Program was developed with funding from the Centers for Disease Control and Prevention (CDC). The program is included in the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices and the Agency for Healthcare Quality and Research Innovation Exchange and is recognized as an evidence-based program by the U.S. Administration on Aging.

Website: [www.pearlsprogram.org](http://www.pearlsprogram.org)

Year Program First Implemented in Community Settings: 2000
Currently offered in 12 states. Providers have been trained in 17 states. Program is available in English and has been delivered in the following languages: Russian, Somali, Chinese (Mandarin and Cantonese), Spanish and Tagalog

**Program Synopsis**

- General description of program
  - In-home intervention to teach clients the skills necessary to move to action and make lasting life changes. Methods including problem solving treatment, social and physical activation, and increased pleasant events to reduce depression. The nine-item Patient Health Questionnaire (PHQ-9) is used to monitor clients’ depression throughout the program. Other screening tools are used to screen for program eligibility.

- Program goals
  - Empower individuals through Problem-Solving Treatment, Social and Physical Activation, and Pleasant Activity Scheduling to reduce depression and increase emotional well-being.

- Reasoning behind the program design and elements
  - Participant experiences are symptoms that are due to depression.
  - There is a close link between depression and unsolved problems.
  - Increasing participation in social, physical, and other pleasant activities will lead to a decrease in depressive symptoms.

- Target population
  - Older adults with depression or dysthymia (an ongoing, low-grade depression of 2 or more years in which depressive symptoms are present more days than not).
  - Adults with epilepsy
  - Community dwelling older adults (age 50 or older)
  - Homebound or frail older adults
  - Older adults with multiple chronic conditions

- Essential program components and activities
  - Trained depression care managers use Problem-Solving Treatment and Behavioral Activation
  - Delivered at home or center
Improves quality of life and reduces depressive symptoms

- Length/Timeframe of Program
  - 6 to 8 50-minute sessions over a 19-week period
  - Monthly telephone follow-up for 3-6 months

- Recommended class size
  - N/A

- Desired outcomes
  - Reduce/eliminate depressive symptoms and/or depression
  - Improve quality of life
  - Teach clients skills to move to action and make lasting life changes

- Measures and evaluation activities
  - Active screening for depression of case-management clients (Patient Health Questionnaire (PHQ)-2)
  - Measurement-based outcomes (PHQ-9)
  - Physical and social activities, pleasant events,
  - Client satisfaction

Health Outcomes and Evidence Supporting Health Outcomes

- PEARLS was initially tested by the University of Washington funded by the CDC, using a randomized, controlled trial (RCT) in the community setting between 2000 and 2003. The study evaluated the impact of PEARLS on participants' levels of depression, quality of life, and healthcare utilization. Participants in the study were 138 clients aged 60 years or older who received care from community senior service agencies in metropolitan Seattle; just over half (51.4%) had minor depression and the remainder had dysthymia (48.6%). Half of all participants were randomly assigned to receive PEARLS, and half were randomly assigned to continue with their usual medical care. This study showed that over 12 months, individuals who received PEARLS were more likely than those who did not receive PEARLS to: 1) have a 50% or greater reduction in depression symptoms (43% of PEARLS recipients vs. 15% of the usual care group); 2) achieve complete remission from depression (36% of PEARLS recipients vs. 12% of the usual care group); and 3) have greater health-related quality-of-life improvements in both functional and emotional well-being. The study also demonstrated a trend toward lower hospitalization rates among those who received PEARLS compared to those who did not. Final study results are reported in the Journal of the American Medical Association.
  - [http://jama.ama-assn.org/cgi/content/abstract/291/13/1569](http://jama.ama-assn.org/cgi/content/abstract/291/13/1569)
  - [http://www.pearlsprogram.org/LinkClick.aspx?fileticket=g1FVmwIA1Zc%3d&tabid=138](http://www.pearlsprogram.org/LinkClick.aspx?fileticket=g1FVmwIA1Zc%3d&tabid=138)

- Between 2006 and 2009, University of Washington HPRC investigators conducted an RCT funded by the CDC to test the effectiveness of the PEARLS Program in all-age adults with epilepsy. The PEARLS Program is well suited for individuals with epilepsy since many of the factors associated with depression in this population are related to decreases in function, ambulation and social support, and these are some of the main areas targeted in the PEARLS approach. 12-month findings suggest that, as was found in the first PEARLS randomized controlled trial, individuals with epilepsy treated with the PEARLS Program were more likely to experience a reduction in depressive symptoms.
(p=.005) as compared to those receiving usual care. Compared with patients who received usual care, patients assigned to the PEARLS intervention also achieved lower suicidal ideation, or thoughts of suicide (p=0.025). Final study results are reported in the *Journal for Epilepsy and Behavior*:


**Program Costs**
- In the original RCT, $630 average cost per participant
- A recent survey of several PEARLS programs reported $1,350 agency costs for recruiting, screening, outreach and education, and costs to support a full-time interventionist.
- Costs vary based on staffing needs and # of clients
- In addition, PEARLS training costs are $400 per person.

In-kind donations from site: N/A

**Resource Requirements**

**Space Requirements:**
- N/A

**Equipment:**
- N/A

**Training Requirements**
- 2-day training
- Clinical supervision by a psychiatrist
- Training Content
  - Implementation Manual
  - Guide for counselors, administrators, data managers
  - Forms and materials
  - Depression Care Managers (DCM) learn to use three depression management techniques: (1) problem-solving treatment, in which participants are taught to recognize depressive symptoms, define problems that may contribute to depression, and devise steps to solve these problems; (2) social and physical activity planning; and (3) pleasant event planning and scheduling.
  - Resources include a free user-friendly implementation toolkit and a training program (with a $400 registration fee), held in Seattle on a twice-yearly basis. Technical assistance by phone or email is available on an ongoing basis; a charge may be incurred for intensive technical assistance. Guidance and suggestions for program adaptation are available for certain populations and settings. Quality assurance forms are provided to assist supervisors in monitoring implementation fidelity.
- Trainer Qualifications
  - Case Managers (e.g., trained social worker or mental health worker)

**References**
- PEARLS program website: [www.pearlsprogram.org](http://www.pearlsprogram.org)
- PEARLS Training: [http://www.pearlsprogram.org/Training/Registration.aspx](http://www.pearlsprogram.org/Training/Registration.aspx)
• The State of Mental Health in America: Issue Brief #2: Addressing Depression in Older Adults: Selected Evidence-Based Programs [http://www.cdc.gov/aging/pdf/mental_health_brief_2.pdf](http://www.cdc.gov/aging/pdf/mental_health_brief_2.pdf)

**Contact information:**
• The PEARLS Implementation Toolkit and other resources and information are available at [www.pearlsprogram.org](http://www.pearlsprogram.org).
• For general PEARLS questions, please contact Lesley Steinman at lesles@uw.edu or (206) 543-9837.