



## **Program: PEARLS**

### **History:**

Between 1999 and 2003, University of Washington investigators at the Health Promotion Research Center (HPRC) and community-based social service providers conducted a randomized controlled trial funded by the CDC to test the effectiveness of the Program to Encourage Active, Rewarding Lives (PEARLS) program in older adults living in the community. The main objective of this trial was to determine the effectiveness of the PEARLS Program to improve how less severe forms of depression (minor depression or dysthymia) are recognized and treated in older adults living with social isolation, multiple chronic medical problems and physical impairment.

The study evaluated the impact of PEARLS on participants' levels of depression, quality of life and healthcare utilization. One hundred thirty eight individuals took part in this study. All were 60 years or older, living with limited incomes, were relatively housebound, had an average of five chronic medical conditions, and received care from community senior service agencies in metropolitan Seattle. 40% of study participants belonged to a racial or ethnic minority group. Those who were treated with PEARLS were three times as likely to reduce their depressive symptoms as those not treated with PEARLS.

### **Program Description:**

PEARLS is designed to be part of existing community-based agencies that already deliver care and provide resources to clients. The program is provided at home or other accessible community sites, which overcomes limitations in ambulation or transportation that are common in the populations it serves. By providing "house calls" for depression, trained agency staff (called PEARLS counselors or coaches) teaches participants' skills to more effectively tackle the things in their lives that overwhelm them, and in turn, improve their depressive symptoms. PEARLS is delivered in 6 to 8 one-hour visits over the course of a 4- to 5-month period, with sessions tapered from weekly to monthly to give participants an opportunity to practice and learn the skills. PEARLS cases are reviewed regularly by a clinical supervisor to recommend other treatments as needed, such as working with the client's primary care provider to begin or adjust medication. For individuals with major depression in particular, the initiation of antidepressant medications can be an important treatment component of the PEARLS Program. PEARLS is currently being disseminated by the Health Promotion Research Center.

### *The Three Key Components of PEARLS:*

1. Problem solving treatment: Participants learn to recognize symptoms of depression, understand the link between unsolved problems and depression, and apply a highly effective 7-step approach to solving their problems.

2. Social and physical activation: Participants develop a plan to engage in activities that interest them, since involvement in social and physical activities improves quality of life and mood of people with depression.
3. Pleasant activity scheduling: Very often, depressed individuals find it difficult to initiate activities that are enjoyable. PEARLS participants work with their counselor to identify and participate in activities they find pleasurable, which helps them manage their depression.

### **Program Outcomes:**

The original research study (1) showed the following outcomes 6-months after PEARLS ended:

- 43% of PEARLS recipients had a 50% or greater reduction in depression symptoms (vs. 15% of the usual care group).
- 36% of PEARLS recipients achieved complete remission from depression (vs. 12% of the usual care group).
- Significant health-related quality-of-life improvements in both functional and emotional well-being, for PEARLS participants compared to usual care participants.
- This outcome demonstrated a trend toward lower hospitalization rates among those who received the PEARLS Program (27%) compared to those who did not (35%).

A second randomized controlled trial study (2) was conducted in 2008-2010 with all-age adults (mean age 43) with epilepsy and co-morbid depression (70% had major depression). This study also found significant improvements in depressive symptoms and emotional well-being for PEARLS participants compared to usual care, up to one year after the intervention ended. The PEARLS group also significantly reduced their suicidal thoughts. The Health Promotion Research Center continues to partner with community-based organizations and PEARLS program participants to conduct research to improve PEARLS implementation and dissemination (3, 4).

### **Program References:**

1. Ciechanowski P, Wagner E, Schmalting K, Schwartz S, Williams B, Diehr P, Kulzer J, Gray S, Collier C, LoGerfo J. (2004) Community-integrated home-based depression treatment in older adults: a randomized controlled trial. JAMA. 291(13):1569-77.
2. Chaytor, N, Ciechanowski P, Miller JW, Fraser R, Russo J, Unutzer J, Gilliam F.. (2011). "Long-term outcomes from the PEARLS randomized trial for the treatment of depression in patients with epilepsy." *Epilepsy Behav* 20(3): 545-549. [Abstract](#)
3. Steinman L, Hammerback K, Snowden M. (2015). It Could Be a Pearl to You: Exploring Recruitment and Retention of the Program to Encourage Active, Rewarding Lives (PEARLS) With Hard-to-Reach Populations. *Gerontologist*. 55(4):667-76.
4. Snowden MB, Steinman LE, Piering P, Rigor S and Yip A. (2015) Translating PEARLS: lessons learned from providers and participants. *Front. Public Health* 2:256.

**Program Contact: Lesley Steinman, MSW, MPH**

**Email: [lesles@uw.edu](mailto:lesles@uw.edu)**

**Phone Number: (206) 543-9837**

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