A Feasibility Study on the Virtual Adaptation of Child Adult Relationship Enhancement in Primary Care

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Childhood behavioral problems are common; despite evidence that parenting interventions improve outcomes, the use of these programs is limited. Virtual delivery may ameliorate attendance barriers, but little is known on the acceptability and feasibility of virtual group parenting interventions. This mixed-methods study explored the feasibility, acceptability, and appropriateness of the virtual delivery of a parenting intervention, Child Adult Relationship Enhancement in Primary Care (PriCARE) among 18 caregivers and 8 facilitators. Subjects completed survey instruments assessing acceptability, appropriateness, feasibility, and telehealth usability and participated in semi-structured interviews exploring these constructs. Directed content analysis of interview transcripts identified themes. Most participants were female with a mean age of 35 years among caregivers and 37 years among facilitators. Slightly less than half of caregivers were Black (44%), with the remaining White. The majority of facilitators were White (88%). Over half (56%) of families received government assistance. Surveys indicated high acceptability, appropriateness, feasibility, and telehealth usability. We identified five overarching themes from qualitative analysis: nuances of feasibility, high acceptability, balancing skills and group dynamics, flexibility within fidelity, and multiple perspectives of disparities. Within these themes, reduced logistical barriers and the normalization of virtual meetings were contrasted with virtual burnout and distractions in the home. The majority of participants expressed that they learned helpful parenting skills, even in the setting of the suboptimal group dynamic of the virtual format. While disparities in technology and support systems were identified, the participation of caregivers who would not have attended in person was highlighted.

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