The Evidence

The Treatment of Depression in Older Adults
The Evidence

The Treatment of Depression in Older Adults

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Acknowledgments

This document was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Abt Associates, Inc., and the National Association of State Mental Health Program Directors (NASMHPD) Research Institute, under contract number 280-04-0095, and Westat under contract number 270-03-6005, with SAMHSA, U.S. Department of Health and Human Services (HHS). Pamela Fischer, Ph.D., served as the Government Project Officer.

Disclaimer

The views, opinions, and content of this publication are those of the authors and contributors and do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or HHS.

Public Domain Notice

All material appearing in this document is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization from the Office of Communications, SAMHSA, HHS.

Electronic Access and Copies of Publication

This publication may be downloaded or ordered at http://store.samhsa.gov. Or, please call SAMHSA’s Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

Recommended Citation


Originating Office

Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

HHS Publication No. SMA-11-4631
Printed 2011
The Evidence

The Evidence provides the references used in the various booklets of the KIT, with the exception of references that support specific EBPs. Those specific references are provided within the brief EBP descriptions found in Selecting Evidence-Based Practices for The Treatment of Depression in Older Adults. This booklet also provides other useful resources for people wishing to learn about depression in older adults.
This KIT is part of a series of Evidence-Based Practices KITs created by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

This booklet is part of The Treatment of Depression in Older Adults Evidence-based Practices KIT, which includes 10 booklets:

- **How to Use The Treatment of Depression in Older Adults Evidence-Based Practices KIT**
- **Depression and Older Adults: Key Issues**
- **Selecting Evidence-Based Practices for Treatment of Depression in Older Adults**
- **Evidence-Based Practices Implementation Guides:**
  - Older Adult, Family, and Caregiver Guide on Depression
  - Practitioners’ Guide for Working with Older Adults with Depression
  - Guide for Agency Administrators and Program Leaders
  - Leadership Guide for Mental Health, Aging, and General Medical Health Authorities
- **Evaluating Your Program**
- **The Evidence**
- **Using Multimedia to Introduce Your EBP**
What's in The Evidence

References................................................................................. 1
Publications and Brochures ..................................................... 11
Journals and Magazines............................................................ 15
Organizations that Address Older Adults
with Depression ................................................................. 17
Glossary............................................................................... 25
Acknowledgments................................................................. 29

Treatment of Depression in Older Adults
The Evidence

References

How to Use the Treatment of Depression in Older Adults Evidence-Based Practices KIT


Depression in Older Adults: Key Issues


Selecting Evidence-Based Practices for Treatment of Depression in Older Adults


References that support specific EBPs are provided within the brief EBP descriptions found in Selecting Evidence-Based Practices for The Treatment of Depression in Older Adults in this KIT.

Older Adult, Family, and Caregiver Guide on Depression


Practitioners’ Guide for Working with Older Adults with Depression


Guide for Agency Administrators and Program Leaders


Leadership Guide for Mental Health, Aging, and General Medical Health Authorities


Evaluating Your Program


**Resources and Evidence**

Publications and Brochures

- Aging Internet Information
  Notes: Mental Health and Aging.
  Administration on Aging, U.S.
  Department of Health and Human Services.

- Aging Internet Information
  Notes: Suicide and the Elderly.
  Administration on Aging, U.S.
  Department of Health and Human Services.

  http://www.gmhfonline.org/gmhf/consumer/depression_toolkit.html

- Achieving the Promise: Transforming Mental Health Care in America, January 2003.
Community Integration for Older Adults with Mental Illnesses: Overcoming Barriers and Seizing Opportunities, 2005.
http://download.ncadi.samhsa.gov/ken/pdf/SMA05-4018/OlderAdults.pdf

Depression: Don’t Let the Blues Hang Around, 2008.
http://www.nia.nih.gov/HealthInformation/Publications/depression.htm

Available in Spanish, La depresión: no permita que la depresión le persista, 2008.
http://www.nia.nih.gov/Espanol/Publicaciones/depresi%C3%B3n.htm

http://www.samhsa.gov/Aging/docs/GetConnectedToolkit.pdf

Good Mental Health is Ageless, December 2001

Available in Chinese, 2005

Available in Korean, 2005

Available in Russian, 2005

Available in Spanish, La Buena Salud Mental No Tiene Edad, 2004

Available in Vietnamese, 2006
http://kap.samhsa.gov/mlid/docs/vietnamese/mentaltext_vietnamese_JBS.pdf

Interim Report of the President’s New Freedom Commission on Mental Health, October 2002. Older Adults with Mental Illnesses Are Not Receiving Care.
http://www.mentalhealthcommission.gov/reports/Interim_Report.htm#P291_47185


http://download.ncadi.samhsa.gov/ken/pdf/SMA05-3988/aging_stigma.pdf

Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems, 2002.

Practicing Physician Education in Geriatrics: Depression Toolkit
http://www.gericareonline.net/tools/eng/depression/index.html

Psychosocial Issues for Older Adults in Disasters, 1999.


The Evidence

Journals and Magazines

- AARP The Magazine:
  http://www.aarpmagazine.org

- Aging and Mental Health:
  http://www.tandf.co.uk/journals/titles/13607863.asp

- American Journal of Geriatric Psychiatry:
  http://www.ajgponline.org

- Annals of Long-Term Care:
  http://www.annalsoflongtermcare.com

- Clinical Geriatrics:
  http://www.clinicalgeriatrics.com

- Clinical Gerontologist:

- International Journal of Geriatric Psychiatry:
  http://www3.interscience.wiley.com/cgi-bin/jhome/4294

- International Psychogeriatrics:
  http://journals.cambridge.org/action/displayJournal?jid=IPG

- Generations: Journal of the American Society on Aging:
  http://www.generationsjournal.org

- Geriatrics:
  http://www.geri.com/geriatrics

- The Gerontologist:
  http://gerontologist.gerontologyjournals.org
- Journal of Gerontology: Biological Sciences and Medical Sciences: http://biomed.gerontologyjournals.org
The Evidence

Organizations That Address Older Adults with Depression

AARP
601 E Street, NW
Washington, DC 20049
Phone: (800) 687-2277
http://www.aarp.org
AARP is a nonprofit membership organization for people age 50 and over in the United States. AARP informs its members and the public on issues important to this age group; advocates on legislative, consumer and legal issues; and promotes community service. AARP has over 35 million members and is dedicated to enhancing quality of life for aging persons.

Administration on Aging
One Massachusetts Avenue, NW
Suites 4100 & 5100
Washington, DC 20201
Phone: (202) 619-0724
http://www.aoa.gov
The Administration on Aging (AoA) is the federal focal point and advocate agency for older persons and their concerns. In this role, AoA works to heighten awareness among other federal agencies, organizations, groups, and the public about the valuable contributions that older Americans make to the nation and alerts them to the needs of vulnerable older people. Through information and referral and outreach efforts at the community level, AoA seeks to educate older people and their caregivers about the benefits and services available to help them.
American Association for Geriatric Psychiatry
7919 Woodmont Avenue
Suite 1050
Bethesda, MD 20814-3004
Phone: (301)654-7850
Fax: (301) 654-4137
http://www.aagponline.org
The American Association for Geriatric Psychiatry is a national association representing and serving its members and the field of geriatric psychiatry. It is dedicated to promoting the mental health and well-being of older people and improving the care of those with late-life mental disorders. AAGP's mission is to enhance the knowledge base and standard of practice in geriatric psychiatry through education and research and to advocate for meeting the mental health needs of older Americans.

American Geriatrics Society
Empire State Building
350 Fifth Avenue
Suite 801
New York, NY 10118
Phone: (212) 308-1414
Fax: (212) 832-8646
http://www.americangeriatrics.org
The American Geriatrics Society (AGS) is a not-for-profit organization of over 6,700 health professionals devoted to improving the health, independence, and quality of life of all older people. The Society provides leadership to health care professionals, policymakers and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy.

American Medical Association
515 N. State Street
Chicago, IL 60610
Phone: (800) 621-8335
http://www.ama-assn.org
The American Medical Association helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues.

American Psychiatric Association
100 Wilson Boulevard
Suite 1825
Arlington, VA 2209-3901
Phone: (703) 907-7300
http://www.psych.org
A medical specialty society ensuring humane care and effective treatment for all persons with mental disorders, including mental retardation and substance-related disorders. Its vision is a society that has available, accessible quality psychiatric evaluation and effective treatment.

American Psychological Association
Office on Aging
750 First Street, NE
Washington, DC 20002-4242
Phone: (202) 336-6135
http://www.apa.org/pi/aging
The Office on Aging is a coordination point for American Psychological Associations' activities pertaining to aging and geropsychology (the field within psychology devoted to older adult issues). The Office on Aging also supports the work of the American Psychological Association's Committee on Aging.
American Society on Aging
833 Market Street
Suite 511
San Francisco, CA 94103
Phone: (800) 537-9728
http://www.asaging.org
The American Society on Aging is an association of diverse individuals bound by a common goal: to support the commitment and enhance the knowledge and skills of those who seek to improve the quality of life of older adults and their families. The membership of ASA is a multidisciplinary array of professionals who are concerned with the physical, emotional, social, economic, and spiritual aspects of aging. They range from practitioners, educators, administrators, policymakers, business people, researchers, students, and more. The ASA has multiple goals, including serving as a leading source of information on aging issues to inform national public policy; the leader in linking research, practice, and policy to address aging issues in an increasingly diverse society; a leading advocate and partner for information, training, and leadership development in understanding, promoting, and achieving cultural diversity and cultural competence relating to aging; and a national resource for leadership training, mentorship, networking, and communications to develop and strengthen individual and organizational leaders needed to meet the current and future needs of the diverse older population.

Center for Healthy Aging
c/o National Council on Aging
1901 L Street, NW
4th Floor
Washington, DC 20036
Phone: (202) 479-1200
Fax: (202) 479-0735
TDD: (202) 479-6674
http://www.healthyagingprograms.org
The Center for Healthy Aging encourages and assists community-based organizations serving older adults to develop and implement evidence-based health promotion and disease prevention programs. Evidence-based programming translates tested program models or interventions into practical, effective community programs that can provide proven health benefits to participants. The Center provides an extensive collection of resources, including toolkits, research and examples of model programs, Web sites, and more.

Depression and Bipolar Support Alliance
730 N. Franklin Street
Suite 501
Chicago, IL 60610-7224
Phone: (800) 826-3632
Fax: (312) 642-7243
http://www.dbsalliance.org
The Depression and Bipolar Support Alliance (DBSA) is a patient-directed national organization that provides up-to-date, scientifically based tools and information on mood disorders. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments, and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably. It provides information on mood disorders, has a toll-free information and referral line, and supports a grassroots network of nearly 1,000 patient-run support groups across the country. DBSA also advocates in Washington, D.C., on behalf of people living with mood disorders, providing congressional testimony and ensuring the voice of the patient is heard.
Organizations That Address Older Adults With Depression

Center for the Study and Prevention of Suicide
University of Rochester Medical Center
Department of Psychiatry
300 Crittenden Boulevard
Rochester, NY 14642
Phone: None listed
http://www.rochesterpreventsuicide.org
The University of Rochester Center for the Study and Prevention of Suicide is dedicated to reducing injuries and deaths associated with attempted and completed suicide.

Geriatric Mental Health Foundation
7910 Woodmont Avenue
Suite 1050
Bethesda, MD 20814
Phone: (301) 654-7850
http://www.gmhfonline.org
The Geriatric Mental Health Foundation was established by the American Association for Geriatric Psychiatry to raise awareness of psychiatric and mental health disorders that affect older adults, eliminate the stigma of mental illness and treatment, promote healthy aging strategies, and increase access to quality mental health care for the elderly. The foundation provides consumer and provider information on a variety of topics, including substance abuse and depression.

Gerontological Society of America
1220 L Street, NW
Suite 901
Washington, DC 20005
Phone: (202) 842-1275
http://www.geron.org
The Gerontological Society of America (GSA) is a nonprofit professional organization with more than 5000 members in the field of aging. GSA provides researchers, educators, practitioners, and policymakers with opportunities to understand, advance, integrate, and use basic and applied research on aging to improve the quality of life as one ages.

National Alliance on Mental Illness
2107 Wilson Boulevard
Suite 300
Arlington, VA 22201
Phone: (703) 524-7600
http://www.nami.org
The National Alliance on Mental Illness (NAMI) is the largest nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder, and anxiety disorders. NAMI is the nation’s largest grassroots mental health organization. NAMI is dedicated to improving the lives of persons living with serious mental illness and their families through the eradication of mental illnesses and improvement of the quality of life of all whose lives are affected by these diseases. NAMI works toward meeting its mission through advocacy, research, support, and education including public education and information activities, family and consumer peer education and support activities, advocacy on behalf of people living with mental illness, and conducting visible public events that raise funds and awareness while engaging the public.

National Association of Geriatric Education Centers
Information contact: U.S. Department of Health and Human Services, Health Resources and Services Administration/BHPR/ACGRHB
5600 Fishers Lane
Rockville, MD 20857
Phone: (305) 243-6270
http://www.nagec.org
The mission of the National Association of Geriatric Education Centers (NAGEC) is to provide an organization to support the national network of Geriatric Education Centers (GECs) dedicated to improving the education/training, supply, distribution and quality of health care professionals through strong community-academic partnerships, ultimately to improve the quality of health care for all elderly individuals, including the underserved and minorities.
National Association of State Mental Health Program Directors, Older Persons Division
66 Canal Center
Suite 302
Alexandria, VA 22314
Phone: (703) 739-9333
http://www.nasmhpd.org/older_persons.cfm
The National Association of State Mental Health Program Directors (NASMHPD) advocates for the collective interests of state mental health authorities at the national level, analyzes trends in the delivery and financing of mental health services, and builds and disseminates knowledge and experience reflecting the integration of public mental health programming in health care environments. The purpose of the Older Persons Division of NASMHPD is to highlight the needs of older persons for mental health services and to promote and advocate for quality preventive, therapeutic, and supportive services for older persons.

National Council on Aging
1901 L Street, NW
4th Floor
Washington, DC 20036
Phone: (202) 479-1200
http://www.ncoa.org
The National Council on Aging (NCOA) is a national network of organizations and individuals dedicated to improving the health and independence of older persons; increasing their continuing contributions to communities and society and future generations; and building caring communities. Its 3,500 members include senior centers, adult day service centers, area agencies on aging, faith congregations, senior housing facilities, employment services, and other consumer organizations. NCOA also includes a voluntary network of more than 14,000 leaders from academia, business, and labor who support NCOA’s mission and work.

National Coalition on Mental Health and Aging
Office on Aging, American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Phone: (202) 336-6135
http://www.ncmha.org
The National Coalition on Mental Health and Aging (NCMHA) provides opportunities for professional, consumer, and government organizations to work together towards improving the availability and quality of mental health preventive and treatment strategies to older Americans and their families through education, research and increased public awareness. NCMHA advocates on behalf of older adults with mental health and/or substance abuse problems by gathering information; serving as a forum for discussion; and providing education and information to policymakers, agencies and organizations, service providers, and the general public.

National Institute on Aging
409 Third Street, SW
2nd Floor
Washington, DC 20024
Phone: (301) 496-1752
http://www.nia.nih.gov/
The mission of the National Institute on Aging (NIA) is to improve the health and well-being of older Americans through high-quality research on the aging process, age-related diseases, and special problems and needs of the aged; to train and develop research scientists; to develop and maintain state-of-the-art resources to accelerate research; and to disseminate information and communication with the public and interested groups on health, research advances, and new direction for research.
Organizations That Address Older Adults With Depression

National Institute of Mental Health
6001 Executive Boulevard
Bethesda, MD 20892-9663
Phone: (866) 615-6464
http://www.nimh.nih.gov
The National Institute of Mental Health (NIMH) is the largest scientific organization in the world dedicated to research focused on the understanding, treatment, and prevention of mental disorders and the promotion of mental health.

National Mental Health Association
2000 N. Beauregard Street
6th Floor
Alexandria, VA 22311
Phone: (703) 684-7722
http://www.nmha.org
This nonprofit organization addresses all aspects of mental health and mental illness. The National Mental Health Association (NMHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. NMHA works to improve the mental health of all Americans through advocacy, education, research, and service. Unlike the Older Adult Consumer Mental Health Alliance described below, the NMHA does not have a specific focus on older adults.

National Mental Health Consumers’ Self-Help Clearinghouse
1211 Chestnut Street
Suite 1207
Philadelphia, PA 19107
Phone: (800) 553-4539
Fax: (215) 636-6312
http://www.mhselfhelp.org
A consumer-run national technical assistance center serving the mental health consumer movement by connecting individuals to self-help and advocacy resources, and offering expertise to self-help groups and other peer-run services for mental health consumers.

Older Adult Consumer Mental Health Alliance
1101 15th Street, NW
Suite 1202
Washington, DC, 20005
Phone: (202) 467-5730, Ext 140
http://www.oacmha.com
The Older Adult Consumer Mental Health Alliance (OACMHA) is a consumer advocacy group whose mission is to improve the quality of life of older persons affected by mental illness, and their family caregivers, by promoting, through advocacy and public education, the development of accessible, affordable and age-appropriate mental health services.

Positive Aging Resource Center
Brigham and Women’s Hospital
1249 Boylston Street
3rd Floor
Boston, MA 02215
Phone: (617) 525-6122
http://www.positiveaging.org
To promote positive aging by providing information and resources to older adults and caregivers, health and social service professionals, and policymakers. The Positive Aging Resource Center (PARC) was established in 2002 as part of the Targeted Capacity Expansion (TCE) initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve the quality of mental health care and service delivery for older adults.
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857
Phone: (240) 276-1310
http://www.samhsa.gov
The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services (HHS), was established by an act of Congress in 1992 under Public Law 102-321. SAMHSA was created as a services agency to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders. SAMHSA’s vision is consistent with the President’s New Freedom Initiative that promotes a life in the community for everyone. Moreover, SAMHSA is achieving that vision through a mission that is both action-oriented and measurable: to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. In collaboration with the states, national and local community-based and faith-based organizations, and public and private sector providers, SAMHSA is working to ensure that people with or at risk for a mental or addictive disorder have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends.

Suicide Prevention Resource Center
Education Development Center, Inc.
1000 Potomac Street NW
Suite 350
Washington, DC 20007
Phone: (877) 438-7772
Fax: (202) 572-3795
http://www.sprc.org
The Suicide Prevention Resource Center (SPRC) provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention. SPRC promotes the implementation of the National Strategy for Suicide Prevention and enhances the nation’s mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide.
Organizations That Address Older Adults With Depression

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Resources for Consumers and Families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center for Mental Health Services</td>
<td>Substance Abuse and Mental Health Services Administration National Mental Health Information Center</td>
<td>(800) 789-2497</td>
<td><a href="http://www.samhsa.gov">http://www.samhsa.gov</a></td>
<td></td>
</tr>
<tr>
<td>First Nations Behavioral Health Confederacy</td>
<td>103 Four Winds Lane, P.O Box 345</td>
<td>(406) 732-4240</td>
<td>(406) 732-9960</td>
<td><a href="http://www.fnbha.org">http://www.fnbha.org</a></td>
</tr>
<tr>
<td>National Alliance on Mental Illness (NAMI)</td>
<td>2107 Wilson Boulevard</td>
<td>(800) 950-NAMI (6264)</td>
<td>(703) 516-7227</td>
<td><a href="http://www.nami.org">http://www.nami.org</a></td>
</tr>
<tr>
<td>National Asian American Pacific Islander Mental Health Association</td>
<td>1215 19th Street</td>
<td>(303) 298-7910</td>
<td>(303) 298-8081</td>
<td><a href="http://www.naapimha.org">http://www.naapimha.org</a></td>
</tr>
<tr>
<td>National Association of Multicultural Behavioral Healthcare Associations (NAMBHA)</td>
<td>1875 I Street, NW</td>
<td>(202) 429-5520</td>
<td>(202) 429-9574</td>
<td><a href="http://www.nambha.org">http://www.nambha.org</a></td>
</tr>
<tr>
<td>National Institute of Mental Health (NIMH)</td>
<td>Office of Communications</td>
<td>(866) 615-NIMH (6464)</td>
<td>(301) 443-4279</td>
<td><a href="http://www.nimh.nih.gov">http://www.nimh.nih.gov</a></td>
</tr>
<tr>
<td>National Latino Behavioral Health Association</td>
<td>P.O. Box 387</td>
<td>(970) 532-7210</td>
<td>(970) 532-7209</td>
<td><a href="http://www.nlbha.org">http://www.nlbha.org</a></td>
</tr>
<tr>
<td>National Leadership Council on African American Behavioral Health</td>
<td>6904 Tulane Drive</td>
<td>(512) 929-0142</td>
<td>(512) 471-9600</td>
<td><a href="mailto:tkjohnson@mail.utexas.edu">tkjohnson@mail.utexas.edu</a></td>
</tr>
<tr>
<td>Mental Health America</td>
<td>2001 North Beauregard Street</td>
<td>(800) 969-6642, (703) 684-7722</td>
<td>(703) 684-5968</td>
<td><a href="http://www.nmha.org">http://www.nmha.org</a></td>
</tr>
</tbody>
</table>
**Glossary**

**Ageism:** The tendency to assign negative stereotypes to older adults and explain problems as a function of being old, rather than as a function of medical, social, or psychological causes.

**Coalition building:** A strategy for bringing together organizations and individuals with similar goals to influence policy changes, increase public knowledge, create a network, and develop solutions to complex problems.

**Competence:** The level of skill shown by a practitioner in delivering an intervention (for example, appropriate responses to contextual factors such as client variables, particular aspects of the presenting problems, older adult's individual life situation, sensitivity of timing, and opportunities to intervene).

**Cultural competency:** Set of behaviors, attitudes, and policies that enables professionals to work effectively in cross-cultural situations and increase the quality of services.
**Effective**: Effectiveness research maximizes external validity (or generalizability) by conducting studies under conditions that include usual patients, routine practice settings, and routine clinical providers. Effectiveness studies minimize the number of exclusionary criteria and strive to produce findings that will generalize to other people, settings, and circumstances.

**Efficacy**: Efficacy research commonly refers to studies conducted under highly controlled conditions, using carefully selected populations, and often comparing a single active treatment to a placebo or a fixed alternative. A major aim of efficacy studies is to maximize internal validity by controlling for as many variables as possible to focus the study on a single research variable or question.

**Engagement**: The ability to attract, win over, get the commitment of, and engage consumers, stakeholders, or collateral partners.

**Evidence-based practice (EBP)**: Treatments and services with well-documented effectiveness. Such programs are provided in a comprehensive yet individualized manner, based on a clearly articulated theory of change, identification of the active agents of change, and the specification of necessary organizational supports.

**Fidelity**: Correspondence between the program as implemented and the program as described.

**Implementation**: The act of accomplishing some aim or executing some order; to put into practical effect; carry out; a set of specific activities designed to put into practice an activity or program of known dimensions. According to this definition, implementation is purposeful and the activity or program being implemented is described in such a way that independent observers can detect its presence and strength.

**Longitudinal**: A research design or survey in which the same subjects are observed repeatedly over a period of time.

**Needs assessment**: An evaluation that helps an organization assess its ability to provide services to a target population and determine the appropriate services necessary to meet the needs of this population.

**Outcomes measures**: A set of measures that provides an evaluation of program effectiveness in improving specific clinical objectives.

**Process measures**: A set of measures that provides an objective, structured way to determine if a program is delivered in the way that research has shown will result in desired outcomes.

**Promising practices**: Treatments and services that may be effective, but are less thoroughly evaluated and documented than evidence-based practices.

**Purveyor**: An individual or group of individuals representing a program or practice who actively work with implementation sites to implement that practice or program with fidelity and good effect (See Fixsen, Naoom, Blase, Friedman, and Wallace, 2005). A purveyor has an in-depth understanding (practical or evaluative expertise) of the specific components of the program and can help convey, support, and monitor the new ways of working and assist health and social service providers and organizations to implement new practices and programs with high fidelity.

**Science to services gap**: The gap between the development of effective programs and practices and their routine use in standard service delivery settings. This gap may be attributed to a lack of awareness, time constraints, weak organizational infrastructure, ineffective leadership, low staff expertise, and funding difficulties, among others.
**Stakeholders:** Individuals or organizations who have an interest in or can be affected by an organization’s actions. Stakeholders can include older adults, family members, caregivers, communities, health and social service practitioners, administrative leadership of an organization, or substance abuse and mental health authorities.

**Stigma:** Social disapproval of personal characteristics or beliefs that are against cultural norms. Three common types of stigma affect older adults: self-stigma (for example, older adults may fear acknowledging their own substance abuse or mental illness); public stigma (for example, providers, employers, and the general public may view older adults with substance abuse or mental illness as people who will not get better with treatment or are not worth treating); and institutional stigma (for example, assumptions about older adults with substance abuse or mental illnesses affect public policy and funding decisions that may stigmatize and discriminate against these individuals).
The materials included in The Treatment for Older Adults with Depression EBP KIT are part of a series developed by a team that included Abt Associates, Advocates for Human Potential, Inc., and the National Association of State Mental Health Program Directors (NASMHPD) Research Institute.

The project’s lead (Abt Associates) operated under the direction of the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The development team worked in partnership with many other collaborators, including practitioners, researchers, consumers, family members, and administrators, in developing, evaluating, and revising these materials.

On the next few pages we wish to acknowledge the many people who contributed to all aspects of this project.
Evidence-Based Practice National Steering Committee

Peter Ashenden
Depression and Bipolar Support Alliance
Chicago, Illinois

Jeanne Campbell
National Council for Community Behavioral Healthcare
Rockville, Maryland

Paul Gorman
Dartmouth University
New Lebanon, New Hampshire

Larke Huang
American Institutes for Research
Washington, D.C.

Caroline Kaufmann
Consumer Research and Evaluation
Pittsburgh, Pennsylvania

Danna Mauch
Abt Associates
Bethesda, Maryland

Robert Nikkel
Oregon Department of Human Services, Addiction and Mental Health Division
Salem, Oregon

Gail Robinson
Abt Associates
Bethesda, Maryland

Linda Rosenberg
National Council for Community Behavioral Health
Rockville, Maryland

Wayne Stelk
Value Options
Boston, Massachusetts

Beth Tanzman
Vermont Department of Mental Health
Montpelier, Vermont
Consensus Panel

Mildred Reynolds
National Council on Mental Health and Aging
Washington, D.C.
(Consumer, family member, advocate)

Robyn Golden
American Society on Aging
Chicago, Illinois
(Program development, public policy, research)

Alixe McNeil
National Council on Aging
Washington, D.C.
(Program development)

Forrest Scogin
American Psychological Association
Tuscaloosa, Alabama
(Research and training)

Charlotte Kauffman
NASMHPD Older Adults Division
Springfield, Illinois
(Public policy and programs)

Melen McBride
National Association of Geriatric Education Centers
Manhattan Beach, California
(Research, clinical expertise in minority populations)

Barbara Warren
National Council for Behavioral Healthcare
North Wilkesboro, North Carolina
(Provider, program development)

SAMHSA Center for Mental Health Services

Frances L. Randolph
Division of Service Systems Improvement
Substance Abuse and Mental Health Services Administration
Rockville, Maryland

Pamela Fischer
Homeless Programs Branch
Substance Abuse and Mental Health Services Administration
Rockville, Maryland

Betsy McDonel Herr
Community Support Programs Branch
Division of Service and Systems Improvement
Rockville, Maryland
Project Coordinators

Vijay Ganju
Abt Associates and NASMHPD Research Institute, Inc.
Bethesda, Maryland, and Alexandria, Virginia

Jeanne Rivard
NASMHPD Research Institute, Inc.
Alexandria, Virginia

Development Team

Aricca D. Van Citters
Dartmouth Medical School
Lebanon, New Hampshire

G. Michael Lane
NASMHPD Research Institute, Inc.
Alexandria, Virginia

Stephen J. Bartels
Dartmouth Medical School
Lebanon, New Hampshire

Jeanne C. Rivard
NASMHPD Research Institute, Inc.
Alexandria, Virginia

Vijay Ganju
Abt Associates and NASMHPD Research Institute, Inc.
Bethesda, Maryland, and Alexandria, Virginia

Kristin Roberts
NASMHPD Research Institute, Inc.
Alexandria, Virginia
Field Reviewers

Drafts of the Implementation Resource Kit were reviewed by the consensus panel and other groups. Besides the consensus panel, persons reviewing the drafts are listed here:

Members of the NASMHPD Older Adults Division, coordinated by Charlotte Kauffman:

Mich Magness  
Oklahoma City, Oklahoma

Catherine Swanson-Hayes  
Madison, Wisconsin

Members of the Philadelphia Older Adult Consumer Research Advisory Council, coordinated by Cynthia Zubritsky, Department of Psychiatry, University of Pennsylvania:

Hank Balderrama, M.S.W.  
Olympia, Washington

Trudy Persky, M.S.W.  
New York, New York

Penny Chilucci  
New Castle, Delaware

Rabbi Seymour Prystowsky  
Philadelphia, Pennsylvania

Candace Fleming  
Boulder, Colorado

Rosa Wims  
Buffalo, New York

Marian Mullahy, MLST  
Philadelphia, Pennsylvania

Input by geropsychologists, coordinated by Forrest Scogin:

Merla Arnold, R.N., Ph.D.  
Huntington Station, New York

Daniel Segal, Ph.D.  
Colorado Springs, Colorado

Victor Molinari, Ph.D., ABPP  
Tampa, Florida


Production, Editorial, and Graphics Support

**Carolyn Boccella Bagin**
Center for Clear Communication, Inc.
Rockville, Maryland

**Jason Davis**
Westat
Rockville, Maryland

**Dulari Gandhi**
Westat
Rockville, Maryland

**Julien P. Hofberg**
Westat
Rockville, Maryland

**Chandria Jones**
Westat
Rockville, Maryland

**Glynis Jones**
Westat
Rockville, Maryland

**Nancy Magurn**
Westat
Rockville, Maryland

**Mary Anne Myers**
Westat
Rockville, Maryland