

Table 2 continued
Summary of the 2020-2021 PC CARES prompts to shift away from white dominant culture
(adapted from Jones & Okun, 2001)

Our intention in this course: To shift...		
Learning Circle	From This	To That
Learning Circle 5: Support for Youth and Everyday Caring	Perfectionism Mistakes are seen as personal, reflect badly on the person – the person is seen as the mistake. Little time for learning.	Appreciation Mistakes are valued as opportunities for learning. People verbally show their appreciation for one another.
Learning Circle 6: Review and Next Steps	Individualism and Separateness Focus is on single charismatic leaders, working in isolation, from each other and from other organizations.	Community and Collectivism Working together from a “movement” lens. Understanding that to change everything, it takes everyone. Understanding interdependence of social struggles. Working for healthy communities for all members, supporting those impacted by suicide, and working collaboratively on community/organizational changes.

Because of the shift in audience, we added emphasis on centering local Alaska Native knowledge, culture, and history, and building strong community relationships *before* taking action for suicide prevention. This difference subtly shifted team positionalities for “insider” (local Indigenous wellness advocate) and “outsider” (researcher and social worker) facilitation team members. For example, the in-person iteration of PC CARES included mostly Alaska Native community members, including the facilitator. This meant the facilitator had local insights on community practices and often spoke local languages (Yup’ik, St. Lawrence Island Yup’ik, and Iñupiaq). In contrast, during the breakout groups of the online delivery, sometimes Alaska Native facilitators were the only Indigenous people present, with the majority being White teachers. Teachers from outside communities brought more classroom-centered perspectives to discussions and sometimes asked basic questions about local culture, processes, and protocols, which the Alaska Native facilitators had expertise and were provided space to answer. If questions on Alaska Native perspectives arise during the plenary sessions of the learning circle, Alaska Native facilitators and participants were invited to speak.

Legitimizing Both Indigenous Pedagogical Practices and Scientific Knowledge

PC CARES also had to adapt to the expectations of the new participant group. PC CARES utilizes Indigenous pedagogical practice relying on lived experiences and storytelling (Wexler et al., 2016). During facilitation, most time is usually allocated to the “what do we think” and “what

do we want to do” discussions among community members. However, with the online school-based group, the process of legitimization of scientific knowledge increased expectations about the time spent sharing best practices based on research. In contrast to the in-person iteration of PC CARES where community members eagerly talked about their lived experiences and how they related to information presented, the online school staff asked for the original papers, additional readings, and more data. Many had questions during the “what do we know” sections of the learning circle, which made the section longer than the usual 10 minutes or less. To accommodate the needs of participants, we included additional readings and the academic-facilitators held office hours. Even with the increased time spent sharing evidence-based strategies for prevention, some school-based participants observed PC CARES’ unique emphasis on situating suicide within the specific historical and cultural contexts of the villages. They appreciated repeated prompts and strategies to ground their suicide prevention actions in collaborative cross-cultural and cross-sector relationships.

A school-based participant describes their expectation of decontextualized information sharing and acknowledges the benefits of emphasizing the importance of incorporating village culture, priorities, and protocols while respectfully collaborating with local community members:

I was expecting a lot more lecturing and more of statistics and I was really surprised how in depth they went into the village. I wasn't expecting it to be so village related... I was expecting for someone to be doing this that didn't understand the village life and was throwing this stuff at us, like a lot of classes. Truthfully, I was very impressed [...]. So, I was really grateful to see that it was more directed to that subject and helped us teachers really be able to find a plan and focus on a plan for not only the school but the community as well.

In sum, the PC CARES adaptation to synchronous remote facilitation and subsequent change in participant demographics led to an important epistemological switch in the PC CARES curriculum content. The program went from emphasizing action for Alaska Native self-determination to highlighting the importance of cultural humility and local collaboration as plans are created to take action for suicide prevention in predominantly Alaska Native communities.

Matching the Content to Participants: Surface Adaptations

In addition to the epistemological switch, several surface adaptations were needed to match content to the school-based participants. Partnering with school districts presented a unique

opportunity to help participants planning for postvention in schools. Postvention planning aims to help students, faculty, and staff cope with the traumatic experience of a student suicide, increase safety and support to reduce suicide risk, and establish protocols that guide a coordinated institutional or community response. At the request of school district partners, we compiled resources and evidence on best practices for postvention (Williams et al., in press) and coupled this with the importance of partnering with the community to respond respectfully when suicide occurs. Also, many of the participants worked with elementary school children, so new content about addressing grief in children was added to the grief and healing learning circle to help tailor the intervention to the needs of its participants. The sequencing of the learning circles was reordered to create space for the postvention session earlier in the year, allowing time to develop a school postvention plan and to accommodate holiday breaks in December and March.

The in-person model culminated with a review of the learning circle content and a discussion among community members about how to move forward as individuals (parents, teachers, community health workers) and as a community. Since some of participants in the online PC CARES course were participating from disparate communities within the same region, there was not a deliberate process within the sessions to plan collectively for next steps. However, we invited participants to examine their current strengths, ideas, and assets to plan for community change initiation or sustainment. As part of the curriculum adaptation, we added another new learning circle on key factors supporting sustainable community change for the last session. This final learning circle grouped discussions based on villages and schools and gave groups a chance to share their successes, ideas, and develop strategies for prevention going forward.

Challenges We Faced

The rapid adaptation and successful delivery of PC CARES online was facilitated by many vectors. However, in moving a community-based suicide prevention program online we also faced challenges. Issues included technological and internet bandwidth discrepancies between participants and incorporating community voices in the delivery.

Navigating Online Space and Participants

Online facilitation and online teaching are often student-centered, meaning that participants are expected to actively participate in co-constructing teaching content and knowledge (Fraoua, 2021). This principle is inherently important for the learning circle organization of PC CARES,

which relies on participation and discussion. However, it was difficult to ensure all participants could engage in the session fully due to several technological and even meteorological phenomena (e.g., blizzards) impacting internet accessibility.

First, during remote facilitation of PC CARES, participants had their cameras on and off. Excluding PC CARES team members and facilitators who kept their camera on the entire time, about 10% of participants had their camera on during the facilitation in plenary session and 50% when in smaller discussion groups. Internet bandwidth capacity was usually stated as the reason why participants did not put their camera on. At some sites, several participants shared one computer, limiting their engagement in conversations. During our surveys after each learning circle, we found that 20% of the respondents reported at least some issues with internet connectivity. Others decided to have their camera off for reasons unknown to us. Considering that the program happened in school settings, lack of privacy, no webcam available, or even gaps in technological knowledge between participants are potential explanations. Not being able to see participants made it difficult to assess their engagement and, more importantly, created a barrier to assess participants' feelings. Thus, we checked in often with participants to invite them to comment or ask questions verbally in the chat.

Second, we noticed that some participants did not have the necessary material to participate orally in the program. In some cases, there were groups of participants sharing the same computer without a working microphone. Delivery in an online setting meant working within constraints of available materials. We made sure to engage with these participants in the Google document notes and in written conversations in the chat.

Third, the COVID-19 pandemic changed the landscape of synchronous remote facilitation and learning. The concept of Zoom fatigue is increasingly present in the literature and refers to the fragilized emotional state of participants after spending days in meetings and online deliveries (Peper et al., 2021). Furthermore, using online platforms creates risks of multitasking behaviors. Multitasking behaviors have been shown to increase in online learning settings relative to in-person course (Lepp et al., 2019). Using the PC CARES learning circle structure, facilitators opened with mindfulness activities and recitations of texts or a prayer. We hoped the opening would help participants' focus and attention with reduced multitasking behaviors by increasing engagement in the program.

Fourth, weather caused internet issues. The first online cycle of PC CARES was delivered from Fall 2020 to Spring 2021. During Alaskan winter, we noticed that wind and snowstorms

impacted attendance to learning circles, such that schools closing, and leaving some participants—and even facilitators—with unstable internet connections. Most commonly, participants’ audio, video, or ability to remain in the session cut in and out. Although most participants didn’t experience problems, issues with connectivity can have a big impact on participants’ ability to take in the information and to engage with the course activities, thus affecting the depth of their learning.

Lastly, it was difficult to coordinate and monitor participants according to their registered email addresses and Zoom accounts. We found that participants often signed up for registration with their formal name, but sometimes used usernames or nicknames on Zoom. Some school computers had classroom or facility-related usernames already programmed into their Zoom settings. We had to privately message participants during each session to identify who was attending the session. In addition, facilitators struggled to identify and address participants in small groups designed for facilitated dialogue when names were not displayed. These small complications compile to create challenges to developing a comfortable and trustworthy space for dialogue compared to in-person facilitations where facilitators get to know participants and create interpersonal relationships from the start of the learning circle and throughout, including during breaks.

For a program that is based on connecting to one another and coming together as a learning community, these technical issues made it difficult to foster similar bonds compared to the in-person learning circles. We had to adjust expectations and adapt to create some other options for connectivity such as offering office hours, sending emails, utilizing Zoom’s private chat function, communicating via an online platform designed for uploading resources, sharing participant responses to small group discussions, and offering additional materials to help participants utilize what they had learned.

Sharing Community’s Voices in the Learning Circles

Another challenge we encountered relates to positionality. Throughout the delivery, we reflected on the positionality of the academic-based team and our role in delivering a program co-created with Alaska Native partners. While we changed epistemology, which meant guiding mostly non-Indigenous participants to grasp concepts of self-determination for Alaska Natives, fewer than half of the facilitators of the online delivery were Alaska Native, although most facilitators have spent extensive time in Alaska. Throughout the delivery, we added storytelling from research team members with experience working in the region, who shared their personal experience as “outsider” practitioners working in Alaska Native communities to address

challenges and systemic issues while leaving much space for Alaska Native facilitators and participants to share about their communities and culture. We continuously reflected on power discrepancies and how to best include Alaska Native knowledges and perspectives.

DISCUSSION

Confronted with challenges posed by the COVID-19 pandemic, PC CARES adapted its implementation process (switching to synchronous remote facilitation) and curriculum (with epistemological switch and subsequent curriculum changes). Instead of designing an original online program or pausing the intervention altogether, the PC CARES research team and Local Steering Committee members decided to adapt the existing PC CARES model to the new context of COVID-19. The existing curriculum, based on core values of PC CARES, provided a solid foundation on which to tailor this online adaptation. We highlight in Table 3 some drivers to the adaptation process and delivery of the PC CARES adaptation which we will develop in the section below.

Table 3
Vectors of adaptation of the PC CARES program

Categories of Adaptation	Vectors of Adaptation
Long-term continuous partnership with community members	<ul style="list-style-type: none"> • Ongoing partnership with community partner built over 10+ years of collaboration • Pre-existing trust between research and implementation team and community partners • Regular meetings with community partners and direct line of contact • Reflexive space to talk about white supremacy, colonization, racism, and power imbalances
Budget and team capacity	<ul style="list-style-type: none"> • Funding support for the implementation team and for tribal health corporation where community partners work • Full-time staff in the program • Moving online meant more budget for participant outreach
Flexibility of the curriculum	<ul style="list-style-type: none"> • Adaptable learning circle structure (see Table 1) • Program focused on participant-generated solutions, meaning that the program can be tailored to new audiences
Institutional support	<ul style="list-style-type: none"> • Longstanding relationship with school districts facilitated access to school-based delivery • School allocated training time for staff, which significantly increased participation • Tribal health partnerships that included collaboration with and implementation of PC CARES as a central part of the suicide prevention initiative • Alaska Tribal Institutional Review Board reviewed, provided feedback, and supported the new program • Research Advisory Board composed of mental health research experts, many with extensive experience of community-based research in rural Alaska communities

Long-term Continuous Partnership with Community Members

A strong partnership with community members that pre-exists the adaptation process is a cornerstone of the adaptation literature (Barrera et al., 2017; Ivanich et al., 2020). In Wexler and colleagues (in press), we emphasized that the ongoing partnerships between the PC CARES research and implementation team and community members in various regions of Alaska was a strong driver of adaptation. Many of these relationships have been built over decades of working together prior to the existence of the PC CARES program and are embedded in key structural features of collaboration and accountability of the program (see PC CARES model section). The experience of working together on adaptations while maintaining continuity across time is important. Many of the Local Steering Committee members were involved in the previous adaptation of PC CARES from one Northwestern region in Alaska to use in Western Alaska and provided invaluable comments and guidance of the program (Wexler et al., in press). This mobilization in such a short amount of time was only possible because of the pre-existing trust between the team and Local Steering Committee members. We also harnessed pre-existing relationships with school district administrators which enabled us to adapt some aspects of the curriculum and activities to school with the guidance of people with experience of the Alaska school system. Throughout the adaptation of the curriculum and implementation process, as well as for evaluation of results and planning for next iterations, we met regularly with community partners who guided the adaptation of the curriculum. Additionally, throughout our ongoing and collaborative partnership established between team members and Local Steering Committee members, we have established together a space fostering honest and reflexive conversation around white supremacy, colonization, racism, and power imbalance. This has led to critical discussions during our adaptation and has continued to help us as we reflect weekly about how to carry out the program in ways that align with values of collaboration and cultural humility.

Budget and Team Capacity

Long-term viability of a project is often determined in terms of funding capacity, which enables programs to continuously respond to community needs. PC CARES is supported by an R01 grant from the National Institutes of Mental Health and is supported by complementary grants awarded to tribal health corporations. When COVID-19 formed a barrier to the in-person model of PC CARES, the research team submitted a revision of the project, which allowed the team to

devote time and resources to adapt PC CARES to fit synchronous remote facilitating. Local Steering Committee members were also remunerated for their time. Team capacity is a strong vector to adaptation, as several of the staff working for PC CARES are working full time on the project.

Flexibility of the Curriculum

Adapting PC CARES to online delivery was also made possible thanks to the flexibility of the curriculum. The core of the program relies less on specific recommendations and more on the ways in which we ask people to engage with research information to build a community of practice grounded in Indigenous self-determination and multilevel action (Wexler et al., 2016). A deep epistemological adaptation like the one we presented here was only possible because of the adaptable nature of the learning circle format and the community supports which were already in place as part of the PC CARES approach. While we kept similar elements of research evidence and still emphasized self-determination, it was presented to a non-Indigenous audience as cultural humility. Thus, we kept the core of the program, its learning circle structure, and the central role of fostering community engagement intact.

Institutional Support

Adapting PC CARES to be delivered to school staff was made possible thanks to partnerships with school districts in Alaska. We leveraged longstanding relationships with colleagues working in local school districts, contacted school district administrators, and engaged them in planning for online delivery. School districts allocated time for staff to participate in the PC CARES training and provided stable internet connectivity needed to participate. In turn, we provided continuing education credits to PC CARES participants as further incentive to their participation. The PC CARES online iteration was also made possible through the guidance, review, and approval from two of the Alaska Tribal IRBs. The support of the two IRBs is important to protect community members and to ensure an institutional collaboration between the researchers and the local partners. We benefited from expert guidance from mental health researchers, many of whom have been working on community-based research in rural Alaska for many years, in the form of Research Advisory Board, who we met regularly with. Also, three key Local Steering Committee members and facilitators of the PC CARES program are employed by a tribal health and social service organizations whose grant on suicide prevention includes PC CARES activities. As such, the PC CARES team leveraged local

institutional (tribal IRBs, tribal health and social service organization, school districts) and university institutions to pivot to online program delivery.

CONCLUSION

In adapting a co-created, community-based suicide prevention program working across sectors to move from in-person to synchronous remote delivery, we learned that no matter the space, PC CARES can continue to transform suicide prevention in Alaska. Focusing on school districts was important to engage and work with an institution that serves (and can reach) most of the youth and children in our partnering regions; school districts are key to youth suicide prevention and provided the infrastructure for their staff to participate virtually in a region with low bandwidth. Working with school districts meant adapting our curriculum and implementation processes to match our new participant demographic. Therefore, using our reflexive space, we adapted the program to move from Alaska Native self-determination to reflexive and culturally humble action for people not from the region. This switch is not common in the adaptation literature which often focuses on Western-to-Indigenous instead of Indigenous-to-Western direction of adaptation. Overall, vectors of adaptation for the online iteration of PC CARES (such as long-term ongoing partnership with community partners) match important concepts of the adaptation literature (Barrera et al., 2017; Ivanich et al., 2020). We also found that moving the program online meant rapidly leveraging time, relationships, and networks with the support and direction of community partners and institutional support. The PC CARES model was built around flexible methodology, which enabled us to adapt the curriculum and the implementation process of the program while keeping core elements of PC CARES. Adapting PC CARES, which relies on interpersonal relationships and community momentum to online delivery was not without challenges, including technological and internet issues and navigating power and narrative in the delivery of the program. Collaborative team reflections throughout the delivery enabled us to find solutions to these challenges.

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ACKNOWLEDGEMENTS

We would like to thank the PC CARES original curriculum authors: Lisa Ellanna, Tanya Kirk, Roberta Moto, Pangaanga Pungowiyi and Evelyn Day. Thank you to all our past and present Local Steering Committee members: Edna Apatiki, Don Cross, Kira Eckenweiler, Roger Franklin, Josie Garnie, Sandra Kowalski, Emily Murray, Susan Nedsa, Darlene Trigg, LaVerne Sacchues, Carol Seppilu, Perrian Windhausen; and tribal partner staff: Bree Swanson, Bridie Trainor, Pangaanga Pungowiyi, Lena Danner, Keith Morrison, Lance Johnson; without whom PC CARES cannot exist.

FUNDING INFORMATION

This research was funded through National Institute of Mental Health of the National Institutes for Health (R34MH096884, R01MH112458, R61MH125757, U19MH113138).

CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

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