

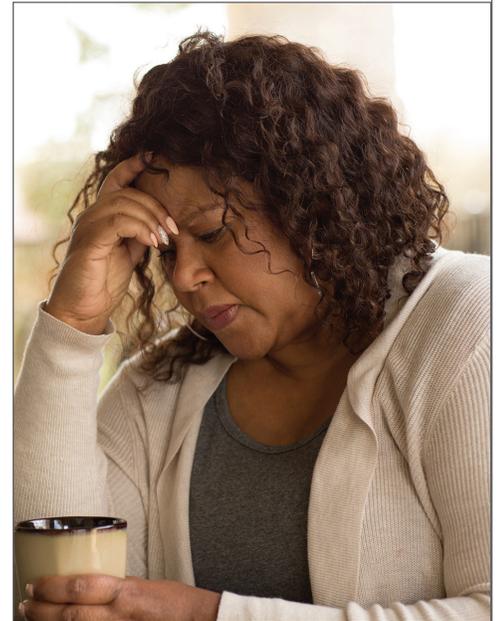
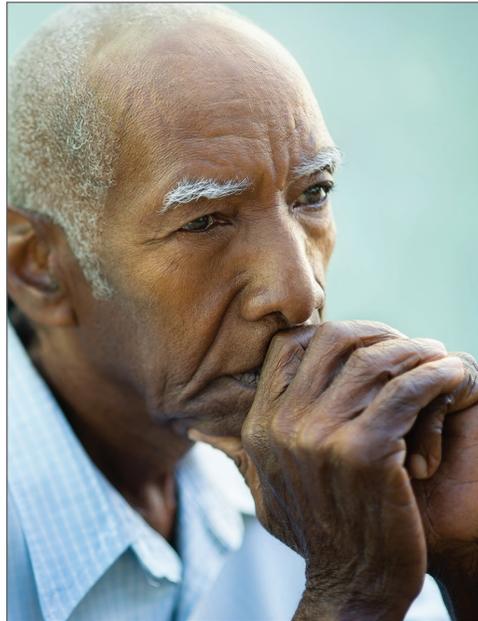
AN **EVIDENCE-BASED BEHAVIORAL HEALTH PROGRAM**  
FOR **OLDER ADULTS** EXPERIENCING **DEPRESSION**



# PEARLS

A one-on-one, evidence-based program designed to reduce depression in physically impaired and socially isolated individuals. The program is offered in six to eight sessions over a 19-week period by a certified PEARLS Counselor.

## PROGRAM TO ENCOURAGE ACTIVE AND REWARDING LIVES



### FOR PEOPLE WITH...

**MINOR DEPRESSION** — Individuals have some of the symptoms of depression, but do not meet the DSM\* criteria for major depression or dysthymia.

**PERSISTENT DEPRESSIVE DISORDER** — Individuals have an ongoing, low-grade depression of two or more years in which depressive symptoms are present more days than not.

**MAJOR DEPRESSION** — Individuals have enough symptoms over a two weeks period to meet the criteria for a major depressive episode. PEARLS is also effective in treating major depression in all ages of adults with epilepsy.

\* The nationally utilized and validated tool to identify depressive risk-PHQ-9 is used to assess depressive symptoms.

See other side for additional information.

For more information on the evidence-based interventions, go to [www.mdlivingwell.org](http://www.mdlivingwell.org)

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**PEARLS was developed and researched by the health promotion research center (HPRC) at the University of Washington, in collaboration with local community partners.**

## **PEARLS Does NOT Replace Existing Programs and/or Treatments**

The PEARLS program enhance those provided through accredited programs often provided in hospital and/or community settings. This program does have clinical oversight (psychiatrist) who, at times, may make recommendations to the participant and to the client's physician and medical team. Interaction with the client's providers optimizes patient safety and increase the comprehensiveness of the PEARLS intervention.

## **Fundamentals of Session Principles**

PEARLS is an evidence-based program designed to reduce depression in adults (18+) . A PEARLS-certified counselor leads the one-on-one sessions over a 19-week period. Sessions can be done in the home, or at a community location

**All sessions are currently conducted via Tele-Health or telephone.**

Sessions one through three are done weekly, sessions four and five are bi-weekly and sessions six, seven and eight are monthly. Additional, three brief, monthly check-in calls are utilized to ensure client is managing well. Session structure includes the weekly administration of the PHQ-9 to assess for depressive symptoms.

### **FOCUS OF SESSIONS**

- What a participant is experiencing are symptoms, and the symptoms are due to depression.
- There is a close link between depression and unsolved problems. Problem Solving Treatment assists clients with skills to begin to address problems.
- Increasing participation in social, physical, and other pleasant activities leads to a decrease in depressive symptoms.

*When PEARLS participants use problem-solving techniques; become more socially and physically active; and experience more pleasant activities, their symptoms of depression can be decreased.*

An essential component of PEARLS is psychiatric supervision/clinical oversight and consultation. The PEARLS counselor works closely with psychiatric oversight. Clinical oversight may include recommendations about psychiatric medications (mostly anti-depressants) can be made as well as when medical issues, drug side effects, or other issues are contributing to depression or other mental health symptoms.

The key to the success of this program is that it is **participant driven**. Each week, counselors encourage their participant(s) to define and select a problem they want to address, and then support the participant in selecting his or her preferred solution. Commonly selected problems range from financial problems to social isolation to health care needs or housing issues.

Participants are also encouraged to increase engagement in social, physical and pleasurable activities. The key is to empower participants by encouraging them to engage in behaviors that help them reach their goals. Participants are urged to continue with this stronger social/activity approach on their own after the sessions have ended.

## **RCT Data Results**

PEARLS randomized, controlled trial (RCT) in the community setting evaluated the impact of participants' level of depression, quality of life and healthcare utilization. This study showed that, over a period of 12 months, individuals who received PEARLS were more likely than those who did not receive PEARLS to:

- have a **50% or greater reduction in depression** symptoms (43% PEARLS recipients vs. 15% of the usual care group);
- achieve **complete remission from depression** (36% PEARLS recipients vs. 12% of the usual care group);
- have **greater health-related quality-of-life** improvements in both functional and emotional well-being; and
- demonstrated a **trend toward lower hospitalization** rates compared to those who did not.

NOTE: The participants in the RCT group had minor depression (51.4%); the remainder had persistent depressive disorder (48.6%).