in learning how to facilitate support circles for their own communities, with the support of providers. However, we learned from participants' feedback that the audience may have been too broad, and that our language and facilitation style may not have been well received by some community members. The researchers dedicated a significant portion of time to debrief this feedback, and engaged in dialogue and self-reflection to ensure that our collaboration with community groups was responsive to their needs. In addition, subsequent ECHO sessions invited community perspectives through the addition of panelists representing the broader community, and encouraging dialogue that promoted more audience participation and commentary. We recommend that future programs have a narrower audience, and that the language and facilitation style used are tailored toward that specific audience.

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Table 1*Pre- and Post-Session Survey Results*

	Pre-Session				Post-Session			
	Min	Max	<i>M</i>	<i>SD</i>	Min	Max	<i>M</i>	<i>SD</i>
I have a good understanding of the barriers that DACA recipients face in finding or building adequate social support.	1	7	5.27	1.52	4	7	6.17	0.79
I have a good understanding of why it is important to build support networks for DACA recipients.	3	7	6.17	1.10	5	7	6.51	0.69
I feel confident in my ability to identify strategies or skills helpful to provide support to DACA recipients (e.g., questions to stimulate conversations, ground rules).	1	7	4.60	1.35	3	7	5.74	1.05
I have a good understanding of a format that can be helpful to build support groups for DACA recipients (e.g., delivery mode, number of people, length)	1	7	4.10	1.52	2	7	5.51	1.25
I know of relevant resources to share with support group members that may experience distress.	1	7	4.28	1.54	3	7	5.55	1.06