

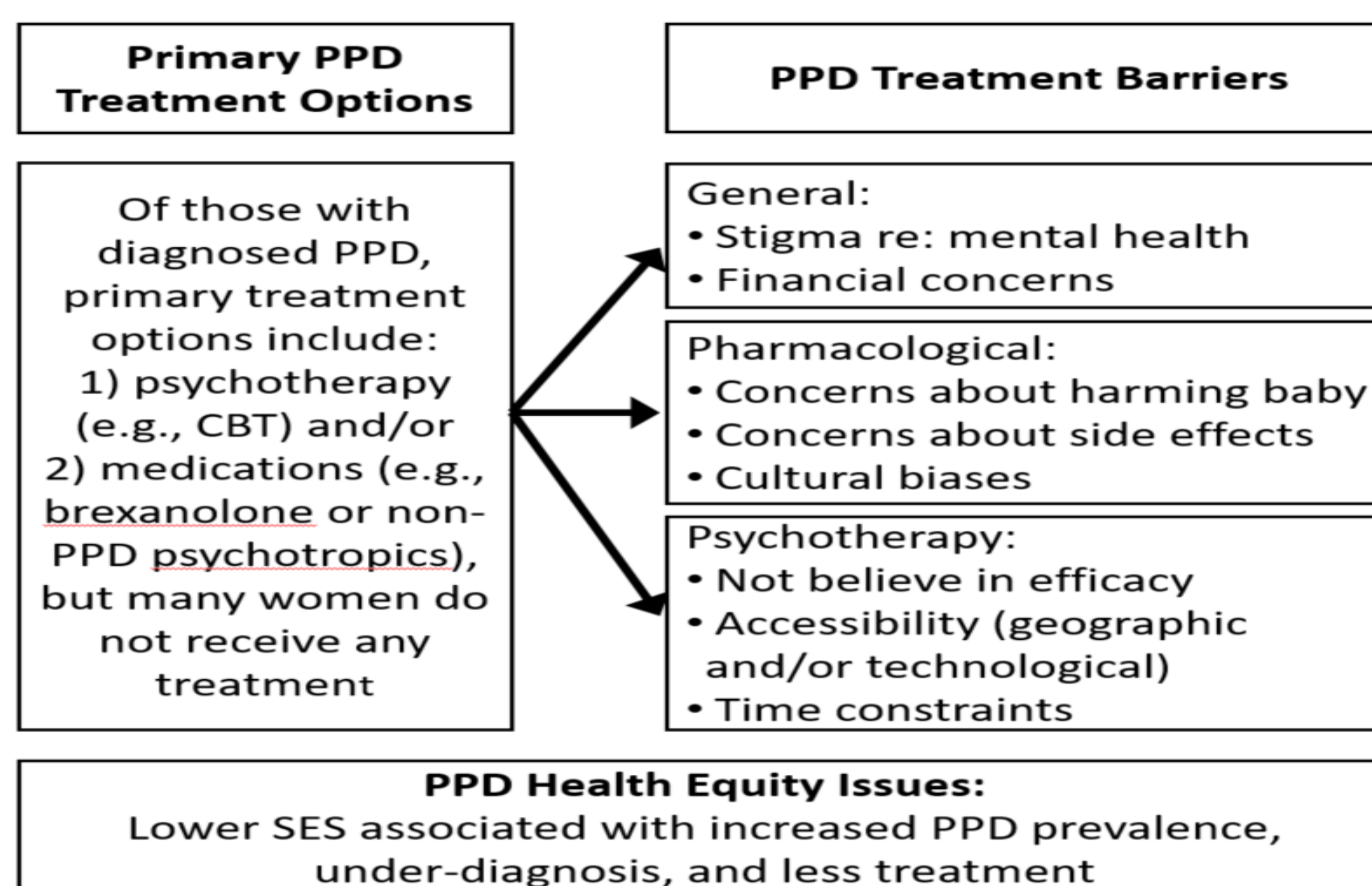
Facilitating the Research-to-Practice Pipeline through Partnerships: Transitioning a New Peripartum Depression Treatment into the Community

David Sommerfeld¹, Sarah Baldwin², Stacey Annand², Teresa Kang³, Amanda Farr¹, & Barbara Parry¹

¹ University of California, San Diego (UC San Diego); ² Vista Hill, Accessible Depression and Anxiety Peripartum Treatment (ADAPT) Program; ³ County of San Diego, Health and Human Services Agency, Behavioral Health Services (BHS)

BACKGROUND

- Peripartum depression (PPD) is more serious and long-lasting than the “baby blues” and affects 15-20% of women during pregnancy or following birth.
- Untreated PPD can have significant negative effects on the physical and mental health of both mothers and children, including increased mortality risks.
- Many barriers exist to receiving appropriate care.



SLEEP AND LIGHT INTERVENTION (SALI)

- SALI is a newly developed therapeutic approach by Dr. Parry shown to treat PPD in research contexts.
- For women with PPD, SALI works by resetting the frequently misaligned circadian rhythms.
- This is accomplished through one night of adjusted sleep timing and duration (i.e., 4-hours of sleep shifted earlier or later) and two weeks of utilizing a bright white light for 30 minutes/day.
- The specific timing for the sleep and light components of SALI is determined by whether the woman is pregnant or postpartum.
- Key advantages of SALI include:
 - Rapid-acting (i.e., improvements within a week)
 - Short duration/low burden
 - Non-pharmacological
 - Can be completed at home
 - Low/no cost
 - Can be stand-alone or adjunctive to other care

PRAGMATIC RESEARCH THROUGH COMM. PARTNERSHIP

To move SALI from academic research settings to community practice, we utilized existing community partnerships. With support and approval from our partners, we integrated SALI into the previously established community-based Accessible Depression and Anxiety Peripartum Treatment (ADAPT) program to examine SALI effectiveness and implementation-related outcomes. Partners included:

- 1. County of San Diego, BHS**
 - BHS provided funding, initial design, and leadership for the ADAPT program, which is a CA Mental Health Services Act “Innovation” pilot program.
- 2. Vista Hill, ADAPT Program**
 - ADAPT services are provided through Vista Hill, a local nonprofit organization. ADAPT provides PPD treatment and support services to low-income persons experiencing.
- 3. UC San Diego**
 - UC San Diego investigators included implementation science and PPD subject matter experts to conduct the ADAPT outcome and process evaluation.

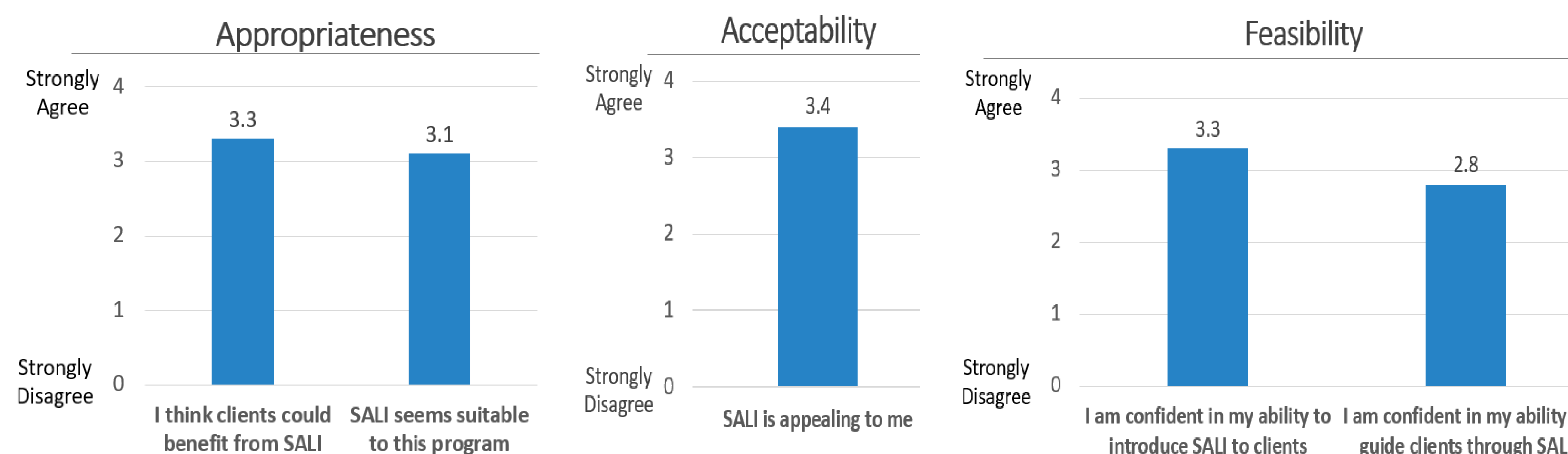
IMPLEMENTATION-RELATED STUDY AIMS

The selection of implementation-related study aims was guided by the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework. Quantitative and qualitative data were collected to assess the following aims:

- 1. Develop and implement tools to train clinicians how to administer SALI.**
- 2. Assess clinician-SALI “fit” (i.e., feasibility, appropriateness, and acceptability).**
- 3. Assess client-SALI “fit” (i.e., feasibility, appropriateness, and acceptability).**
- 4. Develop and implement SALI clinician fidelity rating tools.**

PRELIMINARY FINDINGS FROM ONGOING STUDY

The UCSD team developed and conducted remote (due to COVID) didactic training sessions with ADAPT staff and prepared educational handouts and guidelines for administering SALI with their clients. At the end of the training, ADAPT staff completed a survey (n=11) and indicated their perceptions of SALI as reported in the following charts:



The results indicated that based on the SALI training, clinicians perceived SALI to be appropriate for their clients, of interest/acceptable to the clinician, and generally considered feasible to deliver, although additional support may be needed to increase confidence administering SALI.

PRELIMINARY FINDINGS (CONT'D)

Participation in SALI has been lower than expected (it is an optional treatment with a separate consenting process). To date, less than five ADAPT clients have enrolled in SALI. Initial feedback regarding reasons why ADAPT clients may be hesitant to try SALI suggest that the sleep and light interventions may be perceived as unusual, with some particular concerns about the one night of adjusting sleep.

All the ADAPT clients who started SALI: 1) successfully completed the intervention, 2) reported improvements in mood and/or sleep, and 3) indicated that the intervention was not difficult to complete.

The clinicians involved in administering SALI have also indicated that the SALI was not difficult to administer.

ADAPT clinicians have also requested that SALI materials be developed for use with mono-lingual Spanish speakers (currently in process).

CONCLUSIONS

- Trusting, supportive partnerships with local stakeholders such as community-based service providers and government help facilitate the research-to-practice pipeline. These relationships allow intervention developers to design and adapt treatment approaches that will be effective in “real world” service settings.
- SALI exhibits much promise and is viewed as appropriate, acceptable, and feasible for community use with low-income populations, which can help address disparities.
- However, more work is required to understand the initial hesitancy of clients so that appropriate information and supports can be provided to address potential concerns.

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CONTACT INFORMATION

David H. Sommerfeld, PhD; UC San Diego; Dept. of Psychiatry; dsommerfeld@health.ucsd.edu