March 23, 2020

Dear PEARLS programs,

We have received several questions over the past several days regarding best practices for doing PEARLS given the COVID-19 pandemic. We have provided some guidance for remote PEARLS delivery and training and lessons learned to date. We will update this document after our April 2nd PEARLS TA call where PEARLS will be the topic for discussion.

This is relatively new territory for us so we welcome any learnings from the field from your telePEARLS work and we can share on our future TA calls or listserve. Please let Lesley (lesles@uw.edu) know if you are interested in participating in some real-time research on doing PEARLS remotely.

Please continue to follow your agency and public health standards to guide your telePEARLS practice.

Thanks for all you are doing to support older vulnerable communities during this unprecedented time!

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Spring Seattle PEARLS training will be a distance training

We are moving our April 30-May 1 Seattle PEARLS training to distance training given public health recommendations. Caitlin will be in touch with current training registrants about next steps. Please contact Caitlin at cmayotte@uw.edu if you are interested in attending distance PEARLS training in late April/early May.

Remote PEARLS sessions

Given the circumstances, we support you developing a procedure for doing PEARLS by phone or video-conference. We recommend these protocols be in accordance with your agency or PEARLS program’s policies/procedures for new and/or existing client services and in line with current public health recommendations.

For new clients:

If possible, we’d recommend you not start new clients by phone but only do if they are at least several sessions in. New clients could then be put on a wait list and offered other tele-services in the interim like case management, peer support, etc.

That said, several PEARLS programs are engaging new clients by phone given limited options for serving their older communities at this time. If you decide to do all PEARLS sessions remotely, consider mailing the client several materials from your toolkit and training materials: screening and baseline forms, response choice cards, introduction to PEARLS handout, problem list, and blank PEARLS worksheets and PHQ-9s.

You may need more time initially during phone sessions to build rapport, and orient new clients to the program and process (including how PEARLS is different then other case management or support because the focus is on learning new tools to manage their depression and lives).
For current PEARLS clients:

Here's a few guidelines around phone or video-conferencing sessions based on what we know from a program in TX that has been piloting tele-based PEARLS.

- Mail copies of the blank Problem List to the client to fill out/follow along during phone sessions. Could also include PHQ-9 and response choice cards if in earlier sessions so less familiar with filling this out.
- Mail completed Problem List to client so they have this as a reminder.
- Program the PEARLS counselor’s number into the client's home phone or cell phone so they don't think it is spam and don't answer when you call (don't do this if using personal phone for work) OR ask them to call you at scheduled appt time
- If using video-conferencing, make sure the client has access to and can use this technology. Also, please note that many platforms are not HIPPA compliant. We know of a Zoom HIPPA compliant platform and welcome suggestions for other appropriate tech.
- It's also OK for client to pauses their PEARLS sessions if they prefer. In general, if they pause for less than several months, you may resume sessions where you left off (possibly meeting more frequently if you left off during later monthly sessions to reinforce the PST and BA skills). If it is more than 3 months pause we'd recommend restarting the PEARLS sessions if possible with your agency and funding policies.

Using PST and BA in COVID-19 context

PST can be an appropriate tool for helping PEARLS clients problem-solve in this COVID-19 climate. Make a new COVID-19 problem list of what the client is worried about now and work with them to find appropriate solutions and action plans that they can do.

Likewise, BA can help PEARLS clients plan regular physical, pleasant and social activities that align with both client preferences and social distancing guidelines.

Providing resources

Several PEARLS programs have shared remote PEARLS sessions are an opportunity to share resources with isolated older persons. These include information from the local public health department on COVID-19 guidelines and where they can access basic needs like meal delivery. Public health is also a resource for questions about testing and symptoms for older persons who do not have a regular primary care provider.

Assessing social isolation and loneliness

People are concerned that COVID-19 social distancing guidelines will increase isolation among already vulnerable older persons. Several programs have shared that clients appreciate the connection that is offered when their PEARLS provider calls them. As part of our PEARLS Connect Study we have been using a social isolation and loneliness survey to assess how isolated or lonely PEARLS clients are when they begin PEARLS and whether there are changes in social connectedness at the end of the program. Please contact Lesley at lesles@uw.edu if you are interested in adding this survey to your PEARLS baseline and final questionnaires.