**Appendix Table 1.** Managing Epilepsy Well (MEW) Network Interventions and Status

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|  | **WebEase** (**Web** **E**pilepsy **A**wareness, **S**upport and **E**ducation) - Emory University  **Target population**: Adults with epilepsy (≥ 18 years).  **Delivery**: Internet  **Content**: Supports and fosters epilepsy self-management. Comprises three core interactive modules for medication, stress, and sleep, and a personal diary for tracking epilepsy- and health-related measures (MyLog). Modules provide tailored activities for learning, self-assessment, and goal setting. Users evaluate their progress for specific self-management goals at one-week intervals.  **Facilitation**: Self-paced online website where users choose the modules most relevant to their needs as many times and in any order they want.  **Status**: A pilot study (n=37) demonstrated feasibility, acceptability, and usability. A national RCT (n=148) demonstrated significant improvement in self-efficacy and medication adherence. 8 WebEase 2.0 is disseminated under a licensing agreement with the Epilepsy Foundation ([www.webease.org](http://www.webease.org)). An iOS mobile app and Spanish adaptation are in development. |
|  | **UPLIFT** (**U**sing **P**ractice and **L**earning to **I**ncrease **F**avorable **T**houghts) - Emory University  **Target population**: Adults with epilepsy (≥ 18 years) with co-occurring depression, or who are at risk for depression.  **Delivery**: Manual-based and delivered over eight 1-hour sessions by phone (or over the Internet).  **Content**: An eight-week, home-based program designed to prevent or treat depression in people with epilepsy. Focused on increasing knowledge about depression, epilepsy, mindfulness, and Cognitive Behavioral Therapy skills. Participation involves skills practice, discussions, and group exercises with between-session homework assignments.  **Facilitation**: Led by a licensed mental health provider and co-facilitated by a peer with epilepsy. Due to licensure restrictions UPLIFT should only be delivered to participants in the state where the mental health provider is licensed.  **Status**: *UPLIFT for depression treatment*: An RCT (n=40) demonstrated acceptability and efficacy, significantly reducing depressive symptoms. *UPLIFT for depression prevention*: A multi-state RCT (n=128) demonstrated prevention of major depressive disorder and reduced symptoms of depression.9 The phone-based version of Project UPLIFT is in dissemination across 50 U.S. states. Implementation is occurring in 5 Epilepsy Foundation local affiliates, and a pilot test is underway by EpLink in Toronto, Canada. Program adaptations are underway for African American and Hispanic adults at Morehouse School of Medicine and NYU School of Medicine, pregnant women in rural Utah, and caregivers of people with epilepsy. Translation is occurring for application in other chronic conditions including Cystic Fibrosis and cardiovascular disease. |
| PEARLS_logo.gif | **PEARLS** (**P**rogram to **E**ncourage **A**ctive **R**ewarding **L**ives)  **Target population:** Older adults or adults with epilepsy ((>18 years) who have depression or dysthymia.  **Delivery**: Team-based care delivered in a person’s home  **Content**: Adaptation of an effective home-based depression treatment intervention for older adults. 11 PEARLS consists of eight 50-min sessions of problem solving  treatment, behavioral activation, and psychiatric consultation, followed by monthly 5-10 minute telephone calls up to 12 months to assess patients’ utilization of therapies and  outcomes.  **Facilitation**: Delivered by a trained counselor. This is a team-based intervention including doctors, nurses, and social workers.  **Status**: The PEARLS Program protocol is free and available on-line at: <http://www.pearlsprogram.org>. PEARLS investigators have developed and  offer a 2-day training program for providers and administrators to learn about how to use PEARLS methods and implement PEARLS in their communities |
|  | **HOBSCOTCH** (**HO**me **B**ased **S**elf-management and **CO**gnitive **T**raining **CH**anges lives) - Dartmouth  **Target population**: Adults (>18 years) with varying forms and severities of epilepsy, who have subjective memory complaints.  **Delivery**: In-person session followed by delivery over distance by phone.  **Content**: A self-management program to alleviate cognitive impairment (memory and attention problems) in epilepsy through combined problem solving therapy and education about memory strategies.  **Facilitation**: Delivered by a clinical provider who has been trained as a memory coach and in problem solving therapy.  **Duration**: Delivered over 8-12 weeks, including a maintenance session at the end of the program.  **Status**: Feasibility of the telephone-based delivery has been established at an academic level 4 epilepsy centers.12 An RCT efficacy trial (n= 66 patients) demonstrated improved quality of life and objective memory primarily related to attention. A second replication RCT is underway with updated online dissemination to other epilepsy centers in a larger region in New England. |
|  | **PACES** in Epilepsy (**P**rogram of **A**ctive **C**onsumer **E**ngagement in **S**elf-Management) - University of Washington  **Target population**: Adults (≥18 years) with active epilepsy (seizures occurring within the last year).  **Delivery:** Group-based psycho-educational intervention involving eight weekly 75-minute sessions provided at either an epilepsy center or by phone. Booster follow-up calls are provided every 6-7 weeks.  **Content:** A consumer-generated program to improve medical and psychosocial functioning. Sessions include: Epilepsy and Medical Issues; Dealing with Stress and The Blues (Parts 1 and II); Optimizing My Cognition; Community Participation on a Budget; and Managing My Epilepsy Care. Each session involves a didactic presentation, practice activities/coping strategies, and goal setting.  **Facilitation:** Led by an epilepsy professional and a co-leader who is a peer with epilepsy.  **Status:** An RCT (n=83) from two Seattle Epilepsy Centers demonstrated effectiveness for epilepsy self-management, self-efficacy, and quality of life at program completion, and maintained effectiveness at six months for epilepsy self-management and several quality of life parameters. Participant retention and satisfaction was high. 13 The PACES manual is being updated and an expanded RCT (n=200) in four sites is being conducted to establish longitudinal (≥1 year) effectiveness. |
|  | **MINDSET** (**M**anagement **IN**formation **D**ecision **S**upport **E**pilepsy **T**ool) - University of Arizona and University of Texas  **Target population**: Adult patients with epilepsy (≥ 18 years), English or Spanish speaking.  **Delivery**: Tablet-based program for use in the clinic setting.  **Content**: Data input from the patient provides a patient profile and an action plan tailored to the patient’s self-management problem behaviors (with recommended behavioral goals and strategies) for review by the patient and healthcare provider to promote shared goal-based decision-making.  **Facilitation**: Self-paced decision-support for the patient that then informs patient-health care provider decision-making.  **Status**: A single visit pilot study (n=36), a two-visit longitudinal pilot (n=24), and a three-visit pilot RCT (n=36) have established usability, feasibility, and significant impact on self-efficacy for lifestyle self-management behaviors.14,15 Usability testing of a Spanish version is underway. |
|  | **TIME** – (Targeted Self-Management for Epilepsy and Mental Illness) Case Western Reserve University  **Target population:** Adults with epilepsy and comorbid serious mental illness (E-MI) such as schizophrenia, bipolar disorder or severe/recurrent depression  **Delivery**: In-person group-format psycho-education  **Content:** Twelve weekly groups (60-90 minutes) which address self-management of epilepsy as well as a focus on mental health comorbidity and coping with the “double stigma” of E-MI  **Facilitation**: Co-lead by nurses and patients with E-MI  **Status:** An RCT (n=44) demonstrated feasibility, acceptability, and efficacy in significantly lower depression ratings over a 4-month time period (Under review) |
|  | **SMART** – (**S**elf-**ma**nagement fo**r** people wi**t**h epilepsy and a history of negative health events) Case Western Reserve University  **Target population:** Adults with epilepsy who have had recent negative health events (NHEs) such as seizures, emergency room visits, or self-harm attempts. Emphasis on hard-to-reach groups with epilepsy.  **Delivery**: Remotely delivered, web-based format groups.  **Content**: Epilepsy self-management approach derived from TIME  **Facilitation**: Co-lead by nurses and patients  **Status**: In development. |
|  | **PAUSE** (**P**ersonalized internet **A**ssisted **U**nderserved **S**elf-management of **E**pilepsy) - University of Illinois in Chicago, Illinois  **Target population:** Underserved adults (≥ 18 years) with epilepsy  **Delivery**: Internet-based epilepsy self-management education. Participants use epilepsy.com to complete personal epilepsy education goals and video-conference regularly with an educator to resolve any questions.  **Content**: A 10-12 week-long personalized self-management education program involving goal-setting to improve self-management and quality of life. In a patient-centered collaborative care approach PWE use publically available web-based self-management EF educational resources. Engages PWE to manage their health and encourages communication with providers, friends, and family about epilepsy.  **Facilitation**: Self-paced with educator monitoring.  **Status**: Effectiveness testing in clinic and community settings is underway. |
| **YESS!** | **YESS!** –( Youth, Epilepsy and Successful Self-Management ) University of Minnesota  **Target population**: Adolescents with epilepsy (13-19 years).  **Delivery**: On-line program that incorporates youth mentors.  **Content**: Self-management intervention incorporating elements of healthy youth development (reflecting the Healthy Youth Development Framework) and motivators of behaviors related to self-management. Addresses multiple levels of impact of epilepsy (social, academic, other life domains) and targets broader life skills in addition to medical or clinical self-management skills.  **Facilitation**: Self-paced on-line program with access to youth mentors.  **Status**: In development. |