The Common Elements Treatment Approach (CETA)

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HTTPS://WWW.JHSPH.EDU/RESEARCH/CENTERS-AND-INSTITUTES/GLOBAL-MENTAL-HEALTH/
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https://www.jhsph.edu/research/centers-and-institutes/global-mental-health
Benefits of integrating mental health screening and treatment into HIV care

First critical step!

Mental Health Screening → Mental Health Treatment → MH care integration → Improvements in Mediators: Mental Health Symptoms, Substance Use, Stress and Coping → Reduced HIV Risk Behavior → Reduction in HIV Transmission

Treating depression, PTSD & SUD improves adherence → Improved Linkage and Retention → Reduced Viral Load

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!
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

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

Cohen’s $d = 2.39$

There is an Implementation GAP

Research showing some programs are feasible, adaptable and effective

≠

Uptake of these interventions by locally-based organizations/systems

It's time to use what we know – Let's 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

Behavioral Activation manual

Interpersonal Psychotherapy

Cognitive processing therapy

TF-CBT

CBT for Substance use

PM+

Parenting skills

Depression

Low adherence

Risky behaviors

Trauma/violence

Anxiety

Violence

Substance Use

Comorbidity!
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.
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.
What is the Evidence for CETA?

EFFECTIVENESS, FEASIBILITY, ACCEPTABILITY
## Data on CETA

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

Weiss, Murray, Zangana, Mahmooth, Kaysen, Dorsey, Lindgren, et al. *BMC Psychiatry*
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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Value</th>
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<tbody>
<tr>
<td>Depression</td>
<td>1.21</td>
</tr>
<tr>
<td>Trauma</td>
<td>1.12</td>
</tr>
<tr>
<td>Anxiety</td>
<td>0.78</td>
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</tbody>
</table>

Bolton et al., PLoS Medicine, 2014
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 misuse and violence
2. Women – reported violence
3. Youth – recommended by caregivers
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?

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

Mental health professionals

“Task Shifting/Sharing Approach”
Apprenticeship model for a study or program.

In Person Training

Practice Groups: Focus on practicing the components before seeing clients

Supervision Groups: Group discussion of cases; continued supervisor coaching during role plays

Study Clients

- First Client
  - Focus on ONE client first

- Client 1
- Client 2
- Client 3

Number of clients depends on the counselor skill

Weekly skype calls w trainers throughout the project

TIME

Two weeks

Four weeks

Varies: 8-12 weeks

Study enrollment period
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?

It's 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!


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Thank you!!