

The Common Elements Treatment Approach (CETA) System of Care: An Innovative Way To Improve Behavioral/Mental Healthcare

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Disclosure Information



- Dr. Murray is also the Founder of CETA Global – a Start-up
- www.cetaglobal.org

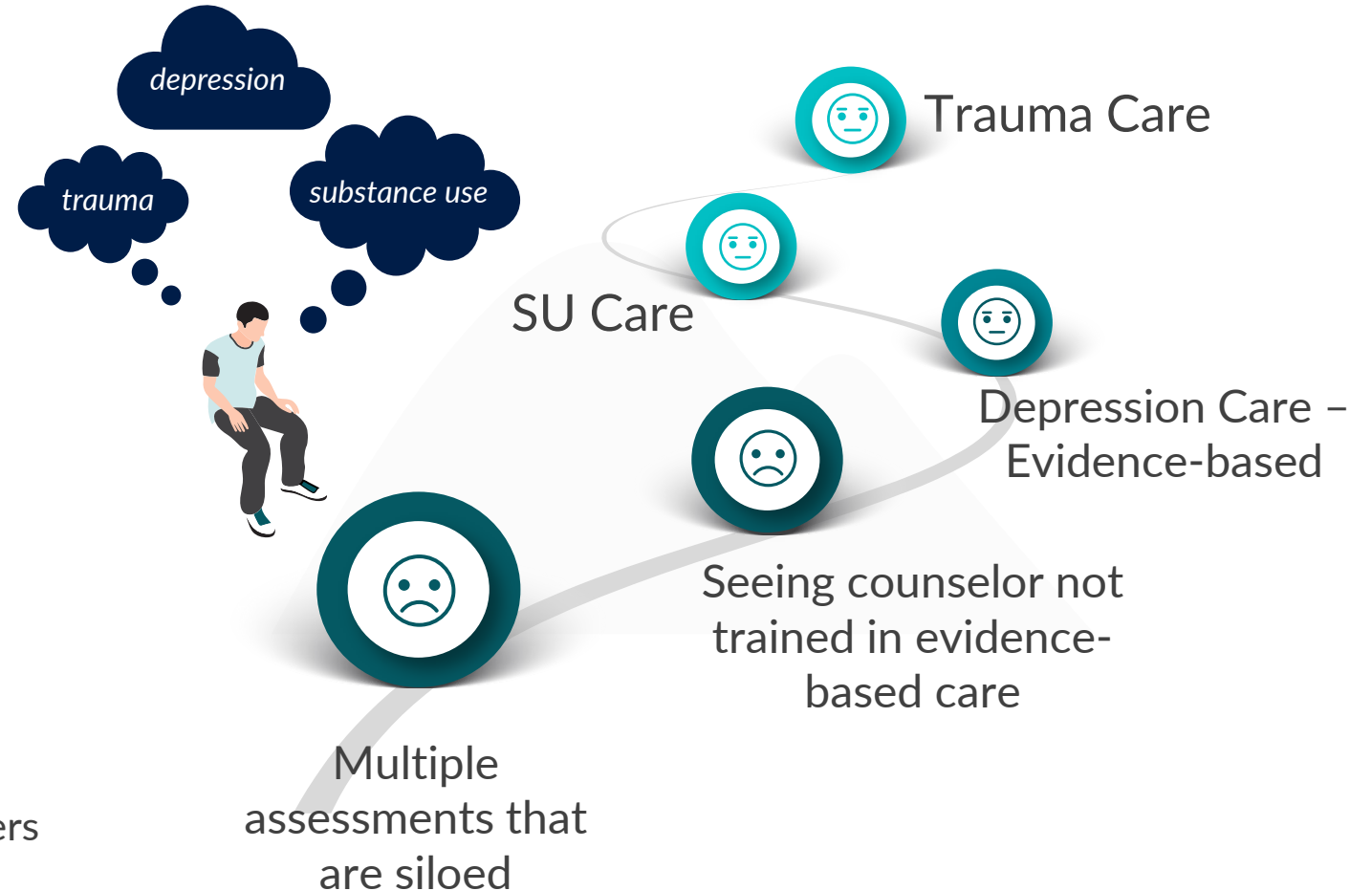
Session Learning Objectives

At the end of the session, you will be able to:

- Explain how a system of care like CETA can help improve mental/behavioral health systems.
- Define the unique characteristics of the CETA system of care.
- Compare and discuss the trial outcomes of silo'ed treatment models and a transdiagnostic model like CETA.

Why Do We Need Innovation?

A normal journey...



Results?



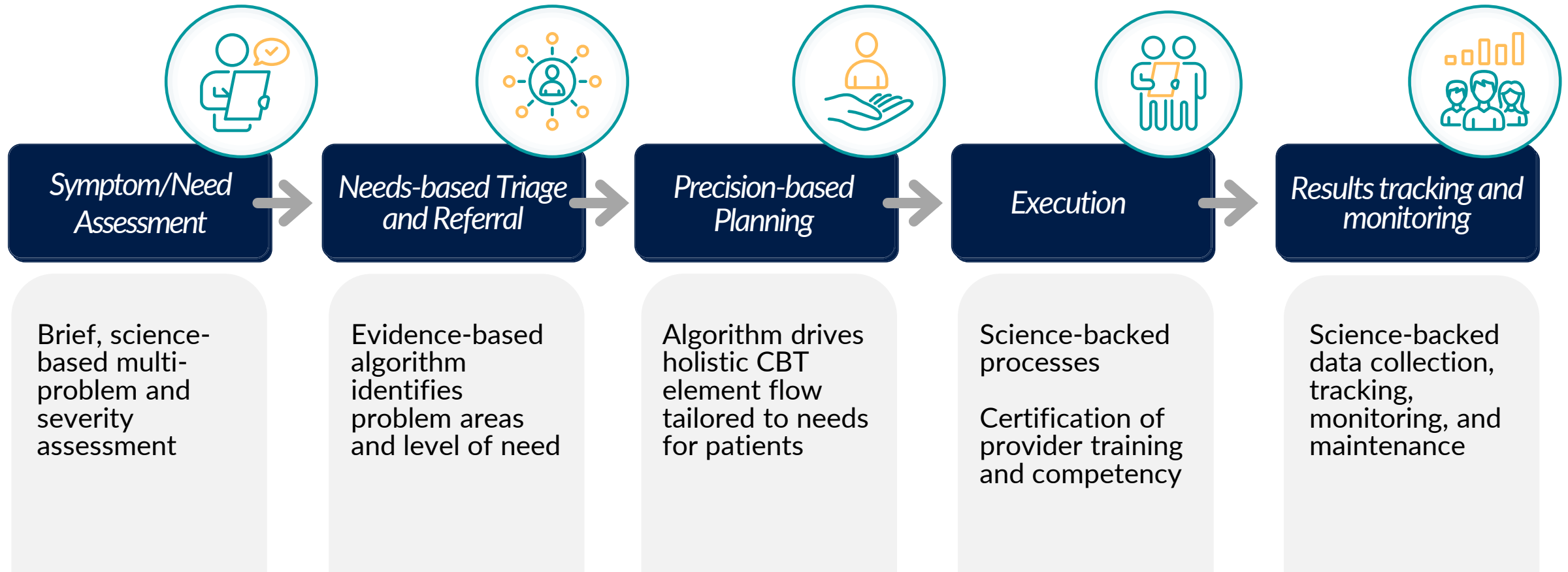
Time-consuming; Long wait lists



Frustration, no relief



Costly for individuals, payers, insurers



Characteristics of the CETA System

Science-backed
assessment

Addresses all ages:
child, youth, adults

Treats:
wellness/prevention to
significant problems

Delivered in Group or
Individual

Delivered in person or
via technology

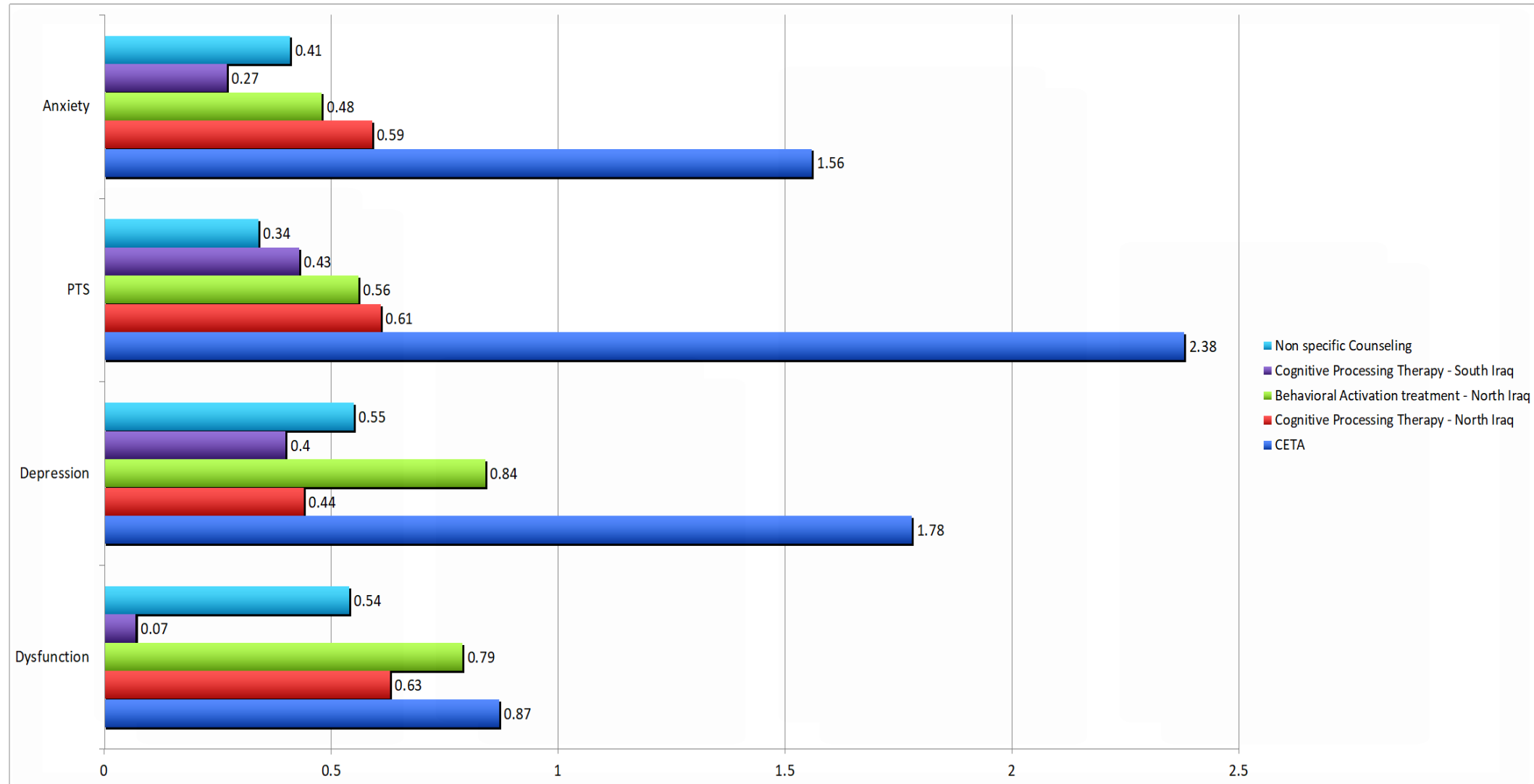
Highly Effective – 5+
large RCTs

Uses science of
implementation

Triage systems

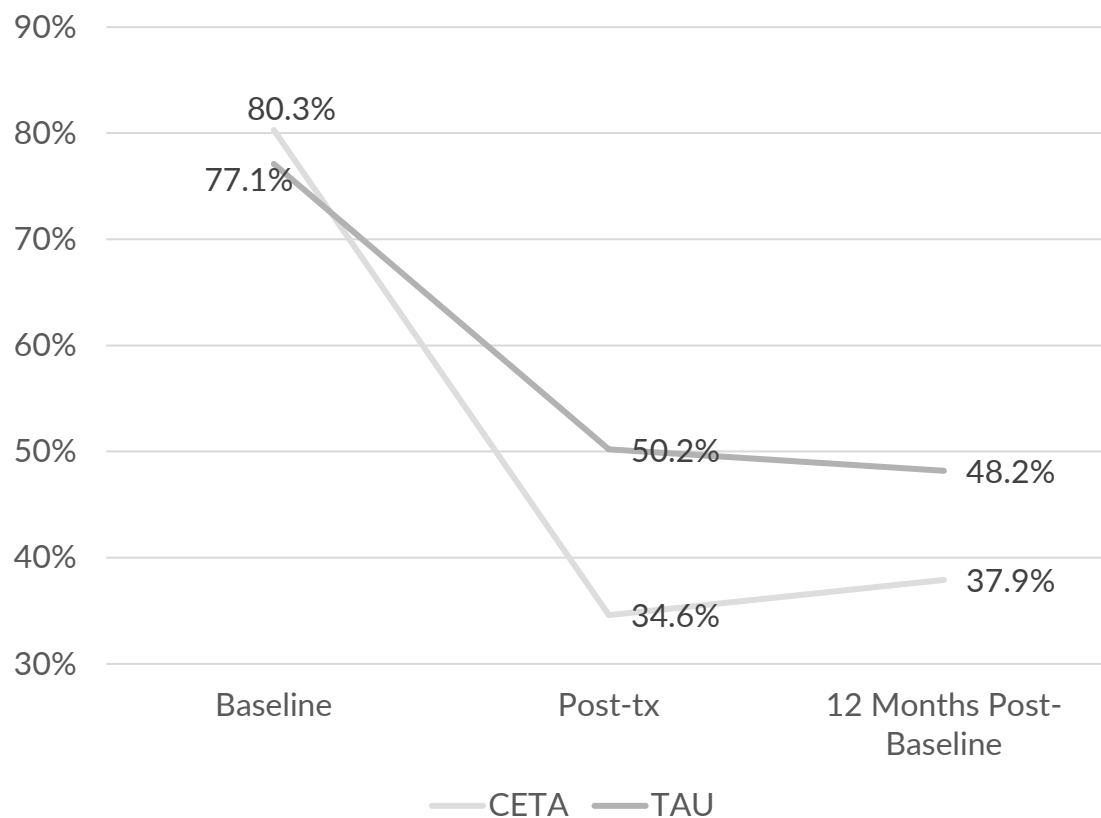
<i>Citation</i>	<i>Site</i>	<i>Population</i>	<i>N</i>		<i>Impact (Effect sizes)</i>
Bolton et al. (2014)	Mae Sot, Thailand	Adult; Burmese Refugees	CETA: 182 Wait-list: 165	CETA vs. Wait-list RCT	Depression: 1.16 PTS: 1.19 Impaired Function: 0.63 Anxiety: 0.79 Aggression: -0.58
Weiss, Murray et al. (2015)	Southern Iraq	Adult; Survivors of systematic violence	CPT: 99 Wait-list: 50	CETA vs. Wait-list RCT	PTS: 2.40 Depression: 1.82 Dysfunction: 0.88
Murray et al., (2018)	Jijigga, 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
Murray et al., (2019)	Lusaka, Zambia	Women, Men, Children (Family units)	CETA: 123 couples TAU Plus Safety: 125 couples	CETA vs. TAU + safety RCT	Violence (SVAW sub-score): 0.49 Substance use: 0.43 *DSMB stopped trial 1 year early due to strong treatment effectiveness
Bogdanov et al., 2021	Ukraine; 3 locations	Adult, Veterans, IDPs, male and female	Short-CETA n=117, Standard CETA n=129, Control=56	5 session CETA vs. standard CETA vs. waitlist	Standard CETA vs. Control: large effect sizes (d = 0.60-1.06) Short CETA vs. Control: medium effect sizes (d=0.46-0.62). Standard more effective than short

CETA More Effective Than Single Focused Treatments

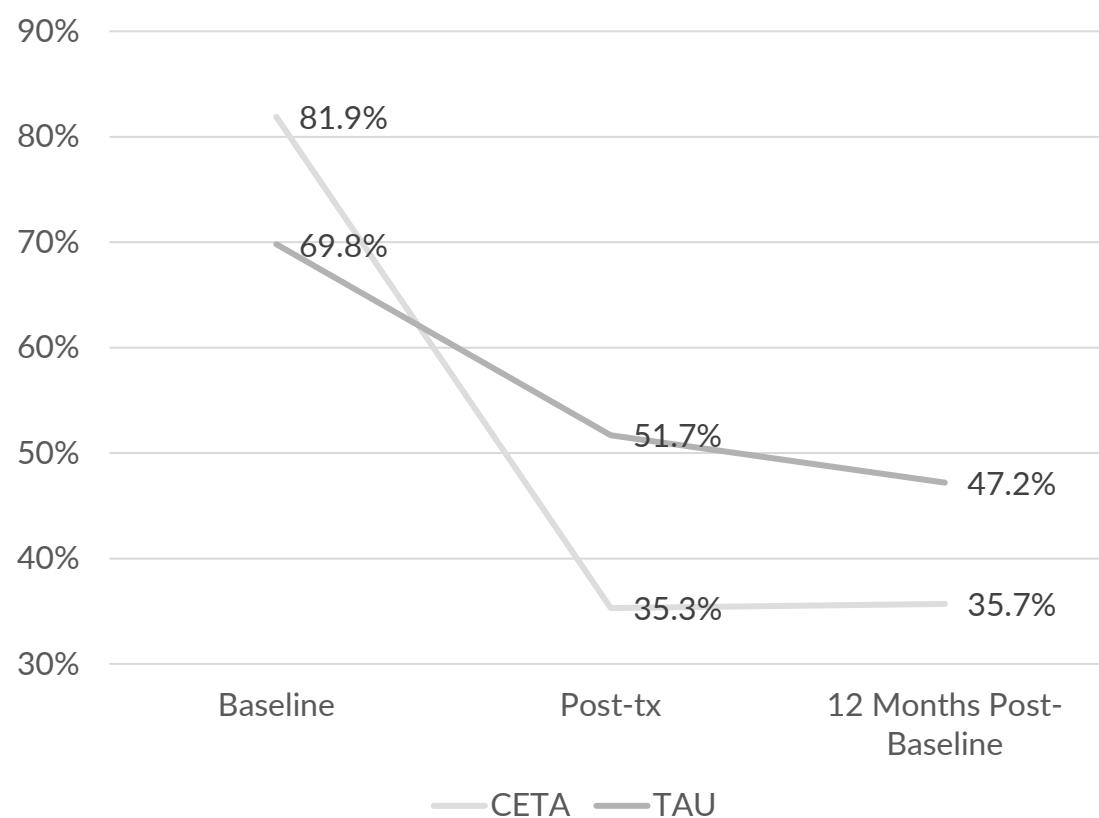


CETA Was Significantly More Effective Than TAU on Violence Reported by Women

Physical Violence



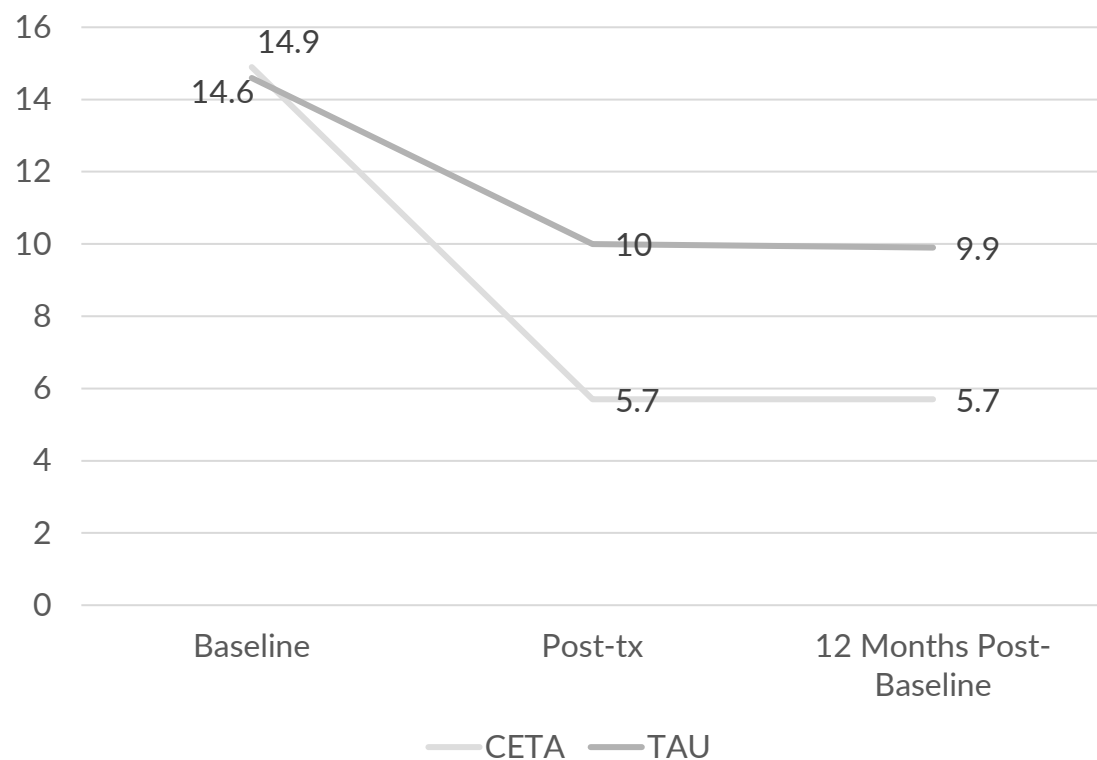
Sexual Violence



** Similar drops in violence reported by males

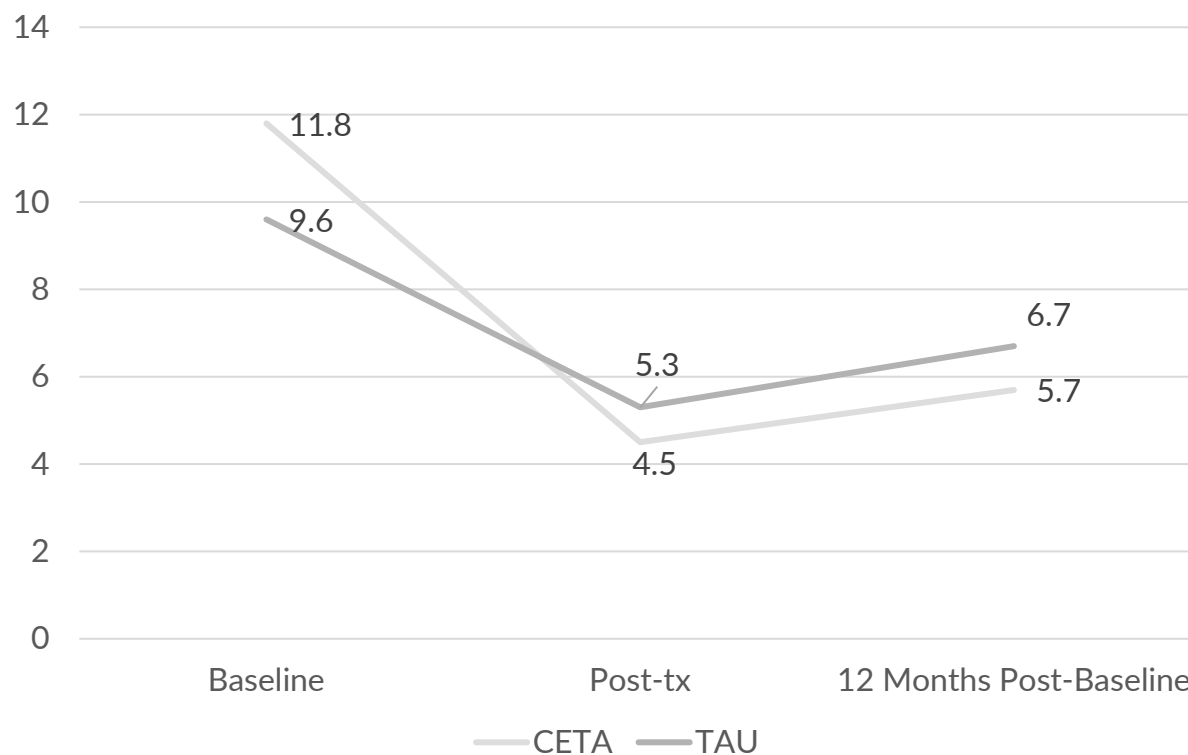
CETA was Significantly More Effective Than TAU in Reducing Alcohol Use

Male Self-Report of Alcohol Use



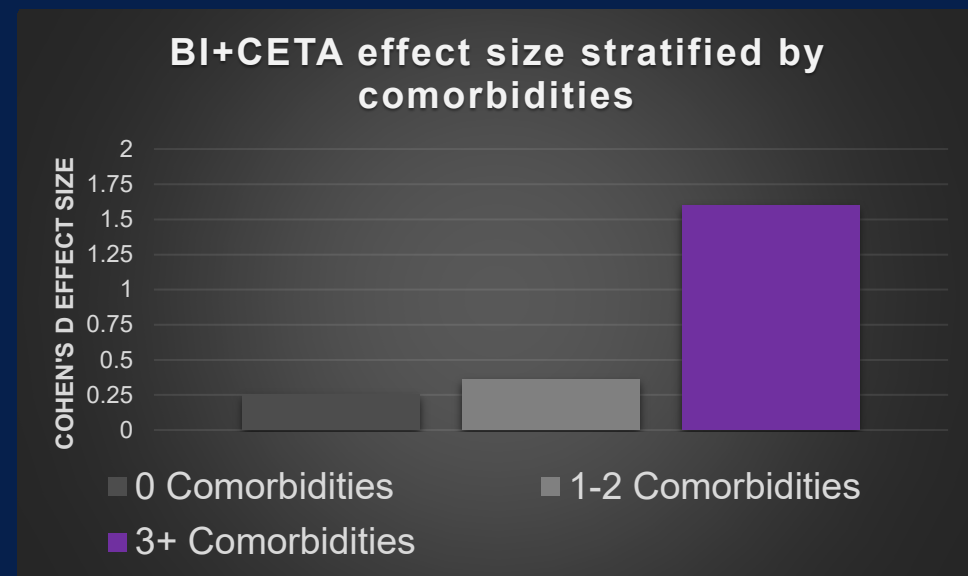
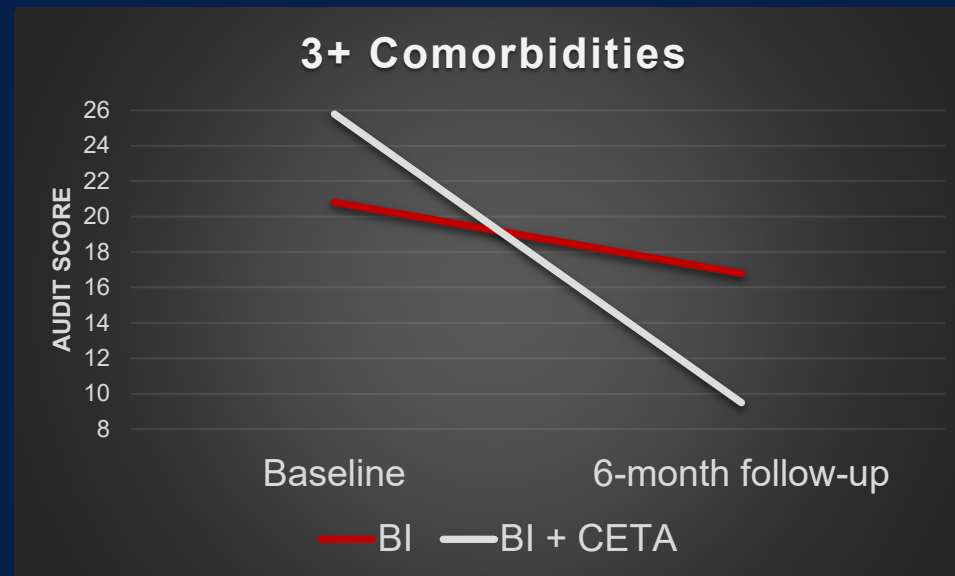
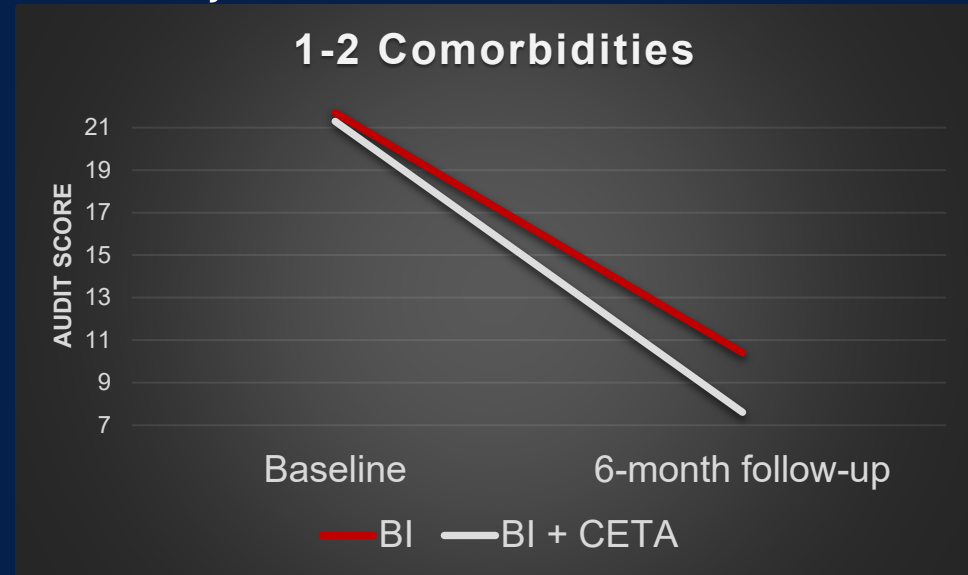
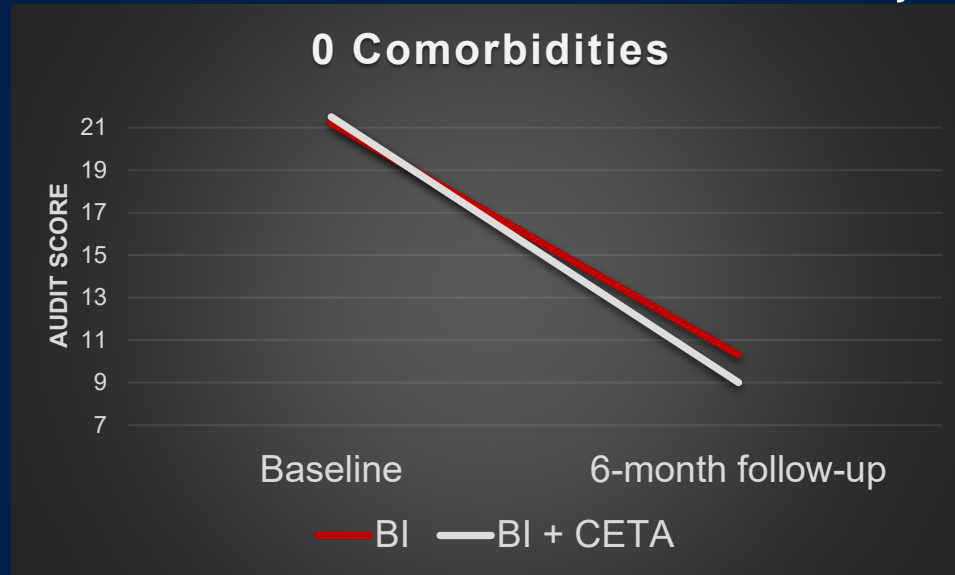
Between-group ES: 0.43, $p < .0001$

Female Self-Report of Alcohol Use



Between-group ES: 0.28, $p < .0001$

Primary Outcome: Alcohol use (AUDIT) Stratified by Comorbidity Status

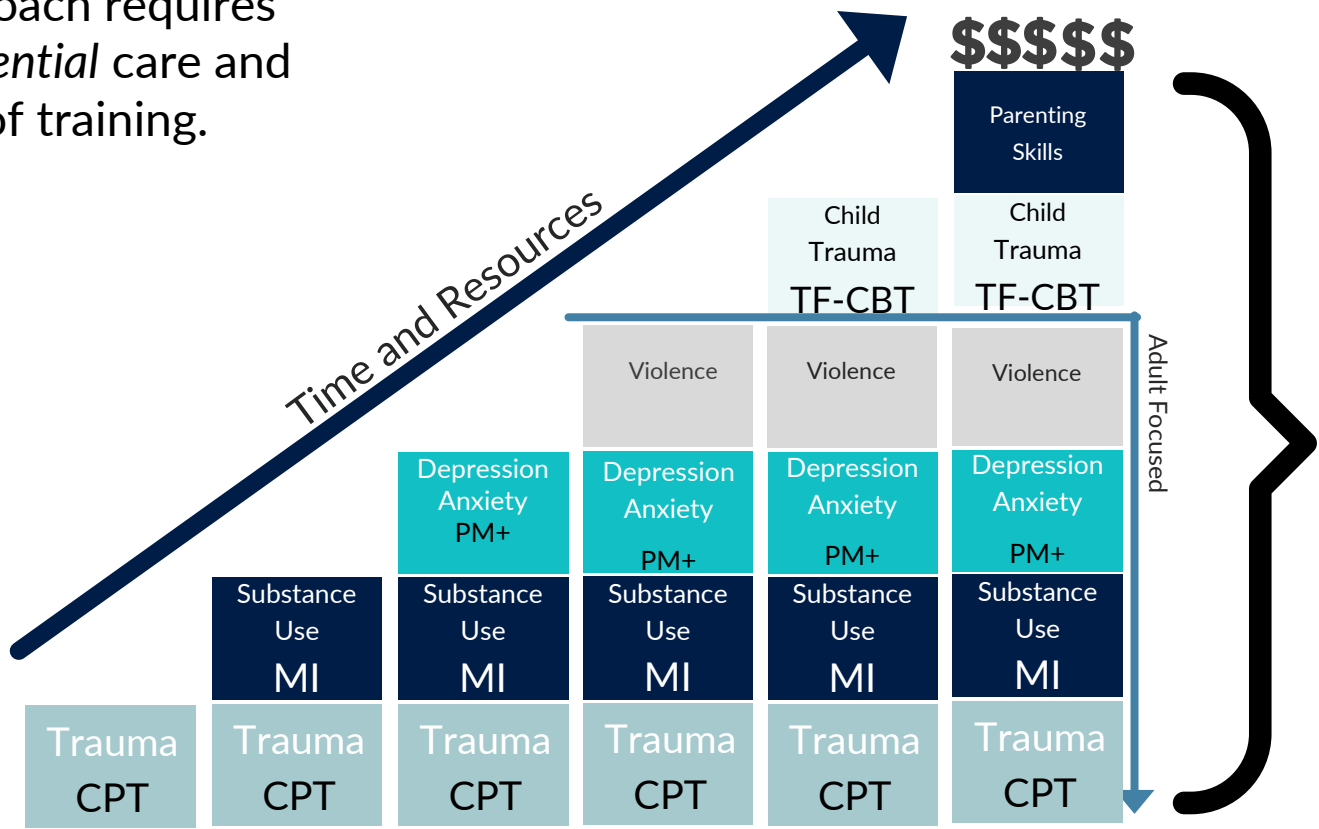


Biggest effect size for CETA among those with multiple comorbidities

One approach where one provider can treat many problems.

VS.

The current approach requires sequential care and lots of training.



- Trauma
- Substance Use
- Depression
- Anxiety
- Violence
- Suicide
- Adult, Child & Family
- Parenting Skills
- Child Behavior Problems

CETA
Evidence-based,
efficient care for all.

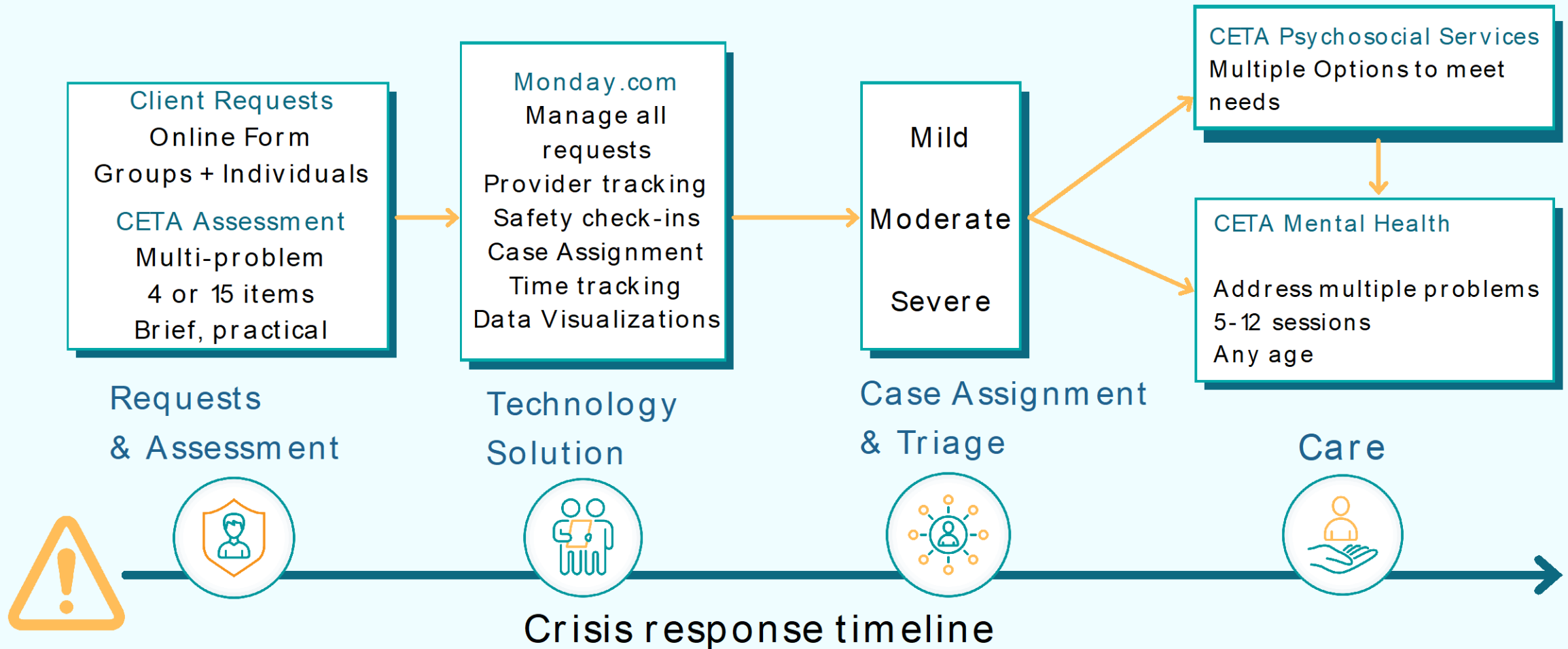


Training to Competency

The CETA Apprenticeship Model



CETA System of Care in Ukraine



Final Takeaways

- Mental and Behavioral Health systems would benefit from innovation and change.
- A multi-problem system of care like CETA is promising because:
 - Shows strong effectiveness.
 - Silos are slowing treatment.
 - SU interventions cannot address comorbidities.
 - Flexibility in delivery (addresses stigma with SU)

Are we ready for change?

References

1. Murray LK, Kane J, Glass N, et al.,. Effectiveness of the Common Elements Treatment Approach (CETA) in reducing intimate partner violence and hazardous alcohol use in Zambia (VATU): a randomised controlled trial. PLoS Medicine. 2020; 17(4): e1003056.
2. Weiss WM, Murray LK, et al. Community-based mental health treatments for survivors of torture and militant attacks in Southern Iraq: a randomized control trial. BMC Psychiatry. 2015, Oct 14; 15:249.
3. Murray LK & Jordans MJD. Rethinking the service delivery system of psychological interventions in low-and-middle-income countries. BMC Psychiatry, 2016, 16:234.
4. Bogdanov S et al (2021). A randomized-controlled trial of community based transdiagnostic psychotherapy for veterans and internally displaced persons in Ukraine. Global Mental Health 8, e32, 1–9.