Revising Project UPLIFT from a Treatment Intervention to a Prevention Intervention


INTRODUCTION AND BACKGROUND

Depression is a major public health problem, especially among people with certain chronic conditions such as epilepsy. Compounding this problem is the issue of driving restrictions or other mobility limitations that create barriers to accessing depression screening and treatment. Project UPLIFT was designed as a small-group depression intervention for delivery by telephone or Internet to reach people with epilepsy at home.

Home-based group therapy via telephone and Internet is cost effective and allows people to participate in groups that they are likely to be reserved for reasons of physical or mental health. Despite its potential benefit of distance delivery is the relative anonymity it allows people who may feel embarrassed by their physical or mental health; distance settings may ease the sharing of this information.

Back and colleagues’ cognitive therapy of depression (1997) with epilepsy, resulted in a reduction in depression symptoms in participants. Project UPLIFT (Using Practice and Learning to Increase Favorable Thoughts) intervention. The initial intervention comprised 8 weekly telephone sessions including discussions, instructions, and skill-building activities.

Many of the skills included in Project UPLIFT, if learned earlier, can be used to prevent depression. As a result, the National Center for Minority Health and Health Disparities recently provided funding through the Challenge Grant Initiative (1R18MD004513) to revise the Project UPLIFT materials for use in preventing depression and 2) estimate the effectiveness of these revised materials. This report focuses on the experiences encountered in creating a version of Project UPLIFT for use in prevention.

OBJECTIVE

To describe the experience of revising the Project UPLIFT materials for use in prevention, as well as the formative and process evaluation of the revised materials.

RESULTS

Rates of depressive symptoms and illness are higher in persons with disabilities and chronic conditions than in the general population (Carroll, Cassidy, & Cote, 2003). In particular, the rate of depression in people with epilepsy ranges from 32% to 48% (Jones et al., 2003). One study reported that 14% of deaths in people with epilepsy were due to suicide.

Although depression is the most frequent psychiatric disorder among individuals with epilepsy, it is often under-diagnosed or untreated in this population due to stigma (reduced social interaction) and chronic conditions than in the general population (Carroll, Cassidy, & Cote, 2003). Rates of depressive symptoms and illness are higher in persons with disabilities (U.S. Department of Health and Human Services, 2003).

The Project UPLIFT Preventive Intervention is intended for English-speaking people with epilepsy, but who do not meet criteria for depression.

Procedural Evaluations: 2 independent reviewers read through the materials from each module to identify needed wording changes. Two independent reviewers also reviewed transcripts from the Project UPLIFT for Treatment’s exit interviews to identify problem areas or recommended changes.

Formative Evaluation: Revised materials were mailed to focus group participants. Discussion groups were then convened by telephone to obtain feedback about the revised intervention modules.

Process Evaluation: At Emory University, counts were obtained for the number of people approached, and the number willing to be screened. From all sites, counts of those screened were obtained for those who were eligible and ineligible.

RESULTS (continued)

Materials Revision:

• Changed wording to include terms like “feeling blue,” “feeling down,” and “low mood,” rather than depressed.
• Talked about coping with precursors to depression, like stress.
• Improved communication about exercises.
• Preventing relapse into depression was framed as preventing falling back into old patterns (e.g., negative thinking).

Formative Evaluation:

• If prior Project UPLIFT participants participated in 2 telephone focus groups.
• Increased participants’ discussion with one another.
• Be called for depression.
• Suggested improvements.

• I thought that was really, very interesting is a good way to describe it.
• I thought [the Pebble Exercise] helped me with my attention.
• It's that first fresh breath of air in your day. it's coming so early.
• I don't know, whenever you have time just to focus on yourself; it just does something to the body, and the seizures just go away. I think it's wonderful.

Study Design

• Materials Revision:
• Reviewed language for references to “treatment,” or to “being depressed.”
• Reviewed follow-up interviews with prior Project UPLIFT participants with epilepsy for comments about difficulty or recommendations regarding changes.
• Revised the intervention modules accordingly.
• Formative Evaluation: 2 focus groups reviewed the revised intervention modules.
• Process Evaluation: Assessed ability to recruit persons with epilepsy for participation in the prevention intervention.

Participants

• The Project UPLIFT Preventive Intervention is intended for English-speaking people with depressive symptoms, but who do not meet criteria for depression.

Focus Group Inclusion Criteria:

• Diagnosed with epilepsy for at least one year.
• Recruited from the Emory Epilepsy Center of Emory HealthCare.

Intervention Inclusion Criteria:

• Diagnosed with epilepsy for at least three months.
• Recruited through a member university of the Managing Epilepsy Network.
• Score of 9-21 on the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977).

RESULTS (continued)

Formative Evaluation (continued): 8 prior Project UPLIFT participants participated in 2 telephone focus groups.

• Talked about coping with precursors to depression, like stress.
• Skills were framed as useful to “keep from getting depressed.”
• Preventing relapse into depression was framed as preventing falling back into old patterns (e.g., negative thinking).

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• If done [the exercises] since (participating in UPLIFT), of course, I've done it a few times for 20 minutes.
• I thought [the Pebble Exercise] helped me with my attention.
• It's that first fresh breath of air in your day. it's coming so early.
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Process Evaluation – Recruitment

• At Emory, 158 people were approached with 70 (44%) not interested in participating in the PREVENTION study.
• At all sites, those of interest in the study, 41% were already too depressed for the PREVENTION study.

CONCLUSIONS

• Depression continues to be a serious problem for people with epilepsy.
• Project UPLIFT is a helpful intervention, and can be modified for use in prevention.
• We need to intervene earlier for people with epilepsy if we hope to prevent depression.

METHODS

The Intervention—Sample Sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Check-in</td>
<td>Group members introduce themselves.</td>
</tr>
<tr>
<td></td>
<td>Discussion</td>
<td>Moderated group discussion about experiences of negative thoughts and mood.</td>
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<tr>
<td></td>
<td>Teaching</td>
<td>Thought and Negative Mood.</td>
</tr>
<tr>
<td></td>
<td>Group Exercise</td>
<td>Identifying the Thought</td>
</tr>
<tr>
<td></td>
<td>Still-Building</td>
<td>Sleep, Calming Thoughts and Mood</td>
</tr>
<tr>
<td></td>
<td>Homework</td>
<td>Monitoring Thoughts and Mood</td>
</tr>
<tr>
<td>2</td>
<td>Check-in</td>
<td>Group members discuss homework – “ARMed Against Depression”</td>
</tr>
<tr>
<td></td>
<td>Group Exercise</td>
<td>The What-Ifs of Epilepsy-each participant provides a What-If statement that reflects a positive or negative situation and the group reflects on how to manage it.</td>
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<tr>
<td></td>
<td>Teaching</td>
<td>Calming Thought &amp; Relaxation Training</td>
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<tr>
<td></td>
<td>Still-Building</td>
<td>Body Scan, Progressive Muscle Relaxation</td>
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<tr>
<td></td>
<td>Homework</td>
<td>Continue Monitoring with Reflection &amp; Relaxation</td>
</tr>
</tbody>
</table>

METHODS (continued)

Procedure

• Materials Revision:
• Reviewed language for references to “treatment,” or to “being depressed.”
• Reviewed follow-up interviews with prior Project UPLIFT participants with epilepsy for comments about difficulty or recommendations regarding changes.
• Formative Evaluation: 2 prior Project UPLIFT participants participated in 2 telephone focus groups.

Participants

• The Project UPLIFT Preventive Intervention is intended for English-speaking people with depressive symptoms, but who do not meet criteria for depression.

Suggested Improvements:

• I think [the Pebble Exercise] helped me with my attention.
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