ADAPTING PC CARES TO CONTINUE SUICIDE PREVENTION IN RURAL ALASKA DURING THE COVID-19 PANDEMIC: NARRATIVE OVERVIEW OF AN IN-PERSON COMMUNITY-BASED SUICIDE PREVENTION PROGRAM MOVING ONLINE

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Abstract: This paper presents how a community mobilization program to prevent suicide was adapted to an online format to accommodate the impossibility of in-person delivery in Alaska Native communities during the COVID-19 pandemic. The intervention, Promoting Community Conversations About Research to End Suicide (PC CARES), was created collaboratively by researchers and Alaska Native communities with the goal of bringing community members together to create research-informed and community-led suicide prevention activities in their communities. To continue our work during the COVID-19 pandemic and restrictions, we adapted the PC CARES model to a synchronous remote delivery format. This shift included moving from predominantly Alaska Native participants to one of a mainly non-Native school staff audience. This required a pivot from Alaska Native self-determination toward cultural humility and community collaboration for school-based staff, with multilevel youth suicide prevention remaining the primary aim. This reorientation can offer important insight into how to build more responsive programs for those who are not from the communities they serve. Here, we provide a narrative overview of our collaborative adaptation process, illustrated by data collected during synchronous remote facilitation of the program, and reflect on how the shift in format and audience impacted program delivery and content. The adaptation process strove to maintain the core animating features of self-determination for Alaska Native communities and people as well as the translation of scientific knowledge to practice for greater impact.

INTRODUCTION

Youth suicide disproportionately affects remote and rural Indigenous communities. Colonization, historical trauma, and culturally misaligned, underfunded, underutilized health infrastructure and other compounding factors result in youth suicide being a significant health inequity (Wexler et al., 2008; Wexler et al., 2012, Allen et al., 2021). There is a clear need for culturally relevant, early suicide prevention that mobilizes multiple sectors of the community to reduce risk and to take action to recognize, respond, and lower suicide risk before a crisis.

Promoting Community Conversations About Research to End Suicide (PC CARES) was designed to be an in-person suicide prevention program for communities in Alaska. PC CARES has been developed since 2014 by and for Alaska Native people in rural Alaska. The program thrived on leadership from trained local facilitators and in-person, regular gatherings of a variety of community members, including parents, tribal leaders, teachers, and community health workers. PC CARES engages adults who interact with young people across multiple community sectors such as education, health and human services, and even families. It is built on the notion that community members are cultural and community experts who are in the best position to create working solutions to locally prioritized health problems. Building on community infrastructure and expertise, our intervention provides a model for participants to develop evidence-informed, coordinated, and self-determined early responses to prevent suicide. The theoretical underpinnings and previous studies of the model are reported on elsewhere (Wexler et al., 2016; Wexler et al., 2017; Lee et al., 2018; Trout et al., 2018; Wexler et al., 2019).

The COVID-19 pandemic presented unprecedented challenges for community-based program delivery which were further exacerbated by the remote and rural context of Alaska. Local, state, and federal public health guidelines addressing the COVID-19 pandemic have included limitations on group gatherings, stay-at-home orders, and other physical distancing recommendations which curtail in-person programs. Social (limited indoor gathering options and crowded housing) and material (limited hospital capacity) conditions in Alaska, as well as the ongoing legacy of colonization, have impacted the COVID-19 response to the pandemic, making in-person delivery of programs particularly challenging.

This paper presents the process of adaptation to respond to the restrictions of the COVID-19 pandemic by making PC CARES a synchronous remote program beginning in fall 2020 during the worldwide lockdown policies. Our community advisors shared that health service providers were overburdened with evolving caretaking needs as the pandemic unfolded. So, project

leadership determined that school-based participants had the ability and were a fitting audience for our adapted online suicide prevention intervention. Moving online was challenging due to the extremely limited internet connectivity of some rural areas (Sevelius et al., 2020; Rahman et al., 2021; Stone et al., 2021). School staff (teachers, school administrators, and principals) have regular access, influence, and interaction with students—a high risk age group for suicide. They also benefit from the use of school internet connectivity to attend programs, while most households did not have the ability to attend events or even school online. However, in Alaska, many non-Native people work for local school districts. The adaptation literature often focuses on adapting therapies and prevention programs from Western-centered to Indigenous/other marginalized perspectives (Bernal & Rodriguez, 2012; Barrera et al., 2017). In contrast, here we describe adaptation of an Alaska Native-centered model to a majority White, school staff audience. We present the epistemological shift from Alaska Native self-determination toward cultural humility and respectful collaboration with community members for school-based staff, with multilevel youth suicide prevention remaining the primary aim. This reorientation can offer important insight into how to build more responsive programs for those who are not from the communities they serve.

PC CARES Model

Originally a locally facilitated, in-person program, PC CARES was designed and actively managed in partnership with Alaska Native communities to shift suicide prevention efforts from top-down, clinically managed crisis interventions to community-based primary and secondary prevention efforts, carried out by those who regularly interact with young people (Wexler et al., 2016). The model contains three core elements: (a) translating research into useable formats so that participants can develop self-determined, community-driven solutions through each session (called "learning circles"); (b) introducing prevention information which spans the prevention spectrum (universal, selective, and indicated prevention; postvention) to highlight tools and ideas at multiple "points of entry" for suicide prevention; and (c) engaging with stakeholders in both formal and informal support systems to spark participant-led prevention actions at multiple levels of the social ecology: individual, interpersonal, family, school, and community (Wexler et al., 2016). In its pre-COVID iteration, the PC CARES facilitators were mostly Alaska Natives recruited from each village where the program was being delivered. Participants to the program would come from a variety of community sectors, including parents, tribal leaders, teachers, and community health workers.

Figure 1. PC CARES Learning Circle structural design
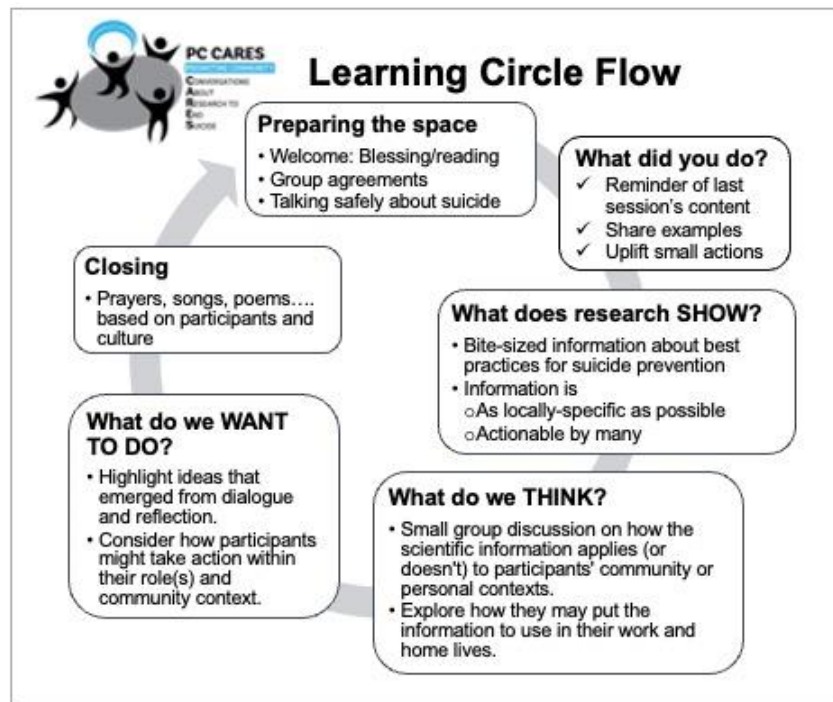
While each PC CARES learning circle covers a different topic, all follow the same structural design (see Figure 1). For more information about theories, approaches, and outcomes of the PC CARES program, please see Wexler et al., 2017; Trout et al., 2018; Wexler et al., 2019.

Embedded structures of local collaboration and accountability are an important feature of the PC CARES approach which allows community members to guide the design and implementation of research evidence from their knowledge of local needs and priorities (Wexler et al., 2016). Four key structural features of collaboration and accountability are: (a) a research and implementation team comprised of both researchers and local Alaska Native wellness advocates who bring together expert knowledges of both the research literature and the local needs, priorities, and practices; (b) meeting monthly with the PC CARES Local Steering Committee comprised of Alaska Native community experts providing feedback and guidance to the PC CARES research and implementation team; (c) feedback and conversation with Alaska Tribal Institutional Review Boards for approval of protocol; and (d) bidirectional knowledge sharing facilitated by the learning circle structure itself, where participants are encouraged to critically examine research information and devise plans for evidence-informed action in their own lives. In addition, PC CARES researchers seek regular support and advice from a Research Advisory

Board, composed of mental health research experts, many with extensive experience of community-based research in rural Alaska communities.

COVID-19 Pandemic Context in Alaska Communities

COVID-19 disproportionately impacts American Indians and Alaska Natives (AI/AN) in the United States. AI/AN communities have experienced forced social changes and colonization leading to intergenerational trauma, as well as social, economic, and political inequalities that increase health inequities and reduce access to shared protective factors (Kirmayer et al., 2014; Wexler et al., 2016, 2017; Pollock et al., 2018; Gone & Kirmayer, 2020). Consequently, AI/AN communities have some of the highest rates of COVID-19 infection and morbidity among all ethnic groups in the United States, despite limited and inadequate representation of AI/ANs in data (Centers for Disease Control and Prevention (CDC) 2021; Hill et al., 2021; Hicks et al., 2022). In addition to the health impact of COVID-19, AI/AN communities are also severely impacted by the social, cultural, and economic consequences of sheltering in place to prevent transmission of COVID-19 (Owen et al., 2021). For Indigenous communities, healing and resilience are intrinsically related to culture and traditional practices including community gatherings and shared activities (Walters & Simoni, 2002; Kirmayer et al., 2016; Walters et al, 2020; Kuhn et al., 2020).

The COVID-19 pandemic is associated with distress, anxiety, and depression, with stronger impacts on vulnerable people (Fleischman et al., 2021; Yunitri et al., 2022). If compared with previous epidemic crises, mental health consequences of the pandemic, including suicidal behavior, are likely to be present for a long time and peak later than the actual pandemic (Sher, 2020; Farooq et al., 2021). In the context of the COVID-19 pandemic, culturally responsive, cross-sector suicide prevention programs like PC CARES are critical braces to the support system for Alaska Native young people (Brenna et al., 2021). In accordance with federal, state, and tribal mandates, and in keeping with cues about social, cultural, and mental health needs from Indigenous communities and mental health organizations across the United States, our team pursued the option of online delivery.

Adapting Programs

To improve the reach, engagement, effectiveness, and sustainability of prevention interventions, research has highlighted the need to address specific priorities and understandings of diverse groups (Bernal & Rodriguez, 2012; Cabassa & Baumann, 2013; Barrera et al., 2017;

Baumann et al., 2017). To prevent suicide, building contextually and culturally specific interventions that can be flexibly applied is especially critical for Indigenous Peoples impacted by social, structural, and political arrangements stemming from lasting legacies of colonization (Kirmayer, 2012; Wexler et al., 2015). By relying on local culture and knowledge, suicide prevention programs can have a stronger impact (Kral, 2016; Allen et al., 2021). Some rely on adaptation: modifications to existing programs to better fit a specific community context, including language, content, and mode of delivery. Adaptation improves implementation and outcomes in Indigenous and other contexts because this process acknowledges and addresses the needs of diverse cultural groups and encourages and integrates community voices and perspectives into the endeavor (Fisher, 2005). To ensure community buy-in and sustainability, adaptation processes must be centered around community partnerships and assess needs and priorities of a specific context (Rapkin, 2019).

Changing modes of delivery is an important adaptation. Here, the PC CARES program moved from a community setting with a pair of local facilitators to a synchronous remote setting with a diverse team of facilitators. During the COVID-19 pandemic and subsequent restrictions, there has been a widespread shift to online delivery for prevention programs. This change led to many challenges for programs to think through, such as technological access (e.g., access to hardware, practice using software) and training of facilitators for online delivery (Barden et al., 2021; Li et al., 2021). In addition, challenges to adaptation are exacerbated in Alaska by the remoteness of communities and underdeveloped technological infrastructures. Online program literature for Indigenous communities highlights the need for local capacity building, community ownership, and empowerment in online tool design and implementation (Peiris et al., 2019; Povey et al., 2020; Stephens et al., 2020). As such, partnership with community members is paramount to ensure that tool design, information, and implementation are culturally responsive and contextually appropriate.

Fitting a program to a particular community context—including mode of delivery—occurs through navigation among and between epistemologies and practical concerns, while maintaining some of the research basis on which the program was developed. This process has been characterized as a balancing act (Ivanich et al., 2020). We describe a unique incarnation of this balancing act as we explain how a collaborative team of Alaska Native and outsider researchers and facilitators adapted an in-person Alaska Native-centered community-based model for use with a mostly non-Native school staff audience using synchronous remote delivery. We present the shift from an empowering stance aimed at supporting Alaska Native self-determination, toward a more reflexive and culturally humble yet animating stance for non-Native school professionals.

METHODS

Narrative Overview of Collaborative Reflection

This study uses a reflexive approach to describe the processes by which the PC CARES team utilized community-based action research strategies to rapidly adapt the PC CARES intervention. The PC CARES team worked consistently over the period of May 2020-May 2021 to adapt and deliver PC CARES curriculum in synchronous remote facilitation to ~90 school-based participants across two Alaska school districts. Our adaptation goal was to meet emergent needs for continuing community suicide prevention activities in rural Alaska communities throughout the socially disruptive pandemic, while accommodating necessary physical distancing practices and policies.

Throughout and following the adaptation of the online iterations of the PC CARES intervention, our team engaged in collaborative reflections in weekly team meetings, monthly meetings with the Local Steering Committee, and with facilitator feedback immediately after the delivery of each learning circle. Our team reflections included the regular use of reflective prompts such as:

"What worked really well in the learning circle?"

"What do you think would make the next session even better?"

"Is there something else that may be important for us to learn or think about from this class session overall?"

Data used in this paper stems from these collaborative reflection exercises. Key themes were drawn from team meeting notes, narratives from our adaptation experience, and observations conducted by the first author whose reflections will be embedded in an ongoing ethnography of the PC CARES program. In this way, the PC CARES team participated in collaborative reflection: a process by which members of a community reflect together through social interactions and the outcomes of this process.

Our Adaptation Process

To make PC CARES a synchronous remote program because of the pandemic restrictions, we had to adapt the program from in-person to online delivery. Moving our program online constrained the pool of participants from Alaska communities that could join our delivery due to the unstable access to internet in rural remote villages. We focused our participant recruitment to

school-based professionals such as teachers, administrators, and principals who have opportunities and resources for suicide prevention as key youth-serving institutions, and importantly, a reliable internet connection at the school. School professionals were already part of our in-person deliveries with other professionals such as health care providers, community workers, community leaders, and parents recruited through affiliation with tribal councils or health care centers. By recruiting primarily school-based participants for the online delivery, we effectively reduced the range of sectors involved in PC CARES. Additionally, a consequence of targeting our recruitment to schools is that most school district employees are non-Native and often came from the lower 48 states to teach. Therefore, we had to adapt PC CARES from an in-person mainly Alaska Native audience to an online non-Native group.

We distinguish two main adaptations of the program: (a) adapting the implementation process and (b) adapting the curriculum. Adapting the implementation process meant delivering the program online instead of in-person, in a different setting (schools only) with a new population (schoolteachers, administrators, and principals). Adapting the curriculum meant shifting the PC CARES epistemological framework (from self-determination of Alaska Native communities to culturally humble actions of non-Native school staff) and processes to fit a different target group. The adaptation of the curriculum resulted in the following changes in the program (Table 1).

Table 1
PC CARES Curriculum adaptation from in-person to online

Curriculum Before	Curriculum After	Explanation
Learning Circle 1: Cultural Wellness	**Learning Circle 1: Context and Youth Development**	• We kept this learning circle largely the same in flow and content. • For our pivot from self-determination for Alaska Natives to cultural humility (See section called Curriculum Adaptation), we highlighted colonization, forced assimilation, and ongoing intergenerational trauma as context for recent data on Alaska Native youth suicide. This context is provided by a video from local facilitators. • Rather than a large group discussion of the video, we asked two Indigenous wellness advocates on the facilitation team to respond to the prompts written in the community-based curriculum. This underlined Alaska Native experiences with colonization.

Table 1 continued
PC CARES Curriculum adaptation from in-person to online

Curriculum Before	Curriculum After	Explanation
Learning Circle 2: Support for Youth	**Learning Circle 2: Prevention**	• Restructuring the curriculum with our school participants in mind, we put forward topics around means restriction at home, central to suicide prevention but complicated for school actors to implement; however, we also included content about non-demanding acts of kindness, which we knew teachers would feel comfortable trying out with their students right away. • We added pivots away from white-dominant culture to the introduction section of the learning circle.
Learning Circle 3: Prevention	**Learning Circle 3: Grief and Healing**	• This session lays the groundwork for the new learning circle to follow. • In our delivery schedule, it is facilitated around the winter holidays. Because community facilitators and Local Steering Committee shared how their communities were grieving during this time, we added information about children's grief to the content.
Learning Circle 4: Grief and Healing	**Learning Circle 4: Postvention in Schools**	• This entirely new learning circle features content developed from a scoping literature review (Williams, in press) done to understand the research basis of recommendations made to schools for postvention. It was designed to be delivered in February/March, with enough time left in the school year to allow participants to begin the cross-sector collaboration necessary for designing sustainable postvention plans with community input.
Learning Circle 5: Review and Next Steps	**Learning Circle 5: Support for Youth**	• Near the conclusion of the learning circle series, we knew this session would be squarely in school staff's skillset. We retained all the elements of content including grouping pairs in triads to practice reflective listening skills.
	Learning Circle 6: Review	• This session keeps much of the content of the original Learning Circle 5, without planning/decision-making at the end. Participants revisit each learning circle and reflect on the community-level and individual-level changes they enacted over the course of the school year.
	Learning Circle 7: Moving on with Vision	• "What does the research show" in this learning circle stems from research on sustainment in community interventions—a new addition to the curriculum. • We also added a community showcase where 2 participants from a community who had implemented several successful prevention and wellness initiatives over the course of the year shared what they did and how they were able to work together. Their stories served as illustrative examples of how to support community-level change.

Adapting Our Implementation Process

From Trained Alaska Native Facilitators to Collaboration between Academics and Indigenous Wellness Advocates

Instead of a train-the-trainer approach, with local people trained as PC CARES facilitators, our adaptation required that learning circles be facilitated by the PC CARES research and implementation team, comprised of academics (Dr. Lisa Wexler, Dr. Diane McEachern, Tara Schmidt, Suzanne Rataj, and Lauren White), Indigenous wellness advocates who co-created the program (including Roberta Moto, Wellness Director, and Tanya Kirk, Native Connection Coordinator, Maniilaq Association), and experienced facilitator and team leader Josie Garnie (a village-based counselor supervisor, Norton Sound Health Corporation). The team was intimately familiar with the curriculum, had experience working with one another and facilitating PC CARES in communities in rural Alaska, and offered community and cultural perspectives important for learning. This change in facilitation roles was important because learning circles foster communities of practice primarily through dialogue. Changing the facilitators of the dialogue from local village facilitators to the academic-community team was likely to impact how the message is conveyed, interpreted, and applied. Considering that participants of PC CARES also changed, the switch to a facilitation team composed mainly of researchers may have been beneficial to the conventional understandings of credibility and likely bolstered program fidelity. In this decision, we considered the costs of sacrificing "community ownership," important for the decolonial framework of PC CARES (Trout et al., 2018), against the high demands and challenges caused by the pandemic in the remote north. The adaptations required modifications involving changed facilitation roles, reflexive processes, changes in content, and a shift to digital and online interactive tools. Through reflexive processes with the community-academic team, activities were refined, roles clarified, and digital tools were learned and eventually mastered.

The PC CARES program was presented and approved by two Alaska Tribal Institutional Review Boards (IRB) prior to delivery in the community in Spring 2019. Considering the important change of program implementation and process caused by turning the program into a synchronous remote facilitation, we submitted an amendment to our protocol to both tribal IRBs and were approved in September 2020. Presenting research and getting it approved by the Tribal IRBs is an important milestone in collaboration with communities and ensuring that local voices are part of, listened to, integrated, understood, and heeded during the adaptation process.

From Local Community Knowledge to School Insider Knowledge

In-person PC CARES was facilitated by trained community members and delivered in villages to participants coming from multiple sectors of the community (i.e., parents, teachers, counselors, community health professionals). Thus, there were pre-existing relationships between local facilitators and most of the participants. Additionally, facilitators would have been embedded in local ways of knowing, history, and social life of the community, which enabled them to aptly lead discussion about outcomes of the program. While some PC CARES researchers and team members have training in education research and are teaching university-level courses, none of us are teaching in the K-12 school setting. With the help of our school-based partners, we adapted session activities to suit the new participant group, and we maintained our core group of researchers and Alaska Native community members as PC CARES facilitators each month. This way, the program still included community voices while being delivered by the academic-community team.

From In-person to Online Delivery: Creating a Responsive and Respectful Space on Zoom

Creating a respectful space online was important for the team. We made sure to include some ground rules to talk safely about suicide, to establish clear guidance for Zoom communication that made space for everyone, and to remind participants collectively to listen to one another. Moving the delivery online also meant rethinking facilitation space. Participants were not gathered in-person where there is often room for informal conversation. Synchronous remote facilitation on the Zoom software used Google documents, chats, and small break-out groups to encourage interactions. The facilitation team kept their cameras on throughout class and were active on the Zoom chat to answer queries, provide links to documents, and respond to participants. To respect the privacy of what is being discussed during the learning circle, we decided not to record the break-out group sessions. Instead, we asked for participants to consent on whether we could use their comments written on the Google documents for research while providing confidentiality. Comments written in the chat would not be used for research. Throughout the session, participants were invited to respond to information or ask questions in chat, verbally, or by writing anonymously on a Google document. These comments provided a basis for the next session to revisit ideas and plans for putting the suicide prevention and wellness information into action.

Curriculum Adaptation

The shift in participants from mostly local Alaska Native community members to mainly White teachers from the lower 48 states was catalyzed by our online delivery adaptation. This shift—from prompting local action in one's *own* community to cross-cultural collaborative action—introduced new challenges and demanded some important curriculum changes to PC CARES learning circles. In prevention programs, there is a tendency towards cookbook approaches to conceptualizing culture that ultimately reify stereotyping processes and replicate Western notions of moral and scientific authority, flattening complex experiences and sociocultural phenomena to individual pathologies (Johnston & Herzig, 2006; Wexler & Gone, 2012; Smith, 2021). Our team surmised, through collaborative reflection, that modeling and teaching prompts for cultivating a reflexive and culturally humble stance before presenting the scientific research was an important way to maintain PC CARES's decolonial commitment.

Shifting Away from White Dominant Culture

The in-person curriculum introduced Alaska Native suicide disparities as deeply linked to colonization and the importance of self-determination for prevention. For the online school delivery curriculum, our team explicitly invited critical self-reflection and cultivated a posture of cultural humility for outsider participants (Chang et al., 2012; Rosen et al. 2017). To do this, we incorporated small shifts away from white dominant culture to "something else" into learning circles 2-6 as seen in Jones and Okun (2001; see Table 2). These shifts, titled 'Our intention in this course', were inserted and explained at the beginning of each learning circle. Academic-based facilitators discussed the concepts outlined in Table 2 and elaborated using their own experiences from working in rural Alaska Native villages as non-Indigenous service providers. The inclusion of these examples provided a critical perspective on dominating paradigms which have shown to help cultivate critical self-reflection and cultural humility (Rosen et al. 2017). We also wished to encourage participants to foster stronger relationships, centering local priorities, practices, and knowledge, as well as supporting self-determined actions by Indigenous Peoples within and across their cross-cultural efforts for change. Reflecting on this effort, one participant shared, "I appreciated PC CARES facilitator saying: 'that more (important) is seeing what the communities need instead of bringing our ideas of what should be happening in the community.'" The small shifts and related stories are adaptable and can change depending on the context of the program delivery.

Table 2
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 2: Effective Prevention	**Perfectionism** Mistakes are seen as personal, reflect badly on the person - the person is seen as a mistake. Little time for learning.	**Appreciation** Mistakes are valued as opportunities for learning. People verbally show their appreciation for each other.
	Paternalism No consultation or transparency in decision-making. Taking over projects, mediating, and facilitating others.	**Partnership** Decision-making is clear, affected parties are consulted. Evaluations include staff/students at all levels. Leadership of frontline communities is respected and nurtured.
	Competition Taking unearned credit for wins or co-opting local organizing efforts or the work of other staff. Treating core campaign issues as more important than issues that other people are working on.	**Collaboration** Taking time to build relationships based on trust. Focus is on "building a bigger pie" instead of fighting over a slice. Mutual support and promotion of each other's' projects and issues.
Learning Circle 3: Grief and Healing	**Transactional Relationships** Detached "professional" communication, for the purpose of completing a transaction and efficiency. Reaching out or acknowledging people only when you need something from them.	**Transformational Relationships** Building trusting relationships internally and externally that are based on trust, understanding, and shared commitments. Even in the simplest ways, taking time to see, greet, and acknowledge each other to sustain caring connections, especially when there's "no time" to do so. Space to appropriately be in one's majesty and to share in each other's cultural bounty.
	Overworking as an Unstated Norm Encouraging people to work through weekends and into the night (directly or passively by setting up work plans that are unachievable in a 40-hour week) - ignoring how Black, Indigenous, and People of Color (BIPOC) have been historically and systemically requested to take on physically taxing work by white bosses.	**Self-Care/Community Care as a Norm** Actively encouraging a culture of self-care and community care in which people care about each other's physical and emotional well-being, support time boundaries, and are considerate of time zone difficulties, parental needs, personal health issues, etc. Work plans include unscheduled time to enable space for inevitable unpredictable tasks that emerge.
Learning Circle 4: Postvention	**Transactional Goals** Transactional deliverables/quantifiable are ranked above meaningful engagement or qualitative goals. Rushing to achieve numbers.	**Transformational Goals** Working towards meaningful engagement with depth, quality; using qualitative goals in addition to whatever deliverables a foundation is asking for. The timeline for the deliverables includes enough time for quality.

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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	• 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	• 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	• 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	• 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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The authors declare that they have no conflict of interests.

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