

The Common Elements Treatment Approach (CETA)



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Funding, affiliations, Partners



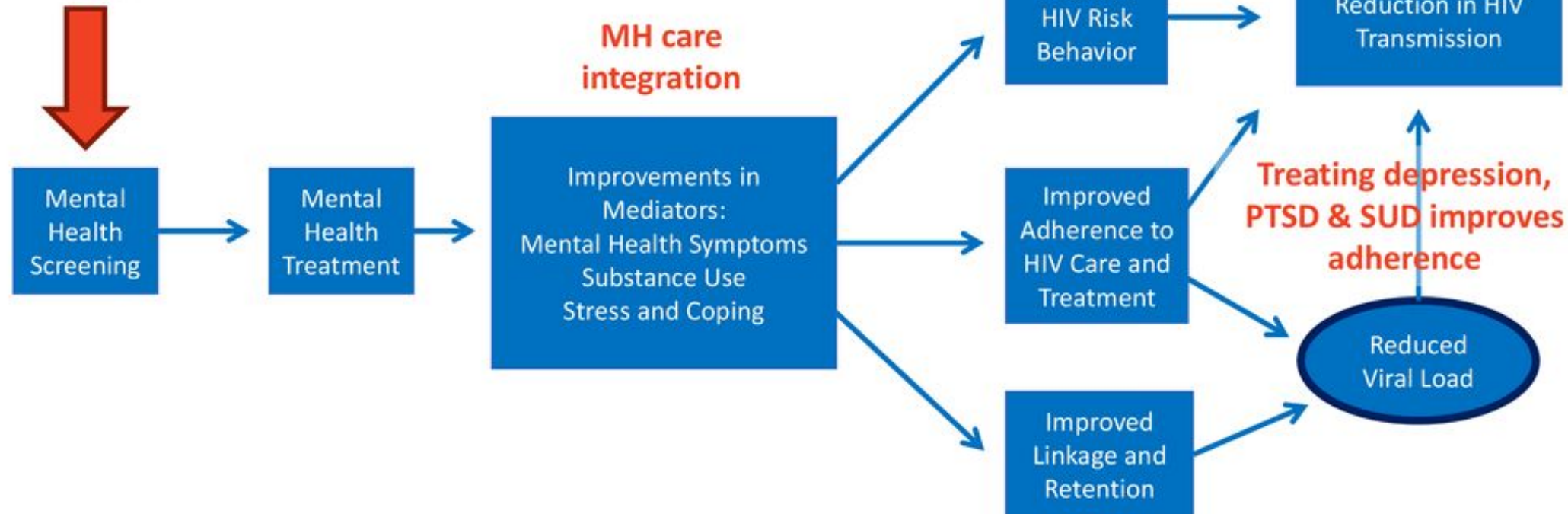
Ministries
of Health



Benefits of integrating mental health screening and treatment into HIV care

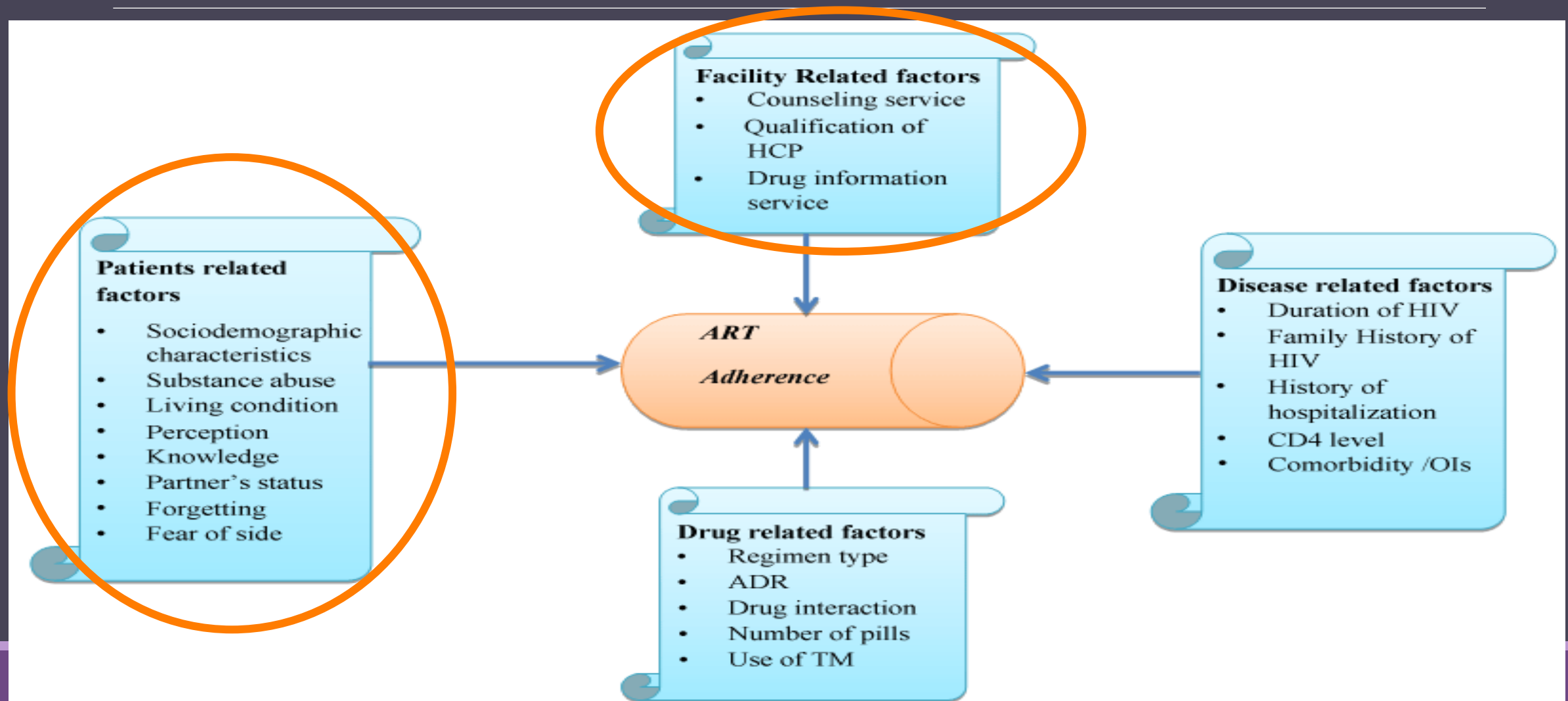


First critical
step!

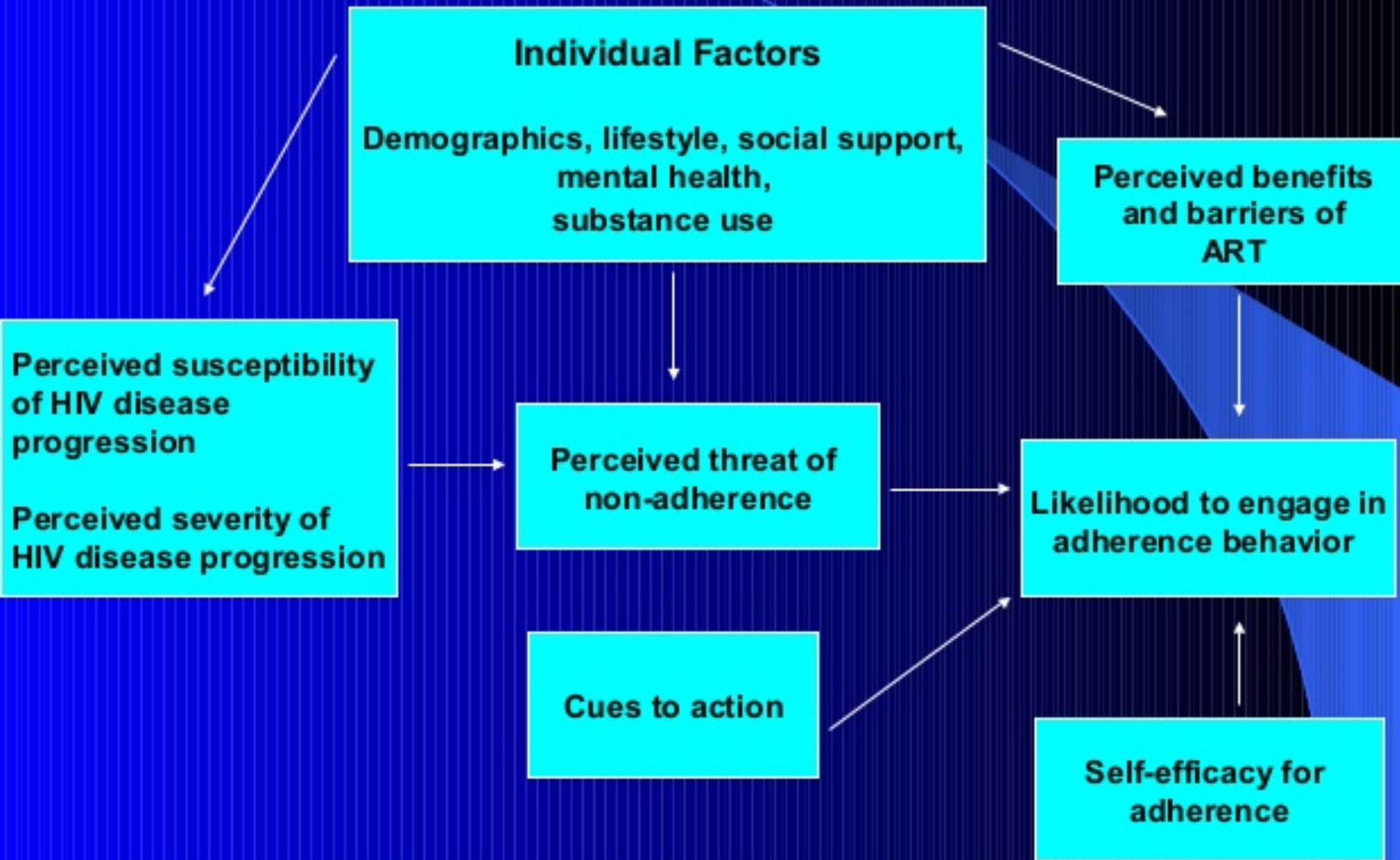


Source: Shim et al, Psychiatric Services, 2012; Sikkema et al, AIDS and Behavior, 2010; Tucker et al, EBioMedicine, 2017; Safren et al, Lancet HIV, 2009

Medical studies show that...Mental health care can improve HIV treatment adherence and result in better viral suppression!



Health Belief Model and Adherence



What CETA works on?

PERCEPTIONS: changing thoughts, feelings and actions

LIFESTYLE/LIFE DECISIONS

MENTAL HEALTH

SUBSTANCE USE

PROBLEM SOLVING
BARRIERS

RISKY BEHAVIORS

BEHAVIOR CHANGE

SELF EFFICACY

Global Mental Health....view from 30,000 feet....

Depression, Trauma, Anxiety, Substance Use, Violence, Communication problems, Poor relationships, Poor behavior decisions, Negative self-beliefs, Suicide...etc.

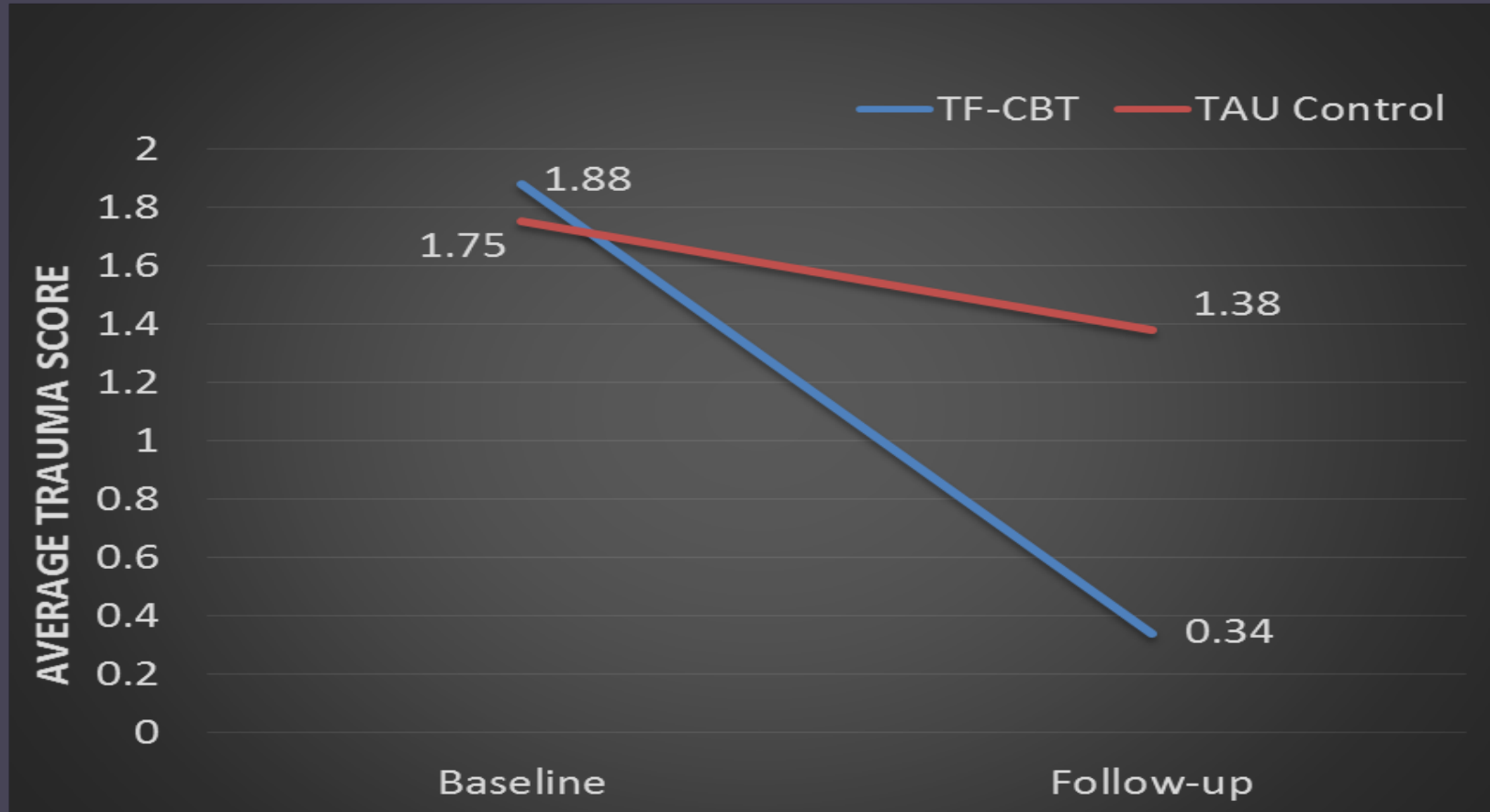
Trials of Mental Health Interventions

- **Interpersonal Psychotherapy for Depression (IPT)**
 - S. Uganda with adults; HIV affected (Bolton et al., 2007)
 - N. Uganda with youth in IDP camp; conflict and HIV (Bolton et al. 2009)
- **Cognitive Processing Therapy (CPT)**
 - DRC; Adult survivors of sexual violence; HIV (Bass et al. 2013)
 - N. and S. Iraq: Adult torture survivors (Bolton et al., 2014; Weiss et al., 2015)
- **Behavioral Activation (BA)**
 - N. Iraq: Adult torture survivors (Bolton et al., 2014)
- **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)**
 - Zambia: OVC; HIV-affected (Murray et al., 2015)
- **Common Elements Treatment Approach (CETA)**
 - Southern Iraq (Weiss, Murray et al., 2015)
 - Thailand/Myanmar border (Bolton et al., 2014)
 - Ethiopia refugee youth (Murray et al., 2017)
 - Zambia violence and substance use (Murray et al., under review)

Effective Treatment for HIV-affected OVC

Trauma-Focused
Cognitive
Behavioral
Therapy

**Cohen's
 $d = 2.39$**



TRAUMA

*Effect of
treatment is
statistically
significant
($p < .0001$)

Murray LK, Skavenski S, Kane JC, Mayeya J, Dorsey S, Cohen JA, Michalopoulos LT, Imasiku M, Bolton PA. Effectiveness of Trauma-Focused Cognitive Behavioral Therapy among Trauma-Affected Children in Lusaka, Zambia; A Randomized Clinical Trial. *JAMA Pediatrics*. 2015 Aug 1; 169(8): 761-9.

There is an Implementation GAP

Research
showing some
programs are
feasible,
adaptable and
effective



Uptake of these
interventions
by locally-based
organizations/
systems

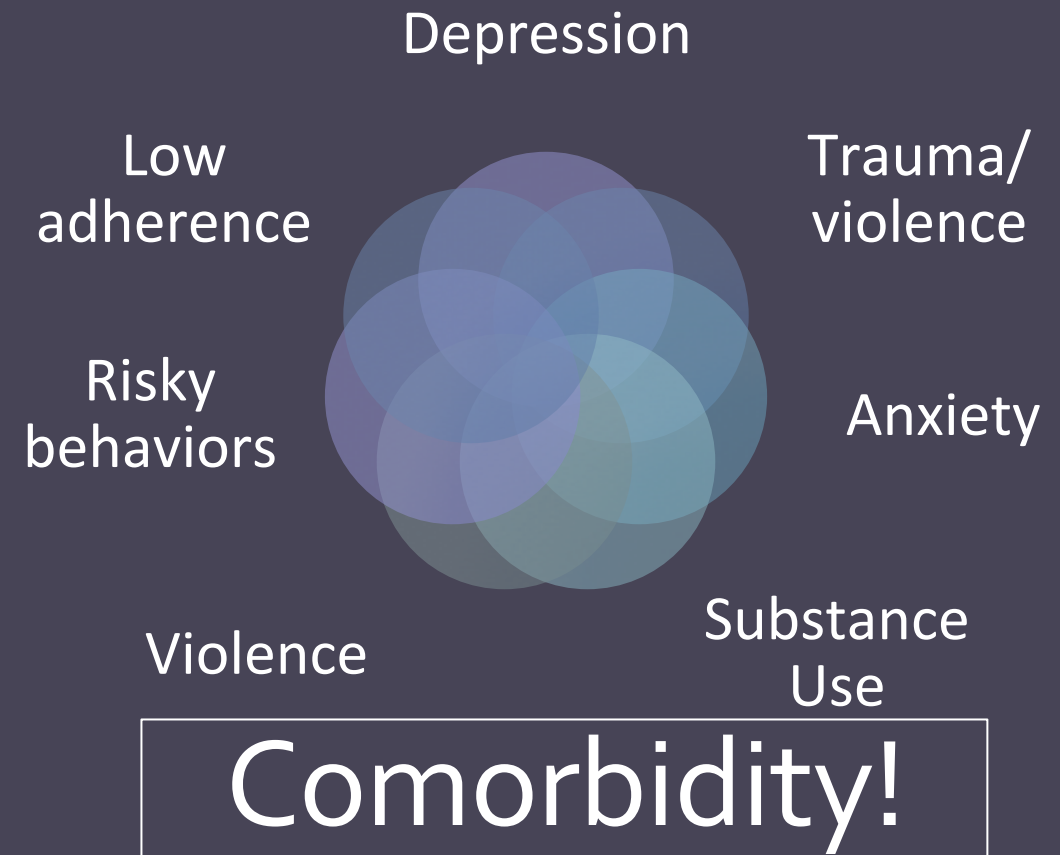
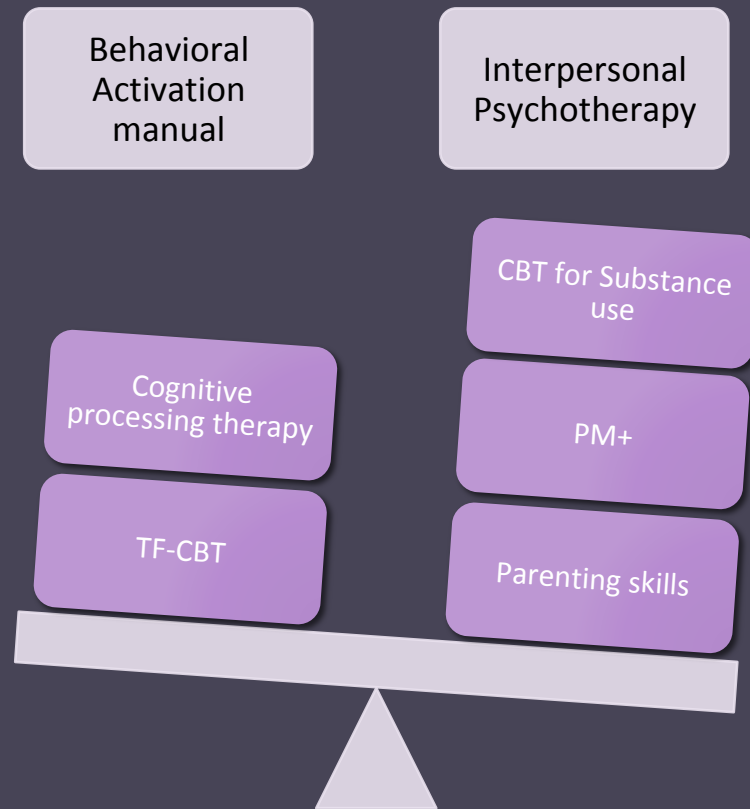
Its time to use what we know – Lets talk about HOW we do that!

Common elements Treatment Approach (CETA)

- Rationale – why CETA?
- Overview of what CETA is
- Evidence-base – why invest in CETA?



Single focus treatments = implementation challenge



What is CETA?

- Common Elements Treatment Approach
- A Transdiagnostic Modular, Multi-problem, Flexible Approach
 - Definition: With ONE approach we can treat multiple common problems (substance use, anxiety, depression, PTSD) + behavior problems in youth)
- Not a “new” treatment: it’s an *approach* using evidence-based elements from existing treatments.



COMMON ELEMENTS TREATMENT APPROACH

CETA is a scientifically-proven transdiagnostic intervention, combining treatments for a range of mental health issues (trauma, depression, anxiety, alcohol abuse) into a single model.

CETA's modular, community-based approach addresses several mental health challenges in concert, enabling scale-up and sustainability in low-to-middle-income environments.

Engagement
& Education

Cognitive Coping
/ Think Differently

Behavioral
Activation

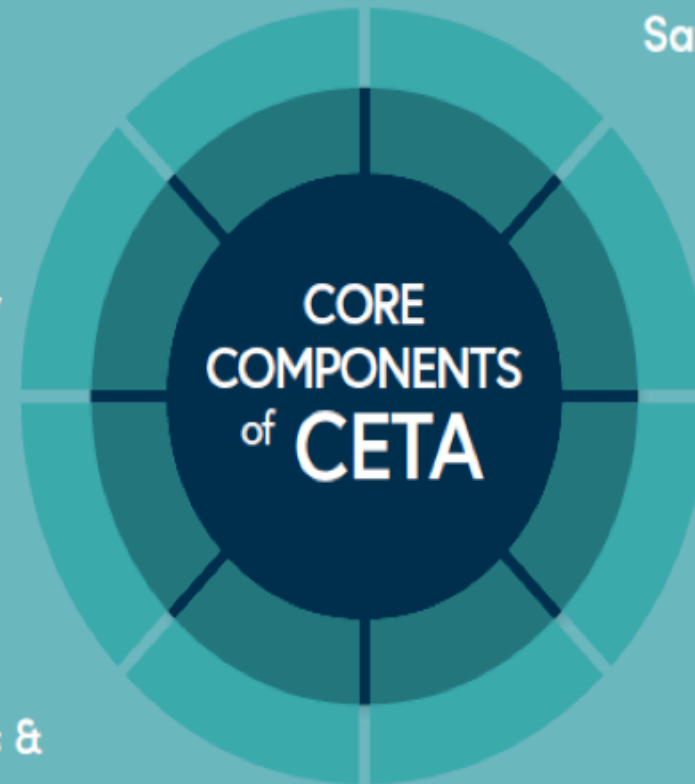
Confronting Fears &
Trauma Memories

Safety Assessment
& Planning

Alcohol Abuse
Intervention

Problem
Solving

Anxiety
Management
& Relaxation



What is the Evidence for CETA?

EFFECTIVENESS, FEASIBILITY, ACCEPTABILITY

Data on CETA

Citation	Site	Population	N		Impact (Effect sizes)
Bolton et al. (2014)	Mae Sot, Thailand	Adult; Burmese Refugees	CETA: 182 Wait-list: 165	CETA vs. Wait-list	Depression: 1.16 PTS: 1.19 Impaired Function: 0.63 Anxiety: 0.79 Aggression: -0.58
Weiss, Murray et al. (2015)	Southern Iraq	Adult; Survivors of systematic violence	CPT: 99 Wait-list: 50	CETA vs. Wait-list	PTS: 2.40 Depression: 1.82 Dysfunction: 0.88
Murray et al., (2018)	Ethiopia	Somali refugees in camps; Youth	CETA: 37	Open trial	Internalizing 1.37 Externalizing 0.85 Posttraumatic stress 1.71 Improvements in well-being 0.7

Ukraine IDPs and vets: Hybrid, short CETA model, DI measurement

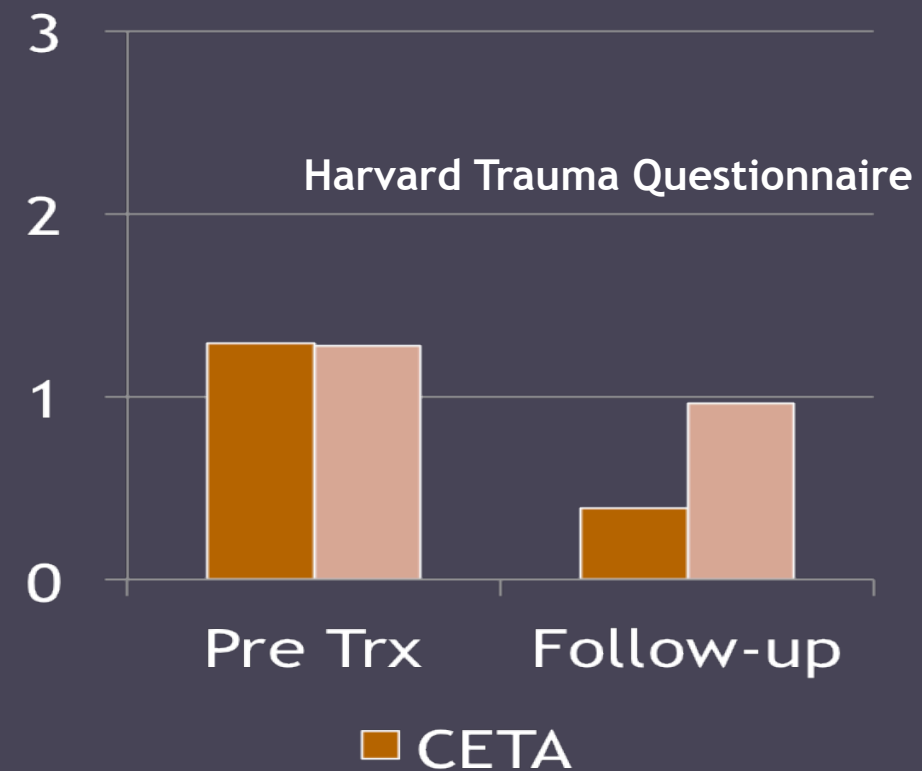
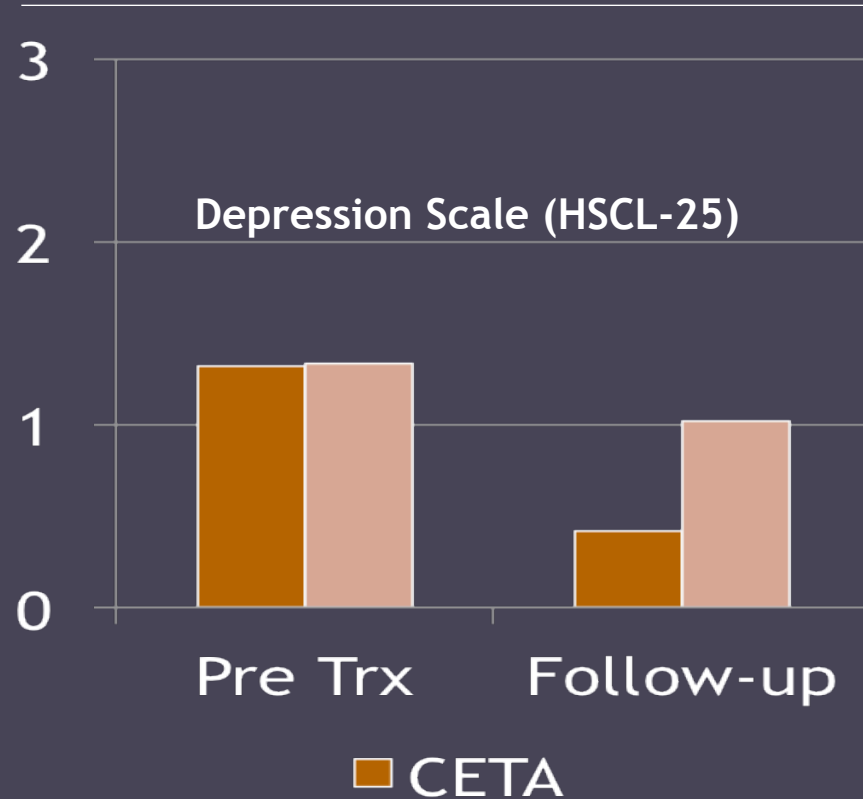
Lebanon – Syrian refugees: Telephone, Training/supervision methods and competency rating

Zambia – Family and community focus, IPV and SU, Train-the-trainer technology strategies

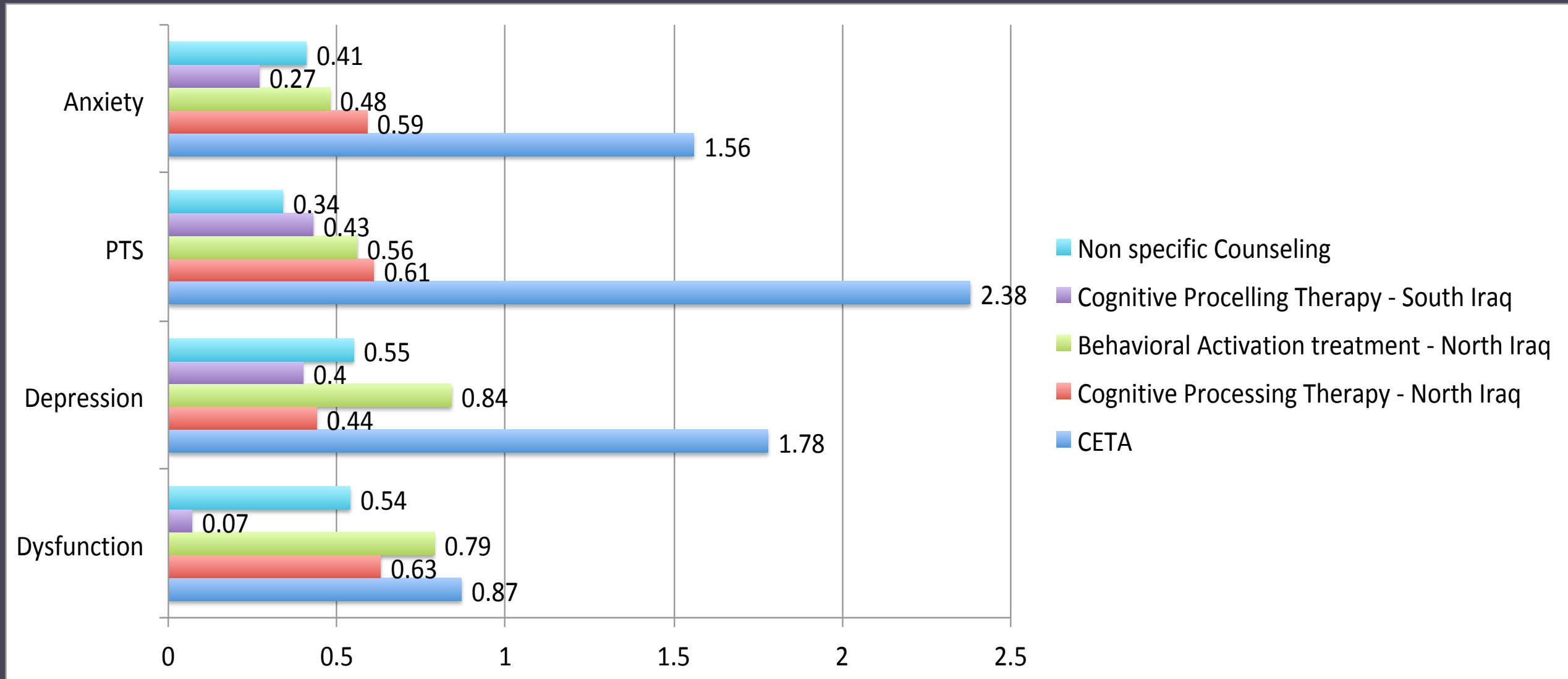
CETA Effectively Decreased Depression and Trauma

Depression Effect Size = 1.82

Trauma Effect Size = 2.40



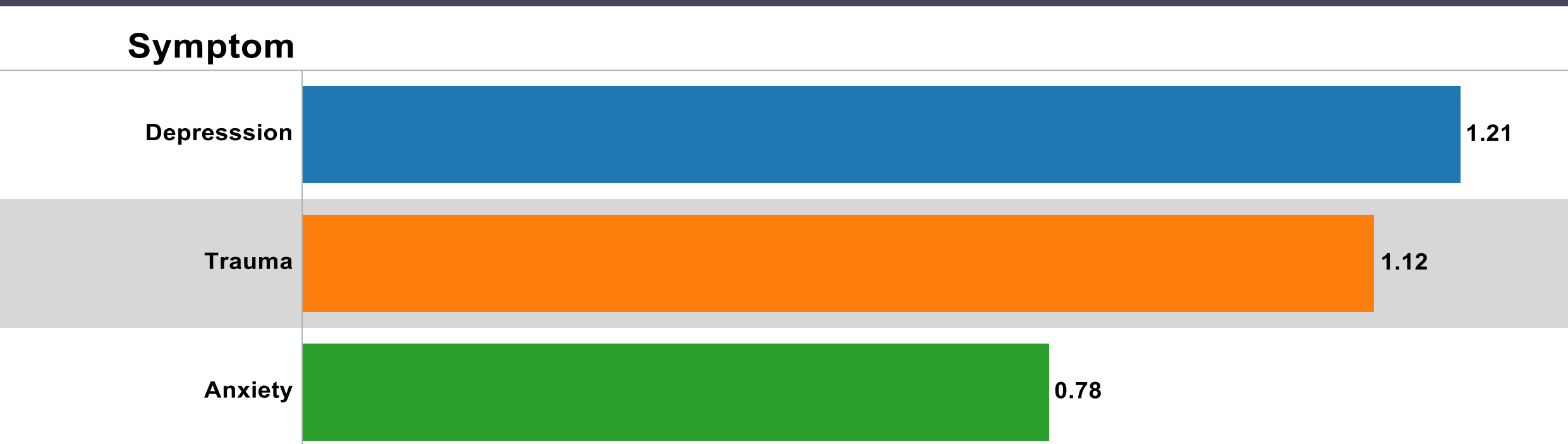
CETA is more Effective than Single Focused Treatments



(Weiss, Murray, et al. 2015; Bolton et al., 2014)

CETA Effective for Multiple Problems

Compared to Treatment as Usual





CETA is the **ONLY** modular, flexible, multi-problem approach that has multiple large trials in lower resource settings.

Zambia CETA Trial

Purpose: To test the effectiveness of CETA on:

- VIOLENCE
- ALCOHOL MIS-USE



Interventions:

1. CETA
2. Treatment as usual with weekly safety check-ins

Delivery

- Group
- Individual

Who did we Treat?

1. Men – alcohol mis-use and violence
2. Women – reported violence
3. Youth – recommended by caregivers

global mental health



INTERVENTIONS

TRIAL PROTOCOL

Testing the effectiveness of a transdiagnostic treatment approach in reducing violence and alcohol abuse among families in Zambia: study protocol of the Violence and Alcohol Treatment (VATU) trial

J. C. Kane^{1*}, S. Skavenski Van Wyk¹, S. M. Murray¹, P. Bolton^{1,2}, F. Melendez¹,
C. K. Danielson³, P. Chimponda⁴, S. Munthali⁴ and L. K. Murray¹

Data Safety and Monitoring Board Stopped the Trial 1 year EARLY!



CETA EFFECTIVE SO NEEDED TO OFFER TO CONTROLS

FINAL RESULTS CURRENTLY UNDER REVIEW



CETA is an effective intervention for reducing violence and alcohol abuse – and mental health.

How can CETA be integrated into HIV prevention, testing, care and treatment??



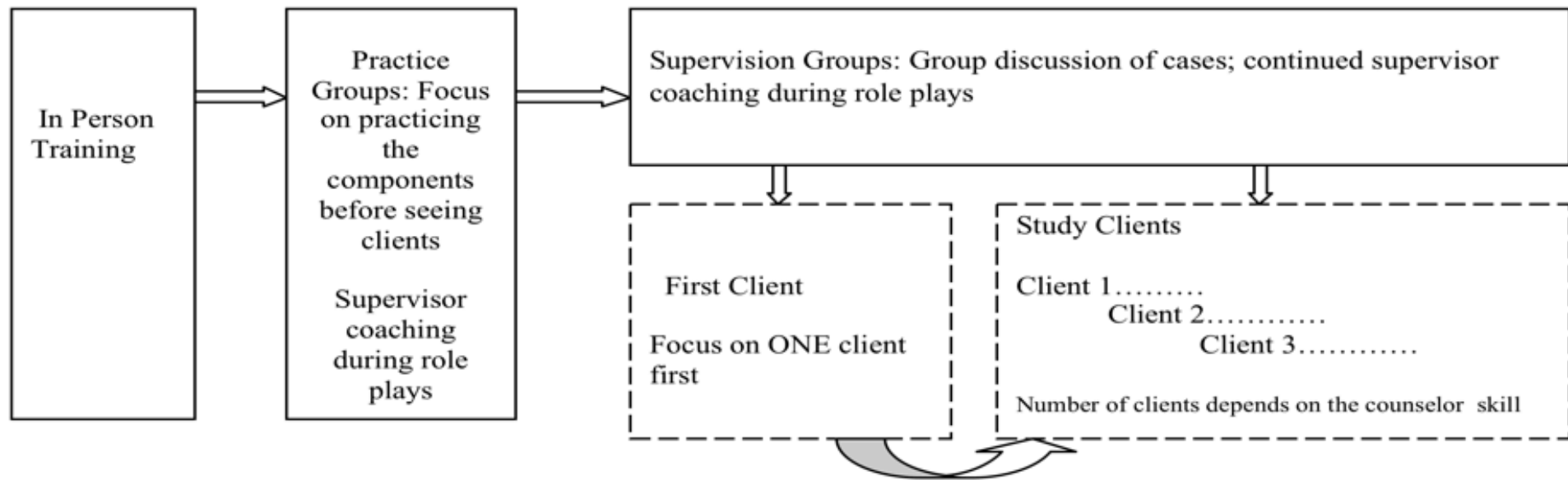
Who can provide CETA?



**“Task Shifting/
Sharing Approach”**

LAY PROVIDERS!

- No advanced education needed (e.g., 4th grade)
- Speaks local language(s)
- Passion to help reach 95.95.95 goals
- Good with people/ adolescents
- People who know the communities
- People at all stages of HIV care: prevention, testing, treatment, ART management
- Those with TIME
- Those that have organization skills, Responsibility



These can overlap some

Weekly skype calls w trainers throughout the project

TIME.....

Two weeks.....Four weeks.....Varies: 8-12 weeks..... Study enrollment period

Apprenticeship
model for a
study or
program.

CETA Builds Capacity



- ▶ CETA elements
- ▶ Weekly symptom monitoring (tool, use, monitoring)
- ▶ Supervision skills
 - Local supervisors chosen out of the lay providers trained
- ▶ Safety protocols (suicide, homicide, abuse, violence)
- ▶ Implementation of CETA into existing programs
 - E.g., choice of providers, community recruitment, M&E, forms, buy-in from stakeholders...etc.

What does the CETA provider job look like?

Its Flexible!

- **Time:** 1-2 days a week, Full Time...
 - HIV peer educator does community outreach 2 days a week and provides CETA 1.5 days at the community church
 - Faith based worker has added CETA skills and rolls it into their full-time job
- **Supervision:** 2 hours per week
- **Location:** In a clinic setting, in the community, in schools, under a tree... wherever HIV services are most effectively delivered!

What does the CETA provider job look like?

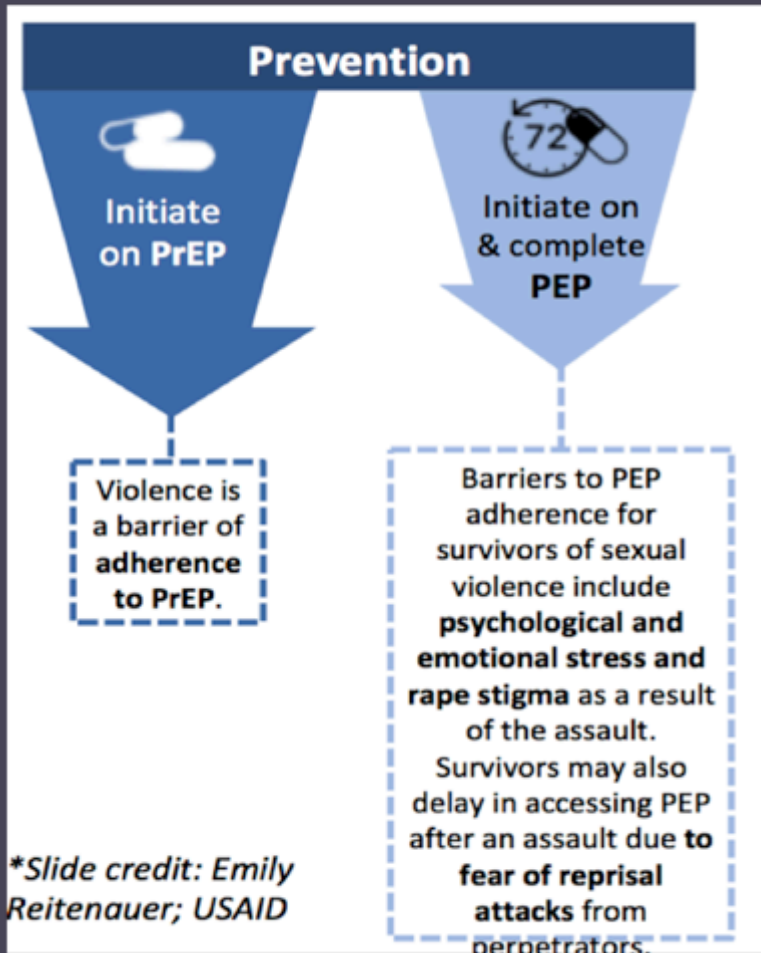
Its Flexible!

- **Delivery:**
 - Group or individual delivery
 - 1 element, a few elements, all elements....based on need
- **Phone use:** Needed for safety cases to call supervisor
- **Payment:**
 - New job lines for lay workers
 - Existing workers receive increase in pay for additional skills

What does the CETA provider job look like?

- **Number of sessions:**
 - Prevention: 1 session
 - Mild problems: ~ 3-5 sessions
 - Moderate to severe problems: ~8-12 sessions
 - Sessions can be longer than 1 hour; or shorter
- **Number of clients one can see:**
 - Depends on hours available per week and travel time
 - Clinic setting: 5-6 clients in a day
 - Community with travel between clients: 3-4 in a day.

Example of CETA at Prevention Stage



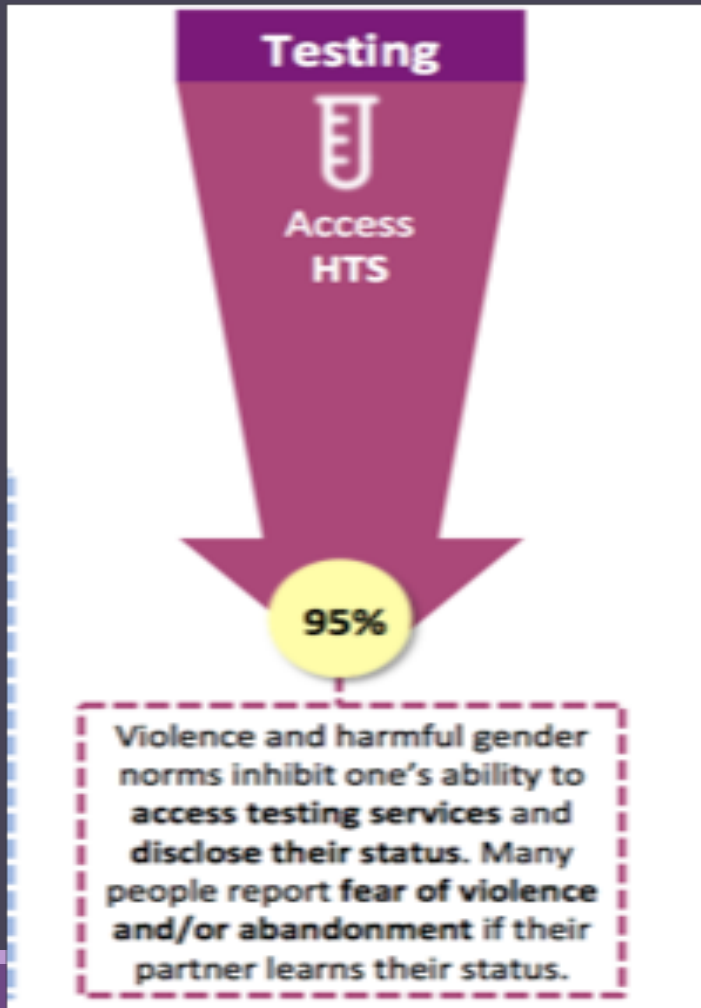
Use CETA with **HIV+ or those at risk to:**

- Reduce violence, mental health, substance use and risky behavior

Use 1 or 2 **elements of CETA with staff** to:

- Help them deal with stress and pressure to find individuals that need testing
- Help them deal with stress of disclosing status

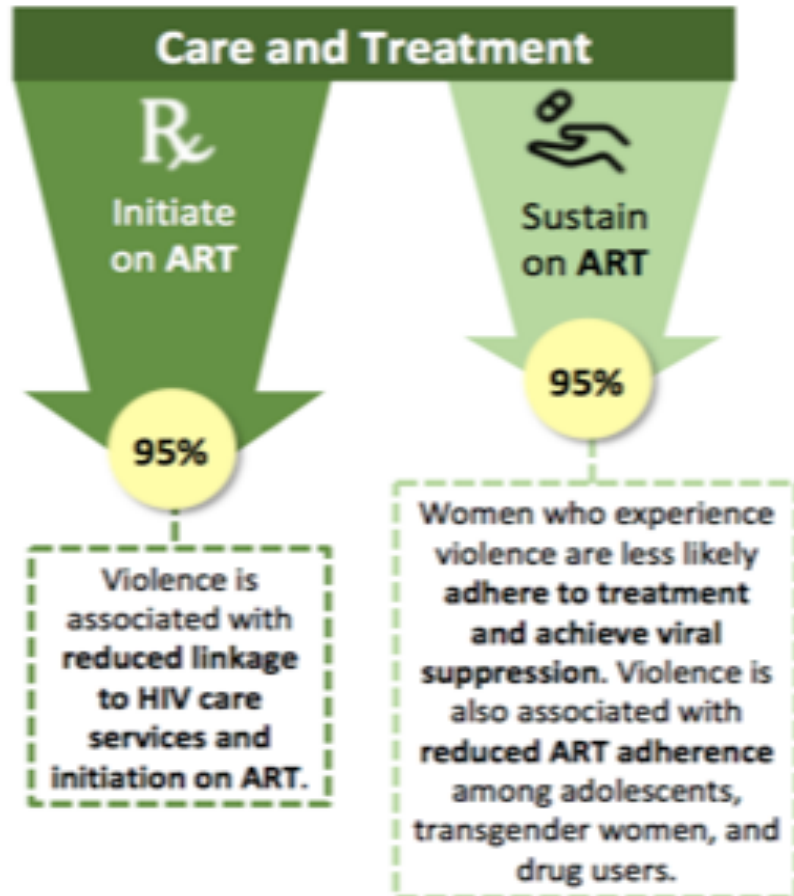
Example of CETA at Testing Stage



Use CETA with **HIV+ or those at risk to:**

- Reduce violence, mental health, substance use and risky behavior.
- Change thoughts and problem solve to increase disclosure
- Use 1 or 2 **elements of CETA with staff** to:
 - Help them deal with pressure to find individuals that need testing
 - Help them deal with stress of disclosing status

Example of CETA at Care and Treatment Stage



Use CETA with **HIV+ or those at risk to:**

- Reduce violence, mental health, substance use and risky behavior – all of which are linked to poor adherence.

Use 1 or 2 **elements of CETA with staff** to:

- Help them learn to engage clients in treatment
- Increase buy-in for program

Let's Discuss!

Applied Mental Health Research Group (AMHR):
[https://www.jhsph.edu/research/centers-and-institutes/
global-mental-health](https://www.jhsph.edu/research/centers-and-institutes/global-mental-health)

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Thank you!!