



Implementation of the Program to Encourage Active & Rewarding LiveS (PEARLS)

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Overview

- About PEARLS
- Implementation
 - DCM model in practice
 - Fidelity
 - Adaptations
 - Sustainability

Background

- 1 in 5 older adults are depressed
 - WA State 1/3 minor and 2/3 major
- Impacts quality of life, function, chronic conditions, health care costs, mortality
- Often under-recognized and untreated or under-treated
- Effective treatments exist
 - Depression Care Management (Task Force)

Depression care management

- Active screening for depression (PHQ-9)
- Trained depression care manager
 - Brief evidence-based interventions (PST, BA)
 - Education / self-management support
- Proactive outcome measurement/tracking
- Team approach, stepped care
- Follow-up

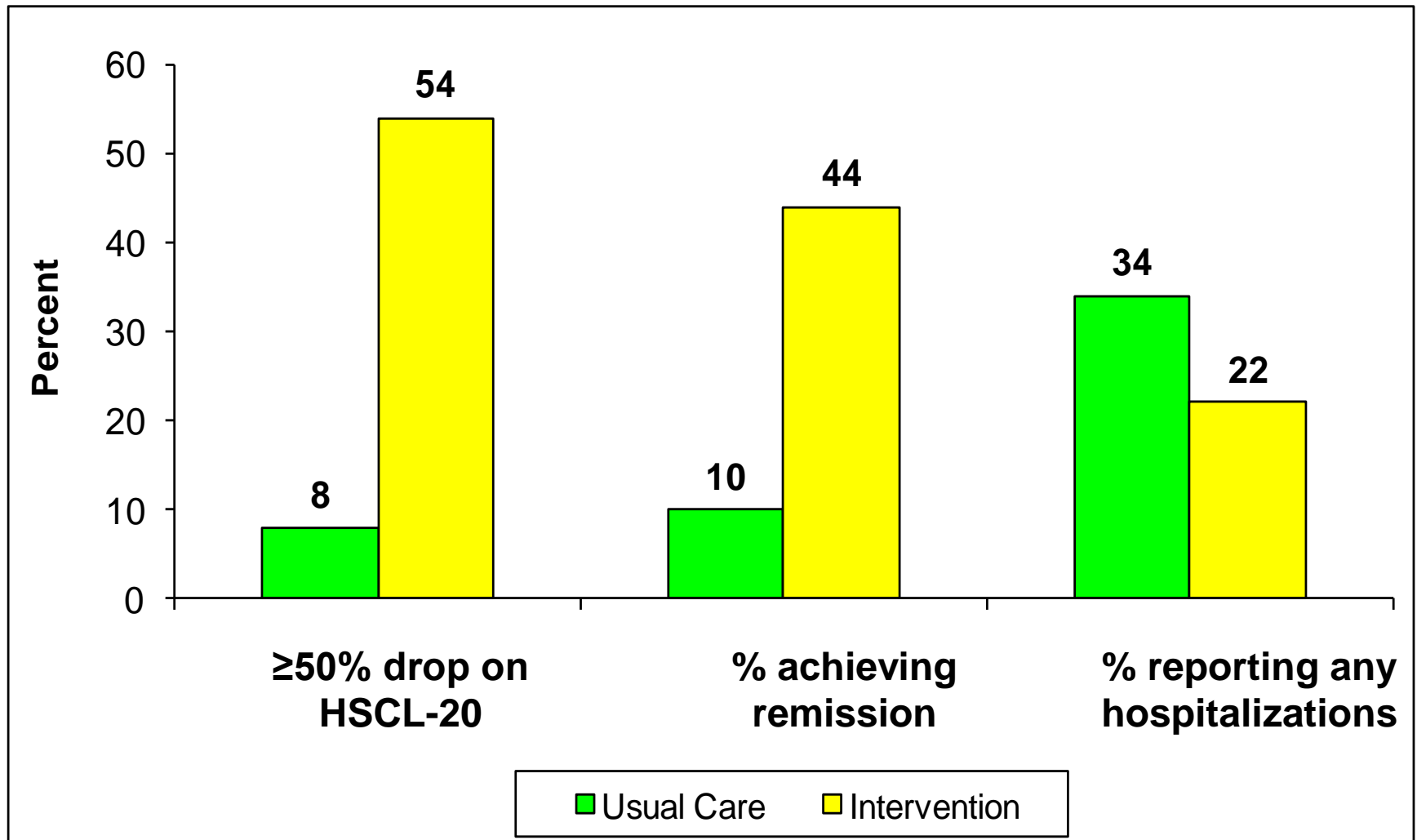




PEARLS

- **Brief:** 6 – 8 sessions over 4 – 5 months
- **Aims** to improve quality of life as well as reduce depression
- **Client-driven; Teaches** skills to move to action and make lasting life changes
- Designed to be delivered in the **community**
- **Team-based** approach, involving the counselor, clinical supervisor, and medical providers
- Well-suited for individuals with **chronic illness**

PEARLS RCT Study Results 6 month (N=138)



PEARLS Findings

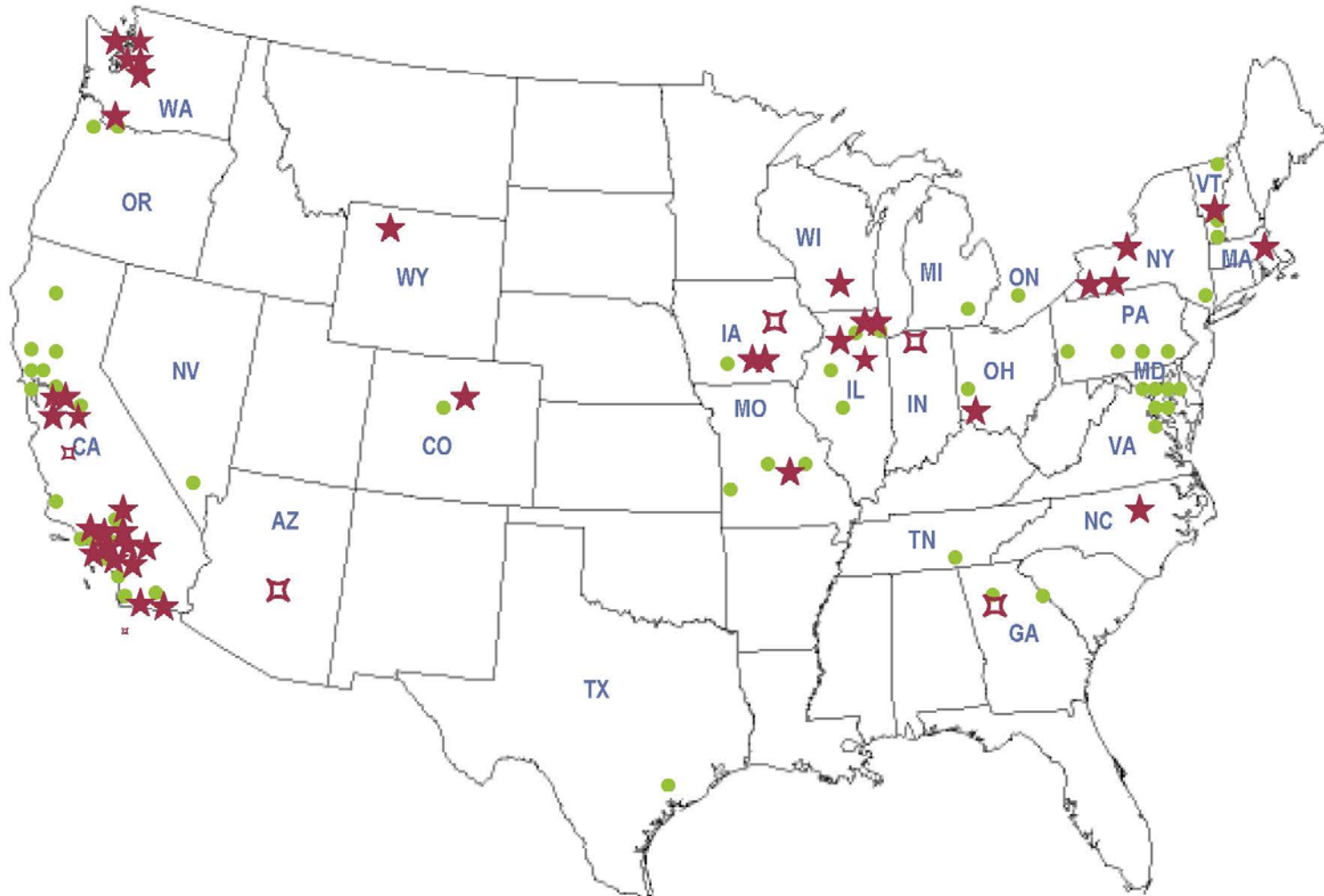
“I'm able to cope with things a whole lot better.”

“PEARLS gave me other avenues to not completely solve the problem but other ways of approaching and dealing with it, and weighing the facts out. And, to get out going walking, and get some fresh air.”

“PEARLS was very helpful to me to understand what I should do. I now have some tools to know what I need to do.”



PEARLS Implementation



★ PEARLS Program Providers ⚡ In Development

● PEARLS Training Participants

December 2012

All PEARLS Trainings as of September 2012

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Active screening

- Validated screening instrument
 - E.g., PHQ-9, PHQ-2, GDS-SF
- Partner with existing older adult programs
 - E.g., intake for AAA's and/or MH/SA, Meals on Wheels
 - Gatekeepers
 - Staff training

Measurement-based outcomes

- PHQ-9 administered at each session
- Other client outcomes
 - e.g., physical activity, health services utilization
- Data management
 - Most sites use existing databases
 - Excel spreadsheet template in toolkit or Peer Place
- Testimonials
- Staff training
- Collect process outcomes as well!

Trained depression care manager

- “Counselor” or “coach”
- Trained from existing agency staff
- Varying education and mental health background
- OK for case managers as long as ‘separate hats’

Clinical supervision

- Key program component (ongoing training/ coaching)
- Psychiatrist or clinician + medical provider
- Conference calls/skype OK after initial meeting
- Partner with universities
- More frequent sessions initially for staff training
- Group sessions ideal for peer learning
- New cases, problem cases, success stories

Stepped care

- In-person sessions tapered weekly to monthly
- Brief follow-up calls for 3-6 months
 - “Wrap up” activities built into treatment plan
- Referrals to more intensive services

Fidelity

PEARLS Fidelity Instrument Development

- Key Informant Interviews
 - N=17 including former clients
- Q- Sort Prioritization
 - 20 items from initial list of 42 key program elements
- Known-groups method hypothesis testing
 - PEARLS Sites
 - Other Depression Care Management programs
 - Other depression programs (e.g. Mental Health Center)

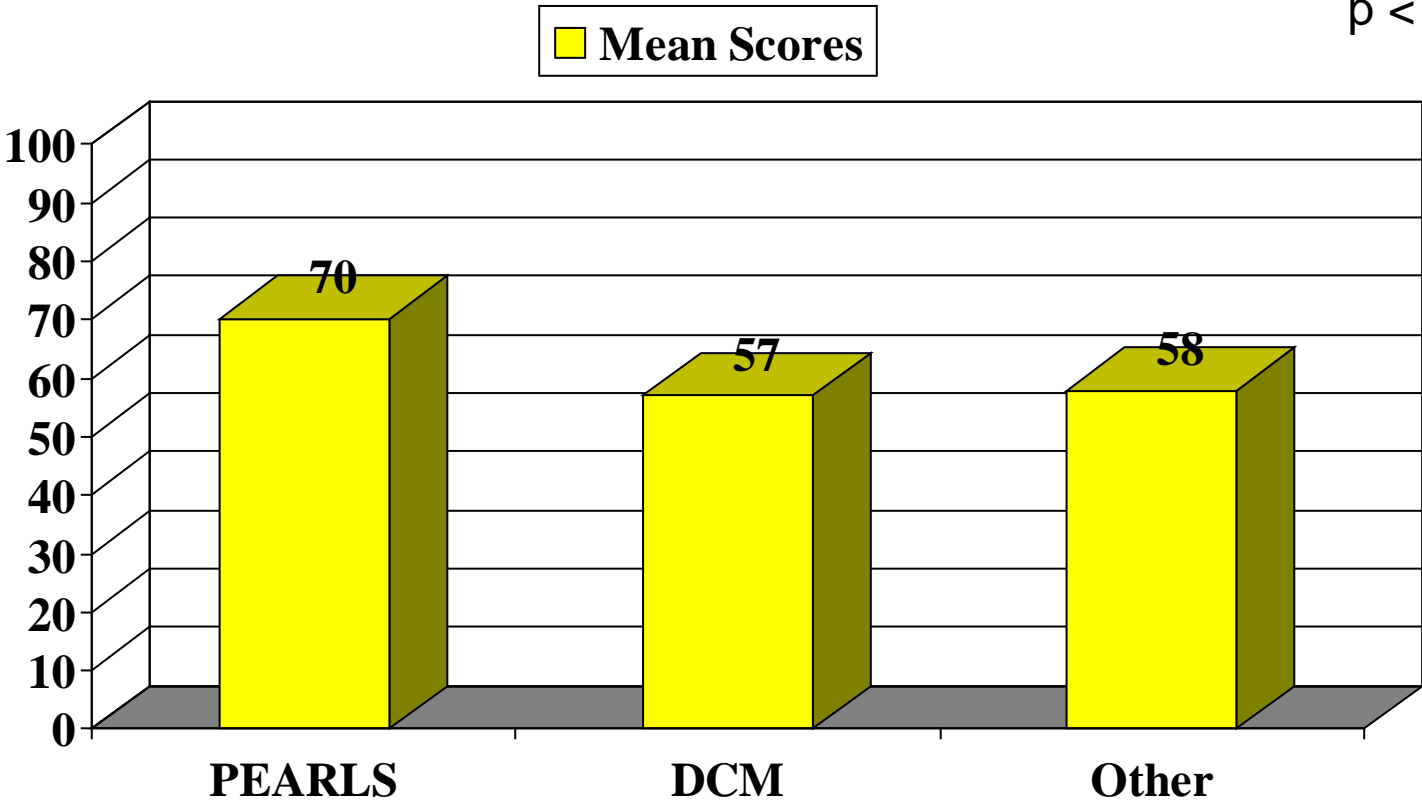
PEARLS Fidelity Study Outcomes

- Brief
 - Average time to complete = 14 minutes
- Valid and Reliable
 - 77% Sensitivity
 - 66% Specificity
 - Intraclass coefficients = 0.77

PEARLS Fidelity Instrument Scores

N = 59 providers,
12 programs

p < .05



PEARLS Fidelity Instrument Insights

Common Adaptations

- PST Counselor competency assessment
 - Not audiotaped or directly observe
- Frequency of Clinical Supervision
 - Less than weekly
- Client Education about depression
 - Verbally more than written
- Age lowered

Other Adaptations

- Epilepsy
- Major depression
- Younger older adults (age 50-59)
- Limited English-speaking
- Assess client's current function when assessing eligibility re: cognition, and other MH/SA
- Home and center-based
- Community-based mental health settings

Sustainability

- Diverse, multiple funding sources
- Program champions
- Integrating PEARLS into service package
- Partnerships
- Recruitment / outreach
- Culturally appropriate language and media
- Technical assistance
- Recognition (NREPP, AHRQ)

Questions?

UW Health Promotion Research Center (HPRC)

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Learn more about PEARLS at:

www.pearlsprogram.org