**Title: Feasibility of Peer-to-Peer Motivational Interviewing within a Remote Telehealth Support Network for Rare Disorder Caregivers**

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**Introduction.** Caregivers of children with neurogenetic conditions (NGCs) experience chronic stressors that place them at-risk for mental health challenges. When determining how to best support these caregivers, no one can speak to the experiences of being a caregiver of a child with a neurogenetic condition (NGC) better than rare disorder caregivers themselves. Indeed, past research suggests that peer-to-peer support programs can boost clinical outcomes across a variety of conditions (Acri at el. 2017; Wallace at al., 2021). This success likely reflects that people with lived experiences are pre-qualified “experts” on their lived experience, without any formal training. Integrating peer support into clinical programs for rare disorder caregivers is an appealing strategy to ensure the support rare disorder caregivers receive is relevant to their daily lives (Joo et al., 2022) and delivered by an expert who shares their lived experiences. However, logistical factors that impact caregivers – such as scheduling conflicts, challenges with respite care, fluctuations in child needs, and emergency medical crises – are also likely to impact peer coaches, potentially introducing additional challenges to programmatic feasibility. Here, we sought to examine initial feasibility of a peer-to-peer motivational interviewing coaching program being implemented as part of Project WellCAST (Supporting the WELLbeing of CAregiverS via Telehealth; NCT05999448) an NIH-funded clinical trial designed to prospectively test which evidence-based telehealth interventions best meet the needs of NGC caregivers. Our primary research questions were as follows:

1. What is the feasibility of implementing a peer-to-peer motivational interviewing protocol, as measured by proportion of completed sessions?
2. What were the patterns of missing session data across participants? What proportion of scheduling disruptions were initiated by participants versus peer coaches? What proportion of disrupted sessions were rescheduled?
3. How do participants’ baseline characteristics (e.g. demographics, availability, technology access, clinical features) relate to program feasibility?

**Methods.** Participants in this study were adult parent caregivers with a child with a diagnosed rare neurogenetic condition between the age of 2 to 30 years old. Peer coaches delivering the motivational interviewing protocol were also rare disorder caregivers who were paid study staff. Data presented in this project are from the first two waves of Project WellCAST, completed in Spring and Summer 2024. The peer-to-peer protocol was deployed via 4 telehealth sessions conducted via Zoom across the span of 19 weeks. The initial session was 30 minutes long with all consecutive sessions lasting 20 minutes. Sessions were recorded for fidelity purposes. Participants completed data collection as part of the broader clinical trial including demographics, availability, technology literacy, and program satisfaction.

**Results.** Preliminary data were available from 62 participants who completed the motivational interviewing protocol between September 11, 2023 and June 28th. 2024. Across participants, the median number of sessions completed was 4 (1 n=12; 2 n= 8; 3 n=7; 4 n=35). Participants most commonly missed Session 4 (Session 1 missing=1; 2 n=12; 3 n=22; 4 n=24). Of missed sessions, 6 were initially cancelled or requested to be rescheduled by peer coaches. Of sessions that were initially requested to be rescheduled by either party (n=37), 23 were ultimately rescheduled and completed (74%). Sessions were most frequently disrupted due to logistics (19% of sessions; e.g. childcare, travel conflicts), and only 3% of disruptions were initiated by the peer coach. Final analyses will be updated to include the current wave of participants enrolled in the protocol (n=40; completing data collection January 2025) and leverage inferential statistics to identify participant characteristics that were significantly associated with missed sessions, such as demographic, sociocultural, technology access, trial assignment, and mental health factors.

**Discussion.** We observed generally high feasibility of a peer-to-peer motivational interviewing protocol, delivered as part of a larger clinical trial. Most participants completed all four coaching sessions, although 41% failed to complete their final session. Although logistical disruptions were common, few disruptions were initiated by the peer coach, suggesting that despite the known challenges faced by many NGC caregivers, peer-to-peer coaching remains feasible. These data show promising evidence of the feasibility of peer-delivered motivational interviewing supports. Final analyses will expand and contextualize these findings by examining participant-level characteristics that relate to successful program completion.

**Citations.**

Acri, M., Zhang, S., Adler, J. G., & Gopalan, G. (2017). Peer-delivered models for caregivers of children and adults with health conditions: A review. *Journal of child and family studies*, 26, 337-344.

Joo, J. H., Bone, L., Forte, J., Kirley, E., Lynch, T., & Aboumatar, H. (2022). The benefits and challenges of established peer support programmes for patients, informal caregivers, and healthcare providers. *Family practice*, 39(5), 903-912.

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