

Depression Care Management:
Evidence-based Programs

PEARLS

**Participant Perspectives**

PEARLS empowers seniors through behavioral techniques to actively manage depression and improve their quality of life. Consider these comments from PEARLS participants:

“I very much looked forward to my sessions. They helped me rediscover myself and like myself. I turned around a difficult time for the better.”

“At the conclusion, I wasn’t even recognizable as the same person. With my counselor’s encouragement and understanding, I was not only able to make the health improvements necessary to avoid going to a nursing home, but I overcame my depression and anxiety so that I now lead a more active and rewarding life, which is the whole purpose of PEARLS.”

PEARLS: Community-Integrated, Home-Based Depression Care

The Program to Encourage Active and Rewarding Lives for Seniors (PEARLS) is a community-based treatment program for older adults with minor depression or dysthymia. Dysthymia is an ongoing, low-grade depression of two or more years in which depressive symptoms are present more days than not. This kind of depression is especially common in older adults who are physically impaired or socially isolated.

PEARLS seeks to reduce depression in this population by using several treatment methods. One of the most important is problem-solving treatment, or PST, which is based on the fundamental principle that there is a close link between depression and unsolved problems. PEARLS provides a concrete, easy-to-learn, and empowering approach to solving problems. As participants actively define and solve their problems, their symptoms of depression can be decreased.

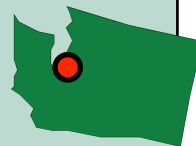
A depression care manager plays a pivotal role in delivering the problem-solving treatment that forms the foundation of PEARLS. The manager is also trained in techniques that encourage physical and social activation, as well as increased pleasant events. This person also works closely with a supervising psychiatrist, who helps with program eligibility questions, PST supervision, medication recommendations, and more.

Identification of depressed individuals is the first step. The depression screening instrument (the nine-item Patient Health Questionnaire, or PHQ-9) and other tools are available in the PEARLS Implementation Toolkit (see reverse for more information).

The Result of Research

PEARLS was initially developed as part of a research study conducted by the University of Washington’s Health Promotion Research Center, in collaboration with the City of Seattle’s Aging and Disability Services and Senior Services. The study examined the impact of in-home depression intervention with older adults recruited through community senior service agencies from January 2000 to May 2003. Participants included 138 clients aged 60 years or older with minor depression or dysthymia. Those in the intervention group received problem-solving treatment and were successfully motivated to increase their social and physical activities and to engage in personally pleasurable activities.

Findings, which were reported in 2004 in *The Journal of the American Medical Association* (Ciechanowski et al), showed that recipients of PEARLS were more likely to have a 50 percent or greater reduction in depression symptoms, to achieve complete remission from depression, and to have greater improvements in quality of life. They also enjoyed fewer hospitalizations than patients in the control group.





Visit the PEARLS website for more information about evidence-based depression care:

<http://depts.washington.edu/pearlspr/>



PEARLS Implementation: From Research to Practice

Researchers developed PEARLS to be used within the support infrastructure of an Area Agency on Aging (AAA). Since then, the program has been implemented in senior centers and other settings. Typically, PEARLS implementation requires four key steps:

1. **Finding Funding**—Finding dollars for new initiatives is always a challenge, but evidence-based models are easier to fund because they have been proven to work in controlled studies. This is usually a good selling point when approaching health foundations, community foundations, and other funding sources.
2. **Building the Right Team**—PEARLS involves the following roles: an organizational leader, a PEARLS manager, a PEARLS counselor, a data coordinator, and a clinical supervisor. Depending on the size of the agency, these multiple roles may be held by one person. The PEARLS counselor is the heart of the program, as he or she works directly with clients to implement the program. The clinical supervisor, a psychiatrist familiar with PEARLS' problem-solving treatment approach, provides guidance to the PEARLS counselor.
3. **Adapting the Program**—It's important to include the core components of the program when you implement PEARLS, but there is room for flexibility. For example, the PEARLS program run by the Area Agency on Aging for Seattle and King County now serves older adults starting at age 50, instead of age 60. Adjustments such as these can be made based on local needs.
4. **Training**—Training helps your team understand the key elements of the PEARLS program and how to effectively implement PEARLS in your community. Training is sponsored by The Center for Healthcare Improvement for Addictions, Mental Illness, and Medically Vulnerable Populations and includes a dynamic balance of didactic instruction, demonstration sessions, practice sessions, and group discussion. Updated training information is available on the PEARLS website.

The Implementation Toolkit

The PEARLS Implementation Toolkit was developed by the University of Washington Health Promotion Research Center in collaboration with Aging and Disability Services-Seattle/King County.

The resources in the Toolkit will assist you in designing and developing an effective program to benefit older adults with depression in your community. As an evidence-based program supported by significant research, PEARLS has been reviewed by the National Registry of Evidence-based Programs and Practices of the Substance Abuse and Mental Health Services Administration and has been recommended by many mental health and aging services experts.

The PEARLS Implementation Toolkit can be downloaded from the PEARLS website (see URL above). For more information, contact Sheryl Schwartz at 206-685-7258.

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To learn more about related resources and initiatives, please visit the Healthy Aging Research Network at <http://www.prc-han.org>.