

POSITIVE INDIAN PARENTING: A UNIQUE COLLABORATIVE STUDY IN THE AGE OF COVID-19

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Abstract: Positive Indian Parenting (PIP) is a culturally based training developed by the National Indian Child Welfare Association in the mid-1980s that has been widely used across Indian Country. However, quantitative studies on its efficacy have not been conducted. This manuscript reports on the study design and development of an ongoing pilot study evaluating PIP and related adaptations that occurred within the context of the COVID-19 pandemic. Adaptations to the study were required to accommodate social distancing requirements, including changing to virtual platforms for curriculum delivery, fidelity monitoring, and data collection. Lessons learned include the importance of flexibility and supportive collaborations among study partners, including unique relationships with funders, that have enabled the ongoing study adaptations during the pandemic.

INTRODUCTION

The COVID-19 pandemic has impacted every part of life in American Indian and Alaska Native (AI/AN) communities, and research is no exception. In fact, social and health disparities mean that AI/AN communities have greater vulnerability to the virus (Hatcher et al., 2020) and have had to be especially cautious about containing its spread and mitigating its damage (Hills et al., 2021). In particular, tribal child welfare and related family support and training programs are by necessity adapting services and supports to engage families that need help. Direct in-person contact with parents has been drastically limited. However, the need for parent support and training has, if anything, increased as families have quarantined in their homes, supported children in virtual schooling, and often experienced increased financial pressure, even as services to meet

basic needs were less available (Brown et al., 2020; Chen et al., 2021; Indigenous Futures Project, 2021).

Virtual innovations in response to social distancing requirements (CHOP Policy Lab, 2021; Ramos et al., 2021) have accompanied unprecedented challenges to conducting research with AI/AN communities. As a result, the future of research in Indian Country is likely to be forever changed even after the pandemic has ended. This paper reports on the transformations that occurred (and are ongoing) within a pilot evaluation study of Positive Indian Parenting (PIP) in response to the COVID-19 context.

Background: Positive Indian Parenting (PIP) Pilot Study

PIP is a culturally based parenting training developed by the National Indian Child Welfare Association (NICWA) for AI/AN families in 1985-1986 (NICWA, 2021). The curriculum developers reviewed literature on traditional AI/AN parenting practices, consulted with key cultural informants, and systematically collected AI/AN community oral traditions about child-rearing and child development. PIP draws on cultural strengths within Indian child-rearing practices using storytelling, cradleboards, harmony, lessons of nature, traditional behavior management, and praise. It also addresses the historic impact of boarding schools, intergenerational trauma and grief, and forced assimilation on parenting. PIP allows for cultural adaptations as well; trainers can tailor it to their own communities by adding stories and teachings from the local culture. The curriculum has been in use in tribal communities for over 30 years and has been cited as an important training by various AI/AN organizations and agencies (Tribal Access to Justice Innovation, 2021; Healthy Native Youth, 2021; Rocky Mountain Tribal Leaders Council, 2021). It is also recognized by the Oregon Department of Human Services for foster parent certification training requirements (Center for Native Child and Family Resilience, 2021) and in the First Nations Behavioral Health Association Catalog as an effective behavioral health practice for AI/AN communities (Substance Abuse and Mental Health Services Administration, 2018).

Since PIP's inception, it has been used by tribes, urban Indian communities, Canadian First Nations, and states as a practice that strengthens parenting skills by drawing from and reclaiming Indigenous parenting values. In the last 30 years, NICWA has trained over 10,000 PIP trainers, who in turn train dozens, and sometimes hundreds, of AI/AN parents and caregivers (the term "parent" is used throughout this paper to refer to anyone who serves in a parenting role).

Communities have anecdotally reported to NICWA that families to whom they have delivered PIP have had improved parenting skills and family well-being as a result. However, there has been no comprehensive, robust evaluation of PIP that provides quantitative evidence of efficacy.

With the passage of the Family First Prevention Services Act (FFPSA) (P.L. 115-123) in 2018, there is an opportunity for states and some tribal governments to access federal funding for certain prevention services, including in-home parent skill-based services and programs. In order to qualify for this funding, programs must be approved by the federal Prevention Services Clearinghouse.¹ To be admitted into the clearinghouse, programs are required to have an evidence base that shows significant differences in outcomes. In addition, the FFPSA requires that in-home parent training programs be directly provided to a parent or caregiver to be eligible for inclusion in the clearinghouse. Thus, the present moment is a critical time to begin testing whether PIP can be established as an evidence-based program to ensure this valued culturally based curriculum is eligible for possible addition to the clearinghouse for tribes and tribal organizations.

A pilot evaluation study of PIP (approved by the Biomedical Research Alliance of New York (BRANY) Institutional Review Board (IRB)) is currently being conducted as an efficacy trial and first step towards conducting future studies of PIP's effects on target outcomes in parent and child well-being. Although PIP was designed to be used in both group settings and one-on-one, there has not yet been extensive data collection on either modality, nor any data comparing the two in efficacy. For multiple reasons, including the value of peer learning and sharing, peer support, ability to reach more parents, and the importance of shared parenting by extended family members, PIP has been used in group settings more often than one-on-one according to anecdotal reports NICWA has received. Throughout the years, however, some communities have also reported anecdotally to NICWA that they have presented PIP in a one-on-one setting. Given that neither group or one-on-one delivery have yet been systematically examined, the research project team chose to first conduct an efficacy study of the one-on-one modality due to the requirements of the Prevention Services Clearinghouse, which stipulates parent skills training programs should occur "in-home" or directly to individual families. A longer-term goal for the research team is to evaluate the efficacy of PIP in both the one-on-one and group modalities in future studies.

The goal of the pilot study is to prepare for a larger national study through refining strategies for partnerships with tribal sites, recruitment of families, implementation of the in-home PIP delivery model and randomized waitlist-controlled study design, and collection of data on

¹ <https://www.acf.hhs.gov/opre/research/project/title-iv-e-prevention-services-clearinghouse>

fidelity of PIP delivery and family outcomes. Lessons learned from the pilot study will build a foundation for the future national study, and evidence generated from both studies will be submitted for a review of PIP by the federal Prevention Services Clearinghouse under the FFPSA.

The pilot study will lay the groundwork for evaluating target outcomes related to children's and adult caregivers' well-being. The pilot study seeks to include 60 self-identified AI/AN parents or caregivers with at least one child under the age of 12 living in the Cowlitz Indian Tribe's service area. The study uses a randomized, waitlist-controlled study design. This study design was chosen by the partners because it offers both scientific and cultural rigor. From a scientific perspective, the waitlist design allows a comparison between a group that has received PIP and one that has not at the same time points. This modified randomized control trial design has the strength of being able to evaluate causal relationships between PIP as an intervention and the outcomes of interest. The cultural values of equity and collectivism are also honored in this study design. All families participating in the study will ultimately receive PIP so that no participants are in a "placebo" group without any intervention provided. In the cumulative decades of experience of this study team, AI/AN communities, especially those with limited resources, tribal leaders, and community members have historically perceived randomized controlled trials with placebo arms as problematic because of their desire for all study participants to receive potentially beneficial interventions (Rink et al., 2020). In addition to ensuring that the control group is offered PIP, this waitlist design benefits scientifically from a likely common circumstance in which there is a natural delay in PIP delivery to families due to interest in receiving the eight-to-ten-week curriculum exceeding a given agency's caseload capacity. This pilot evaluation study is a critical precursor for examining the feasibility of this approach for a future multi-site, full-scale randomized, waitlist-controlled evaluation study of one-on-one delivery of PIP.

Eligible caregivers who consent to participate in the pilot study provide baseline data via a survey that includes measures of outcome and moderator domains of interest. Once baseline data have been collected, participants are randomized to either an intervention or waitlist-control group. If a caregiver is assigned to the intervention group, they are scheduled to begin receiving one-on-one delivery of PIP. Then, they complete a second survey approximately 10–12 weeks after beginning PIP and the third survey approximately six months after the second survey. This data collection schedule is in line with the Prevention Services Clearinghouse's supported practice requirement of sustained effect for at least six months beyond the end of the intervention. The waitlist-control group also receives two more surveys, the second approximately 10–12 weeks

after baseline, and the third approximately six months later. Outcome measures administered at baseline and tracked over time assess cultural connectedness, parent-child bonding, parental self-efficacy, parent stress, and child neglect. Parental depression, which will be examined as a potential moderator, is assessed at baseline only.

In this article, we describe the unique aspects of partnership development and funder relationships that set a strong foundation for this pilot study. Next, we present data on virtual delivery of PIP and reflect on adaptations made in our study, which were necessitated by the pandemic's requirements for social distancing and other public health precautions. Finally, we discuss lessons learned about research in AI/AN communities from this rich experience.

PARTNERSHIPS AND RELATIONSHIP DEVELOPMENT

The ability of the PIP pilot study to adapt to the quickly changing context of the pandemic was largely possible because of strong development of partnerships and funder relationships before COVID-19. Partnerships include those among the study organizations, as well as with the study's Advisory Council. Funder relationship characteristics that have been notable in this study include involvement in troubleshooting unexpected challenges in the study, a multi-year commitment to the project, and flexibility in how funding is used as the study context has changed in the age of COVID-19.

The study partners include NICWA (PIP developer), the Cowlitz Indian Child Welfare program (tribal partner), and Child Trends (evaluation partner), with critical technical assistance and early formative support for this project provided by Casey Family Programs (CFP). CFP was the initial funder in 2018 and provided a small award of flexible funding in succeeding years. The Doris Duke Charitable Foundation became the primary funder in 2021, and the William T. Grant Foundation funded supplemental research activities, including an exploration of the feasibility of accessing tribal child welfare administrative data for use in a future full-scale evaluation of PIP. A project Advisory Council was established in 2020 and includes an elder from the Cowlitz Indian Tribe, an original author and trainer of the curriculum, a longstanding trainer of PIP, an expert in the use of culturally based teachings in the treatment of child maltreatment, and a legal and policy expert in tribal child welfare. The guidance offered by the Advisory Council has been an invaluable resource for the project team as the study encountered delays and required shifts in project design to respond to changing circumstances with our tribal study site during the pandemic.

Within the dynamic context of the pandemic, all partners have engaged in continuous dialogue about adaptations that may be necessary to accommodate changing needs and potential implications for evaluation and evidence building efforts going forward. Three specific challenges addressed collaboratively by the partners were the shift in delivery mode, recruitment, and changing partner roles. First, the initial study design involved in-person delivery of PIP by Cowlitz Indian child welfare program staff to families randomized to the treatment group. However, as the pandemic unfolded, partners worked together to collectively plan and transition to virtual delivery; a process that included the purchase of iPads, provision of internet hotspots in some cases, delivery of materials and boxes of supplies to families in ways that best met their needs, and adaptation of curriculum delivery (via PowerPoint slides and videos of culturally specific content). Secondly, broad recruitment of families initially commenced through community flyers, booths/outreach at community events, and notice about the availability of PIP training in tribal newsletters and communications. Tribal child welfare staff, who were already working with and trusted by many families, proved to be particularly effective recruiters, and as the pandemic emerged and evolved, more targeted recruitment of families through specific services the tribe provides beyond child welfare, like childcare, was adopted. Finally, some partner roles changed as a result of the pandemic. Cowlitz Indian child welfare program staff capacity shifted as the pandemic continued and the demand for responding to specific, immediate child welfare needs grew, resulting in a decline in delivery of the PIP training. In turn, NICWA staff began to provide PIP training to families in the study. The shift to virtual delivery also meant that data collection could be fully done online, and Child Trends was able to meet that need with existing staff in lieu of embarking on the process of recruiting and hiring of in-person data collectors based in the tribal community during a pandemic.

VIRTUAL DELIVERY AND COVID-19 IMPACTS

To adapt to the COVID-19 pandemic, delivery of the PIP curriculum within the pilot study quickly shifted to a virtual environment when the need for social distancing became clear. The Cowlitz Indian child welfare program team used many creative methods to adapt, including making boxes of supplies for each family for the hands-on and kinesthetic activities used in the curriculum; preparing to securely and efficiently share videos of an elder telling traditional stories created for use in the pilot study; and providing tablets to each family to ensure they could access virtual PIP sessions in a secure online environment. At NICWA, fidelity monitoring of PIP sessions was shifted to virtual as well, as is described in greater detail below. Data collection with families was also

moved to an online platform by the Child Trends team. PIP delivery in a virtual platform has occurred throughout Indian Country during the pandemic as NICWA found in a recent survey conducted to examine the landscape of virtual PIP delivery (results to be published separately).

Virtual Delivery Adaptations in the PIP Pilot Study

In the PIP pilot study, the Cowlitz Indian child welfare program team took the lead in deciding how to manage COVID-19 precautions in providing PIP to families. By the end of March 2020, Cowlitz Indian child welfare program staff were no longer able to conduct home visits. Entering a home was on a case-by-case basis and only permitted if a case rose to a certain level of urgency. The Cowlitz Indian child welfare program decided to continue to provide PIP to families but move to virtual delivery. NICWA was able to offer consultation and technical assistance around virtual delivery, as they also had to move several other national trainings to a virtual platform. Table 1 summarizes adaptations made during the transition to virtual delivery, their positive and negative impacts, and lessons learned through the process of adapting to virtual delivery.

Recruitment and Staffing

The Cowlitz Indian child welfare program relied heavily on social media and email to recruit participants for the study. The study flyer was posted to the Cowlitz Indian Tribe's social media accounts as well as sent to all staff emails. The Indian child welfare team would typically attend all Cowlitz community events where they are able to interact with community members and engage them with the program. Due to the pandemic, most in-person events were canceled leading to a loss of community engagement. Without the face-to-face interactions, an opportunity was missed in getting families excited about joining the study. In person, potential participants would be able to hear directly from staff what to expect and ask any questions that they may have. Losing out on that opportunity to have those conversations proved to be a barrier to recruitment of families.

The study's recruitment flyer contained contact information for a designated Cowlitz Indian child welfare staff person as point of contact and information about PIP and the study. When that designated staff person left their position, edits to the flyer needed to be made and submitted to the IRB for review. The project team discussed establishing a static contact number (i.e., Google Voice number) that could be easily redirected to another trainer in the event of further staffing transitions to avoid the need for repeated recruitment flyer updates. It was decided by Cowlitz Indian child welfare staff that one point of contact with a locally recognizable number was more

manageable, and the number was replaced with that of a new staff member. The project team respected the tribal partner's preference for maintaining a locally identifiable phone number and process that met their team's needs in a time of constant change.

Staff turnover was a challenge that the Cowlitz Indian child welfare program team faced while providing PIP training to parents. The Cowlitz Indian child welfare program typically has three staff workers and a program director. In general, staff turnover tends to be frequent in child welfare, and this was no exception for the Cowlitz Indian Tribe during the onset and continued experience of the COVID-19 pandemic. Cowlitz Indian child welfare staff were carrying full caseloads as well as providing PIP to two to three families each week. When one staff member relocated and ended their position with Cowlitz Indian Tribe, remaining staff had to pick up their caseloads, which also included PIP training. While trainers enjoyed engaging in PIP sessions with families, they simply did not have the capacity to absorb the caseloads of a missing team member and keep up with their own clients. One trainer explained that they worried about building rapport with a client who had an existing relationship with the staff member who left; it turned out that they were able to pick up where the other trainer had left off and build rapport with the client despite not having a prior relationship with them.

Fidelity Monitoring Adaptation

Like PIP curriculum delivery, fidelity monitoring needed to be adapted for virtual delivery as well. Originally, fidelity monitoring was to be in-person with the families. It was designed in this way to be culturally sensitive, as Cowlitz Indian Tribe partners gave feedback that it would be less invasive to have the fidelity monitor in-person rather than have a video camera recording the session with parents. As trainers moved to virtual delivery of PIP to study participants, it made sense that the fidelity monitor would also join virtually in real time observing the PIP session. This option worked well for the parents, and for the trainer and fidelity monitor, but required revisiting fidelity monitoring data collection procedures, as is discussed below. Fidelity monitoring results are not yet available as the pilot study remains in early stages of participant recruitment at the time of publication.

The original fidelity monitoring protocols and rating guides were developed prior to COVID-19. With key guidance and support from Child Trends and CFP, the NICWA team developed a fidelity monitoring tool that could be used to ensure scientific rigor and consistency in how the curriculum was delivered during the study. To develop the fidelity monitoring tool,

NICWA's research director, Puneet Sahota, interviewed NICWA PIP trainers and the author of the PIP curriculum, all of whom identify as AI/AN. Interviews were conducted with open-ended questions and used an ethnography orientation. In response to the pandemic-related shift to virtual monitoring, NICWA staff also developed a fidelity observation rubric to retain the rigor of the original fidelity measure, as is discussed in more detail below.

PIP can be adapted to local sites through the inclusion of culturally specific stories and parenting traditions, but there are core components needed for fidelity across all sites. These core components were elucidated through interviews that NICWA's research director conducted with the PIP author and NICWA PIP training staff. The PIP manual was reviewed page by page by the NICWA research director and PIP author and trainers, who pointed out on each page which aspects were critical for fidelity. NICWA's research director then recorded those comments in detailed ethnographic fieldnotes. This process revealed that both content and format aspects of the curriculum's delivery were important for fidelity (please see Appendix A for themes that were incorporated into the fidelity checklist). In other words, it was not only about covering specific content in the curriculum, but also how the training is delivered that is critical for fidelity. For example, asking parents/caregivers what parenting techniques they tried to apply from the last session of the training and how that went, as well as the time spent building a relationship between the PIP trainer and parent, especially early in the course of the curriculum delivery, were important fidelity components. The PIP trainer's interaction with the parent models interpersonal skills that parents can use in positive parenting, which is why these style/format items are important along with content delivered. In sum, the oral delivery of this knowledge through ethnographic interviews with NICWA's experts in PIP allowed the NICWA team to develop consensus on core components for fidelity.

Interview notes were then transcribed into a fidelity memo, which was a detailed narrative document describing both content and format aspects of the PIP curriculum necessary for fidelity by session. This memo was then reviewed by the NICWA staff experts in PIP who were interviewed; they provided oral and written feedback to NICWA's research director. NICWA PIP experts' edits were incorporated into the draft and sent back again to them for feedback in an iterative process over several drafts. Essentially, NICWA's research director served as ethnographic interviewer and scribe, collecting and translating qualitative data through collaborative interviews into a research document, the fidelity memo, that could be used to ensure scientific rigor in the PIP pilot study. The same iterative process of interviews, scribing,

translating, and multiple rounds of editing by the NICWA AI/AN PIP trainers and PIP author was then used to develop a fidelity checklist to serve as a quantitative rating scale in the pilot study. To support efficient entry and analysis of the fidelity monitoring data, the Child Trends team programmed the tool into REDCap, a secure online project management and data collection platform also used to administer participant surveys in the pilot study, and provided critical scientific consultation about creating the quantitative rating scale for the fidelity checklist.

When the COVID-19 pandemic began, the NICWA team revisited the fidelity memo and checklist to discuss what each component might look like virtually, especially those that were about format (e.g., social or relationship building time in each session). The PIP curriculum author, Terry Cross (Seneca Nation), then developed a qualitative rubric on which ethnographic participant-observer notes could be recorded by the fidelity monitor for each critical fidelity memo item. NICWA's research director, Puneet Sahota, reviewed the rubric for consistency with the fidelity checklist scoring and to provide feedback on scientific rigor. The NICWA fidelity monitor, Alexis Contreras (Grand Ronde), then received training in how to use this rubric. She practiced using fidelity monitoring tools during simulated PIP sessions, while NICWA's research director checked the rubric notes and fidelity checklist for consistency.

The NICWA team was initially concerned that virtual fidelity monitoring on Zoom might be perceived by parents/caregivers as intrusive, but this did not turn out to be the case. The fidelity monitor introduced herself and described her role at the beginning of each session she monitored and conveyed to participants that she was not evaluating them, but rather was observing the PIP trainer. She then turned her camera off. One parent commented at the end of a session that they had "forgotten" the fidelity monitor was there. She was able to unobtrusively conduct fidelity monitoring, perhaps even more so than it would have been in-person. It was easier for parents/caregivers to "forget" she was present when her camera was off and audio was on mute than it would have been if she had been physically in the room with them at their home while they were receiving the training. The experience of fidelity monitoring itself has been very positive especially with the creation of the qualitative rubric, which has helped the NICWA fidelity monitor adopt the perspective of a parent receiving PIP. She was able to be fully present as a fidelity monitor through using the qualitative rubric to take field notes, more so than if she had been doing quantitative scoring only on the fidelity checklist during the session. Instead, she used her field notes on the rubric to score for fidelity on the checklist immediately after a session had ended.

Table 1
Study adaptations made in transition to virtual delivery

Specific Adaptations and Justification	Potential Positive Impacts of Adaptation	Potential Negative Impacts of Adaptation	Lessons Learned
The Cowlitz Indian Tribe transitioned to providing PIP virtually via Zoom to individual parents/caregivers rather than via in-home, in-person trainings, in response to new agency policy triggered by the pandemic that limited in-home visits to a case-by-case basis and only if a case reached a certain level of urgency.	<ul style="list-style-type: none"> • Tribal child welfare workers able to reach more families across the Cowlitz Indian Tribe's geographically large service area. • Reduced potential barriers to families' participation (e.g., transportation, childcare). • Reduced PIP trainers' time required for travel, increasing time available for the work itself. 	<ul style="list-style-type: none"> • Scheduling parents/caregivers for virtual trainings was more difficult than scheduling in-person trainings. • Parents/caregivers were more likely to cancel trainings at the last minute. • Parents/caregivers were more likely to not attend training sessions without advance notice. • Many parents/caregivers seemed to be experiencing "Zoom fatigue" as school and other meetings were also occurring virtually. • Some parents/caregivers struggled with the technology platform for virtual trainings (Zoom) that hindered their participation. • Some parents/caregivers experienced poor internet connections that disrupted trainings and inhibited their engagement. 	<ul style="list-style-type: none"> • Pre-meetings between parents/caregivers and trainers to review technology allowed trainers to assess parents'/caregivers' comfort with necessary technology and helped trainings run more smoothly. • True parent/caregiver engagement in the virtual training was possible to achieve, but took more effort by the trainer; using video (rather than audio-only) in trainings increased engagement and supported trainers connecting with parents/caregivers.
Fidelity monitoring was performed virtually as a component of virtual trainings.	<ul style="list-style-type: none"> • Reduced fidelity monitor's time required for travel, conserving related funding resources for the study. 		<ul style="list-style-type: none"> • Turning their camera off after introducing themselves allowed fidelity monitors to observe virtual trainings with minimal interruptions.

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Table 1 continued
Study adaptations made in transition to virtual delivery

Specific Adaptations and Justification	Potential Positive Impacts of Adaptation	Potential Negative Impacts of Adaptation	Lessons Learned
<p>Training content was adapted and prepared for virtual delivery. Trainers created PowerPoint decks and handouts to share written content with parents/caregivers and adapt planned lessons. Other media were incorporated into virtual trainings. For example, a video created by Cowlitz tribal elder and PIP trainer Patty Kinswa-Gaiser was shared virtually via Zoom rather than during an in-person training as originally intended.</p>	<ul style="list-style-type: none"> • It was easier for trainers to ensure fidelity to the curriculum by laying out the main themes and exercises of the training in PowerPoint. • Trainers easily were able to appropriately customize the curriculum by adding personal pictures and anecdotes and local, culturally specific content to support rapport building with parents/caregivers. 	<ul style="list-style-type: none"> • Some of the hands-on activities were more difficult for families to complete during virtual training delivery. • Some of the lessons that directly relied on trainers and parents/caregivers being in-person were adapted for virtual delivery in ways that may have lessened their impact (e.g., instead of trainers gathering traditional plant medicines with parents/caregivers while teaching about their uses, trainers gathered medicines in advance and sent them to parents/ caregivers with other supplies (see below). 	<ul style="list-style-type: none"> • PowerPoint can be a helpful tool for keeping material organized in virtual delivery.
<p>The Cowlitz Indian child welfare program team created boxes with loaner iPads, handouts, materials for projects, and supplies needed to complete PIP hands-on activities and delivered them to parents/caregivers as they were scheduled to begin PIP trainings.</p>	<ul style="list-style-type: none"> • Parents/caregivers had the tools and materials they needed to support successful participation in advance of PIP trainings. 	<ul style="list-style-type: none"> • It was more difficult for parents/caregivers to follow virtual instructions for some hands-on activities (e.g., making a cradleboard), and many parents/ caregivers preferred to continue without completing the activities. • Unsuccessful attempts to complete activities during virtual training sessions may have hindered relationship building between trainers and parents/caregivers. 	<ul style="list-style-type: none"> • Careful attention to creating clear and easy-to-follow instructions for hands-on activities and creative re-thinking of activity formats is necessary for successful incorporation of hands-on elements in virtual trainings.

CONCLUSIONS AND LESSONS LEARNED

The project team identified five significant lessons learned from our experience implementing the PIP pilot evaluation to date within the context of the COVID-19 pandemic.

First, the primacy of relationships is central to our work together. Our respectful relationships began with seeking formal tribal council approval to participate in the project, followed by a (pre-COVID-19) in-person meeting of the initial project partners that was hosted by the Cowlitz Indian Tribe. This meeting included NICWA, Child Trends, and CFP. Throughout the project, we emphasized communication in planned and structured ways as well as in unplanned and immediate ways to respond as issues came up. Within the research team, staff drew on their collegial relationships with each other and marshalled complementary skill sets. For example, at NICWA the staff with expertise in PIP brought critical knowledge to the fidelity tool development process. NICWA's research director, in turn, facilitated the translation of this knowledge into the fidelity memo and scoring instrument.

As a team, NICWA used ethnographic research methods (qualitative interviews, field notes) and community-based participatory research processes to develop fidelity monitoring procedures for the pilot study and adapt them to the pandemic context. As noted above, NICWA's research director transcribed the knowledge communicated to her by cultural experts on staff at NICWA. Then, there was an iterative process with NICWA's cultural experts on staff providing feedback and edits on multiple drafts. Community-based participatory research principles have also been engaged throughout the development and implementation of the pilot project overall. We found this collaboration within our team to be powerful, and it strengthened our working relationships with each other.

Second, the Cowlitz Indian child welfare program benefited from the flexibility to innovate with PIP training delivery supported by technical assistance from NICWA. Although the initial study design involved in-person, one-on-one delivery of PIP, tribal service delivery protocols did not allow for that in the pandemic environment. NICWA had been converting some of its own in-person trainings (for tribal child welfare workers) to virtual delivery, including NICWA's PIP train-the-trainer institute. When Cowlitz Indian child welfare program staff decided they wanted to deliver PIP to parents virtually, NICWA was well-positioned to support them in thinking through content adaptation, training skills, and logistics. Funders unequivocally supported the transition to virtual delivery.

Third, the community liaison position, a tribal elder, on the Advisory Council has been invaluable. The input and feedback from a seasoned community member intimately familiar with the community, the tribal government, and the child welfare program served our project well at every major decision point.

Fourth, we learned early on about the benefit and challenge of tribal child welfare workers providing PIP training to parents on top of their service delivery responsibilities. One benefit was that the tribe had secured independent funding on their own outside of the PIP study to support the delivery of the curriculum and hired related staff. Therefore, there was already infrastructure in place to provide PIP to study participants. In addition, tribal child welfare workers are experienced in working with families, and in most cases, already had existing relationships with the families. That trust and comfort led to higher levels of engagement from parents. The challenge was that we had to be sensitive to the workers' caseload, which shifted over the course of the pandemic, and balance the pace of recruiting families into the project with service delivery and PIP training capacity.

Finally, the team learned about specific strategies and tools that support virtual delivery and related fidelity monitoring. Having boxes of materials available to families ahead of time and technology tools such as tablets and PowerPoint made for a smooth transition to virtual delivery in some respect. The advantages of virtual delivery include accessibility to families and facilitated transmission of local cultural knowledge through sharing videos on Zoom. For fidelity monitoring, one challenge with virtual sessions was for the fidelity monitor to stay fully present, but the qualitative rubric developed for taking field notes proved useful, as did waiting until the end of the session to fill out the quantitative fidelity scoring checklist.

The future of research in Indian Country is likely to be significantly impacted by the COVID-19 pandemic, with virtual tools taking on a new role. Tribes and other research organizations involved in similarly partnered studies may benefit from some of the relationship nurturing and communication strategies as well as the approach to developing a fidelity monitoring rubric described in this paper. Likely, all research partners and funders will be challenged to be more flexible and accommodating of ongoing adaptation over the course of future research studies; careful documentation and ongoing sharing of lessons learned—both effective and ineffective strategies attempted—will aid the field broadly. The PIP study team will continue to constantly reassess the landscape for this project and adapt within the continued dynamic context of the pandemic.

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ACKNOWLEDGEMENTS

The authors thank the Cowlitz Indian Tribe for the unwavering partnership and support of this project.

FUNDING INFORMATION

The work described in this publication was supported by grants from the Doris Duke Charitable Foundation, the William T. Grant Foundation, and funding and technical assistance from Casey Family Programs.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

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APPENDIX A

Fidelity Monitoring Checklist

Positive Indian Parenting Program Fidelity Checklist

Purpose:

This checklist is a tool for Positive Indian Parent (PIP) trainers and program evaluators to ensure that PIP is being delivered as the curriculum developers intended. PIP is unique in that it was designed with standard content to be covered in all communities but allows for parts of the curriculum to be tailored to each local community's culture and context. This fidelity checklist helps trainers and evaluators to ensure that PIP training delivered in an in-home/one-on-one format as well as in group settings includes all of the elements it is designed to include.

This checklist could be used by a trainer to prepare for training and as a self-monitoring tool immediately after each session. It could also be used by an observer/rater, as part of an evaluation effort, who would watch the training being delivered and note whether or not the key elements were included.

Before sessions:

- 1) Complete an introductory home visit.
- 2) Find out what ages the child(ren) are in the home.
- 3) Find out what specific parenting issues the caregivers in the home are facing.
- 4) Make clear your role in the community and that you are serving as a parenting trainer for the PIP sessions.
- 5) State that you are a mandatory reporter and explain what that means.

Format items to check for all sessions, should occur in this order:

- 1) Start by preparing the learning space in a culturally appropriate way for that tribe or region. For in-home instruction, this means entering the home respectfully following local protocols for greeting, entering, seating, etc. and asking the family how they would like to begin "in a good way."
- 2) Print and give participants the suggested agenda for each session.

- 3) Include warm-up when noted below under specific sessions when that is critical for fidelity.
- 4) Ask parents what parenting techniques they tried from the last lesson and how that went.
- 5) Give brief lecture/talk (or for in-home, read aloud).
- 6) Discussion and/or exercise.
- 7) Give brief lecture/talk (or for in-home, read aloud).
- 8) Discussion and/or exercise.
- 9) Social time/relationship building.
- 10) Remind parents to practice what they are learning before the next session.

Style items to check for in all sessions:

- 1) Informal, friendly tone
- 2) Provide frequent positive feedback
- 3) Activities should be experiential in nature
- 4) Incorporate movement and kinesthetic activities

Content items to check by session:

Session 1:

- 1) Indian children were traditionally highly valued and respected.
- 2) Emphasize that where we learn to parent is important, and we might have to unlearn harsh boarding school parenting.
- 3) Emphasize that parents should focus on their strengths in parenting.
- 4) Complete the exercise “Suppose You are an Elder.”
- 5) Complete the exercise “The Old Ways.”
- 6) Social time/relationship building.

Session 2:

- 1) Storytelling was traditionally a large part of parenting.
- 2) Storytelling is an effective way to teach children values and to think for themselves.

- 3) Make a logical transition from the content on storytelling to the content on listening. The important message is that all communication is about relating a story. Communication/storytelling requires both a teller and a listener. Children have a story to tell us if we listen.
- 4) Complete the warm-up exercise: “Tell or Read a Story”
- 5) Complete the exercise “Walking in the Child’s Moccasins.”
- 6) Complete the exercise “What Would You Say.”
- 7) Social time/relationship building.

Session 3:

- 1) Complete one of five options given for warm-up exercises.
- 2) Traditional ways of nurturing helped children to form attachments and develop.
- 3) Traditional nurturing ways included wrapping practices, such as cradleboards, swaddling, and other similar techniques.
- 4) Children can only be expected to have understanding and behavior that is appropriate to their age and developmental stage.
- 5) Age-appropriate developmental expectations specific for children in the home are covered.
- 6) Complete the discussion questions following Lecture 1.
- 7) Complete the discussion questions following Lecture 2.
- 8) Complete exercises on nurturing and readiness.
- 9) Social time/relationship building.

Session 4:

- 1) Planning for harmony means preventing problems before they start.
- 2) Discuss at least four examples of how to do this from those discussed in the manual. Some examples include place things out of reach of children, don’t schedule appointments for when kids need a nap, and bring things like snacks and toys with you when leaving the house.
- 3) Emphasize that children need to know what is expected of them beforehand to help foster harmony.

- 4) As long as they are safe, learning from the natural environment is a good thing and traditional in Indian communities. It is not the job of a parent to interfere with every lesson that a child can learn, and they are not the only teacher of those lessons.
- 5) Complete the discussion questions following Lecture 1.
- 6) Complete the discussion questions following Lecture 2.
- 7) Complete exercise on planning for harmony.
- 8) Social time/relationship building.

Session 5:

- 1) Discipline and teaching go hand-in-hand. Self-control is the goal.
- 2) Discipline doesn't have to be negative. It can be positive, like helping a child learn how to do something right that was not correct the first time.
- 3) Expectations of children should be made clear to them ahead of time. Guidelines for how to do this were discussed (p. 174).
- 4) Consequences should be age-appropriate.
- 5) Rules, expectations, and consequences should be consistent for all caregivers of a child.
- 6) Complete the discussion questions following Lecture 1.
- 7) Complete the discussion questions following Lecture 2.
- 8) Complete exercise on logical outcomes.
- 9) Social time/relationship building.

Session 6:

- 1) Complete warm-up exercise "Mother Nature is Our Teacher."
- 2) Our job as parents is to prepare children for the world, including social norms and what is acceptable and not.
- 3) Remind parents to honor themselves and to understand how their own traumas and historical trauma may be affecting them recently and today.
- 4) Encourage children to observe the world around them and ask them "What did you learn?"
- 5) Cover all principles on p. 199-200: responsibility, faith in self, self-awareness, interpersonal skills, situational skills, good judgment, and spiritual strength.
- 6) Remind parents it is their choice what kind of person they want to raise.

- 7) Complete the discussion questions following Lecture 1.
- 8) Complete the discussion questions following Lecture 2.
- 9) Social time/relationship building.

Session 7:

- 1) Complete warm-up exercise, “Something You Like About Your Child.”
- 2) Praise was an important part of traditional parenting—both verbal and non-verbal.
- 3) Recognizing children’s talents and spending time with them are ways of giving praise.
- 4) Catching children being good is an important strategy for giving praise.
- 5) Complete the discussion questions following Lecture 1.
- 6) Complete the discussion questions following Lecture 2.
- 7) Complete the exercise on giving and receiving praise.
- 8) Social time/relationship building.

Session 8:

- 1) Complete warm up exercise, “Children Learn What They Live,” including handing out the related sheet from manual and reviewing it.
- 2) Indian parents and children face a number of challenges in today’s context.
- 3) Discuss all challenges under “What Our Children Face Today” (p. 233-234).
- 4) Parents don’t have to be perfect. They may have to practice many times before a parenting strategy becomes a habit.
- 5) Complete the discussion questions following Lecture 1.
- 6) Complete the discussion questions following Lecture 2.
- 7) Complete the exercise “Growing up Indian” (American Indian/Alaska Native). Make sure to focus on what people did and didn’t like about growing up Native, not just growing up in general.
- 8) Complete the exercise on goal setting.
- 9) Social time/relationship building.

For more information about PIP fidelity and fidelity monitoring, please contact NICWA at training@nicwa.org.