



VICTIMS OF TORTURE PROGRAM



JOHNS HOPKINS  
BLOOMBERG  
SCHOOL of PUBLIC HEALTH

# A TRANSDIAGNOSTIC MENTAL HEALTH INTERVENTION IN LOW RESOURCE COUNTRIES: AN ALTERNATIVE SOLUTION TO MENTAL HEALTH IMPLEMENTATION CHALLENGES

**Laura Murray, Ph.D.<sup>1</sup>, Shannon Dorsey, Ph.D.<sup>2</sup>, Maythem Alyasiry, MD; Amir Haydary, MD; & Paul Bolton, MPH, Ms.C.<sup>1</sup>**

**<sup>1</sup>Johns Hopkins University School of Public Health  
Department of Mental Health**

**Applied Mental Health Research Group (AMHR)**

**<sup>2</sup>University of Washington, Department Psychology**



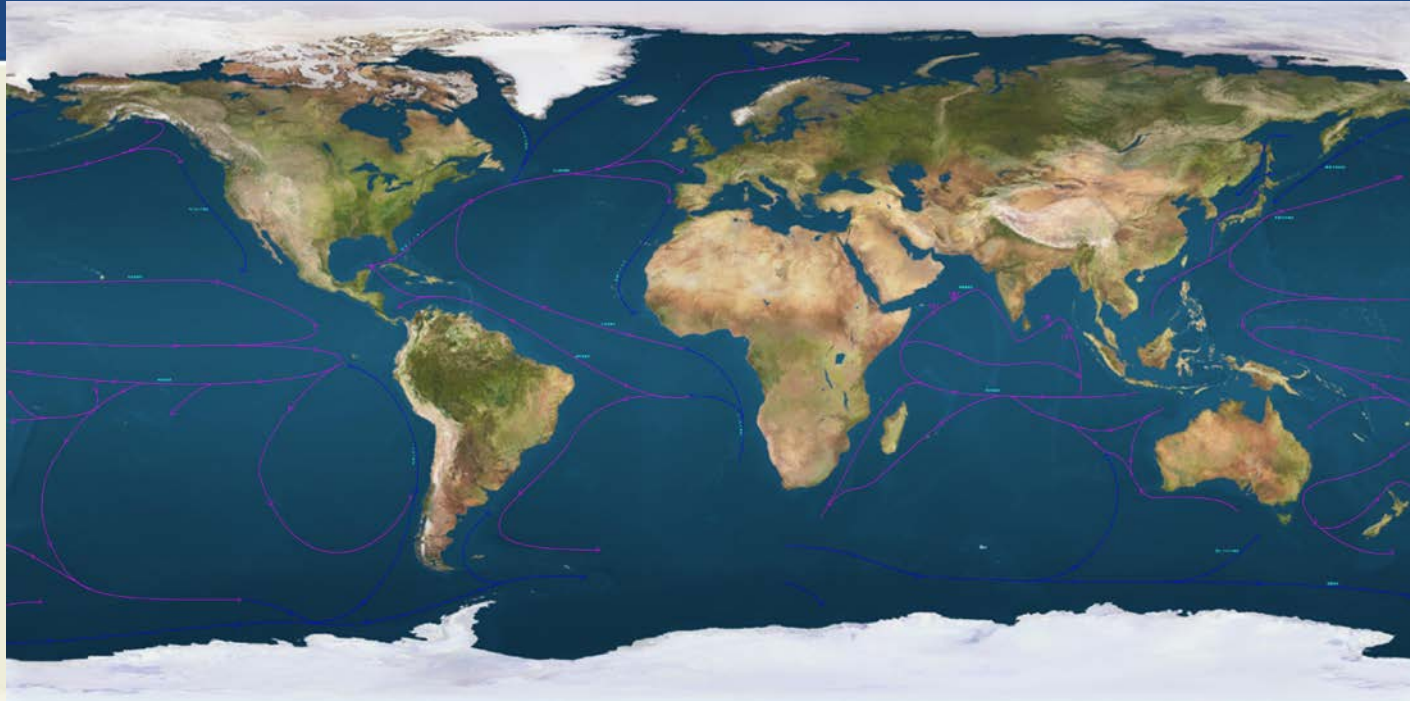
# ACKNOWLEDGEMENTS

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Thailand: SAW, AAPP

All counselors and participants!



# GLOBAL MENTAL HEALTH

## Low and Middle Income Countries

# Global Burden of Mental Health Problems

- Armed conflict and past traumatic events results in serious mental health problems
- Torture survivors often suffer a range of mental health symptoms at varying levels of severity



# Global mental health treatment GAP



- MH disorders: 1/3 of years lived with disability (WHO, 2008).
- Depression 3<sup>rd</sup> on global burden of disease

- Yet— 90% of those in need do not receive treatment.



# CURRENT KNOWLEDGE :

- RCTs and feasibility studies: EBTs can be implemented in LMIC with positive clinical outcomes

- Using task-shifting approach

(Bolton et al., 2007; Patel et al., 2010, Rahmen et al., 2008)

- WHO mhGAP recommended EBTs

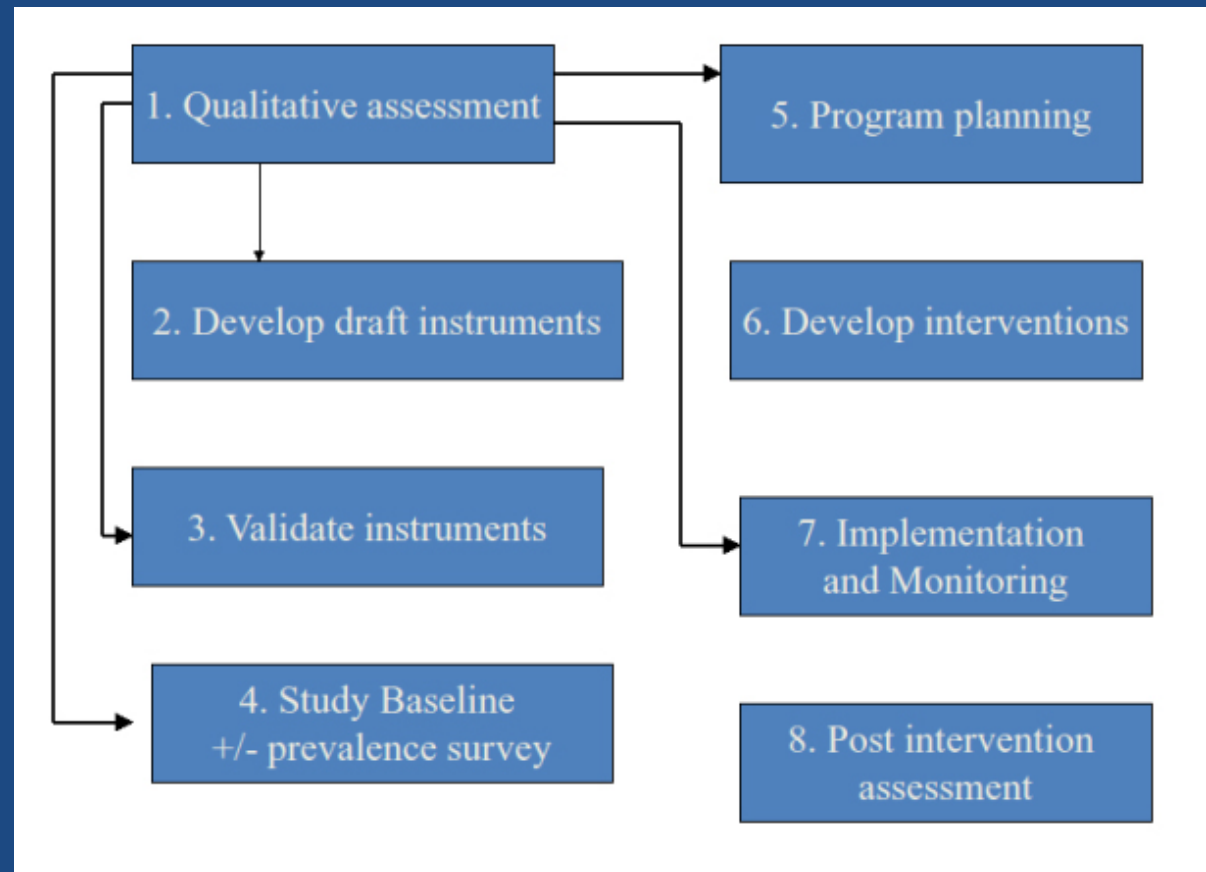
- \*\*But does not address **HOW** to do this!

# JHU AMHR Approach

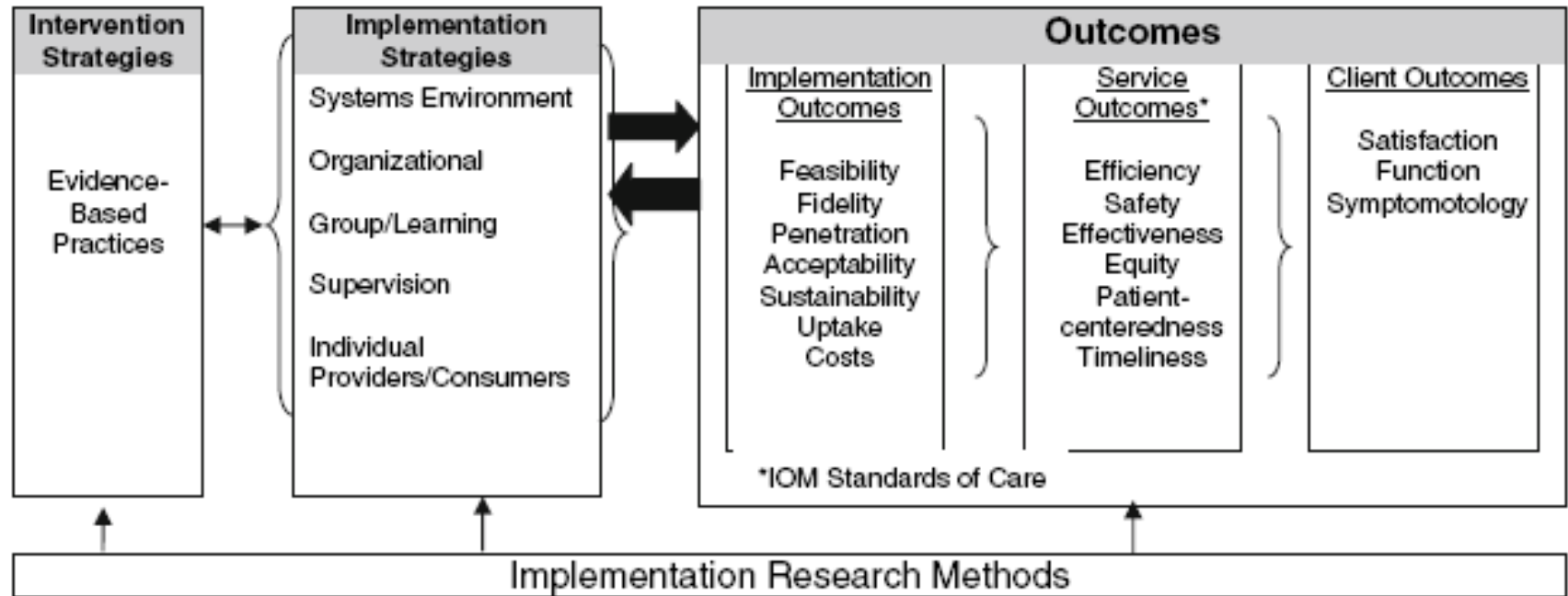
Single logical approach to measurement and evaluation needs of programs, to result in effective and accessible services

## DIME process

- Design
- Implementation
- Monitoring
- Evaluation
- \*\*Uses empirically Based assessments And treatment



# A Major Focus of Research: IMPLEMENTATION







# IMPLEMENTATION STRATEGY IN LMIC: COMMON ELEMENTS TREATMENT APPROACH (CETA)

# Identification of IMPLEMENTATION Barriers to bridging treatment gap



- Singular focus of most EBT
  - Training in multiple EBTs is unfeasible given resources (financial, personnel, etc.)
  - Would require referral system to link individuals with counselors who can treat their problems
  - Mastering multiple EBTs is difficult
  - Comorbidity is common
  - Requires some degree of conceptualization based on ICD or DSM categories



# What is a Common Elements Treatment Approach (CETA)?

- A manualized treatment built from common elements of EBTs
- Can treat multiple common mental disorders (anxiety, depression, PTSD) + behavior problems in children)
- Decision rules based on research guide selection and sequencing of elements (Chorpita & Daleiden, 2009)



# Data on Common Elements Approaches from U.S.

- A RCT of a common elements approach for children: better outcomes than singular-focused EBT approaches for individual disorders (Weisz et al., 2012).
- Chorpita: ten-year history of positive outcomes for a common elements approach for anxiety disorders (e.g., Chorpita, Taylor, Francis, Moffitt, & Austin, 2004).
- Barlow and colleagues: transdiagnostic approach for adults (Barlow et al., 2008), with promising preliminary results (Ellard, et al., 2010).
- This approach has been found to be more acceptable to counselors (Borntrager, Chorpita, Higa-McMillan, & Weisz, 2009).

**NOT A NEW TREATMENT!**



# Why develop a CETA specifically for LMIC?

- Reduce number of elements
- Needed to **simplify** the decision rules, AND place this in the **hands of layworkers** locally
- Needed a manual that could be taught and adapted based on what research already is showing
  - Need simplified language
  - Shorter versions (reading levels, translation)
  - More **step-by-step** for beginner level

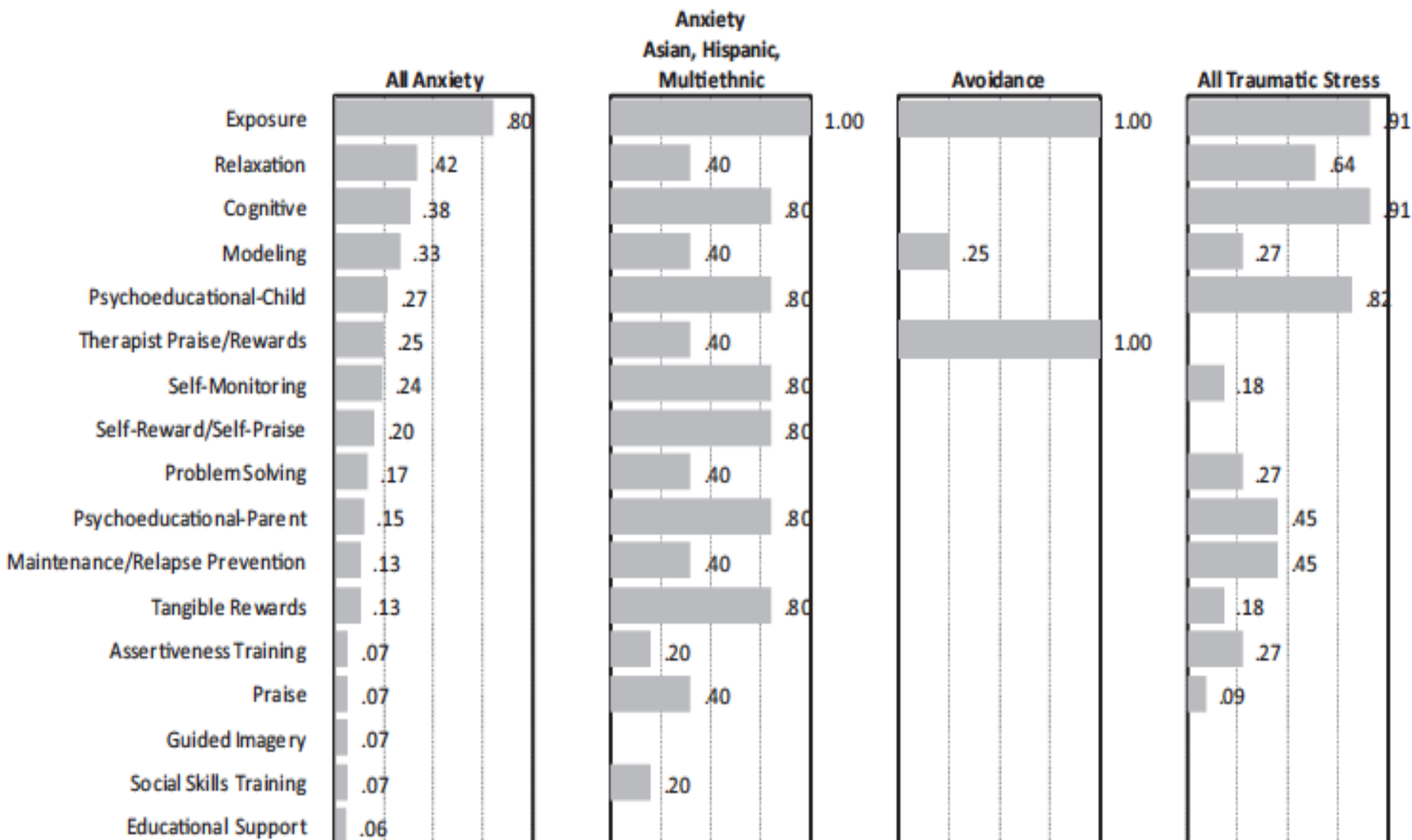


## Development of CETA:

1. Review of Common elements literature
2. Review of Distillation Evidence (Chorpita & Daleiden, 2009)
3. Consultation with leaders (Weisz, Chorpita, Barlow)
4. Designing “primary flows” for each primary problem based on the evidence
5. Consultation with field experts in the element choice and order for each disorder.
6. Draft form to field for local adaptation/modification.



# Development of CETA Stages



# CETA Elements

Component	Simplified Name	Description	Rationale for Inclusion
Engagement	Encouraging Participation	<ul style="list-style-type: none"> <li>• Specific attention to perceptual and concrete obstacles to engagement</li> <li>• Linking program to assisting with client's problems</li> <li>• Includes family when appropriate or necessary for client participation</li> </ul>	<ul style="list-style-type: none"> <li>• Attention to engagement, particularly perceptual barriers (stigma, concerns of inefficacy), linked to better retention in treatment</li> <li>• In these sites, family engagement/permission was a potentially important addition per local counselors &amp; supervisors</li> </ul>
Psychoeducation	Introduction	<ul style="list-style-type: none"> <li>• Program information (duration, content, expectations); often using analogies</li> <li>• Normalization/validation of current symptoms/problems</li> </ul>	<ul style="list-style-type: none"> <li>• Initial component in most EBT</li> </ul>
Relaxation	Relaxation	<ul style="list-style-type: none"> <li>• Learning new strategies to improve physiological tension</li> <li>• Specifically employing existing strategies in times of tension/stress</li> </ul>	<ul style="list-style-type: none"> <li>• Included in EBT for trauma exposure and anxiety as a specified or an optional component</li> <li>• Included as optional in CETA for these sites</li> </ul>
Behavioral Activation	Getting Active	<ul style="list-style-type: none"> <li>• Identifying and engaging in pleasurable, mood-boosting, or efficacy-increasing activities</li> </ul>	<ul style="list-style-type: none"> <li>• One of the most effective CBT components/foci for treating depression</li> <li>• Included as optional in CETA</li> </ul>



# CETA Elements

Cognitive Coping/Restructuring	Thinking in a Different Way – separated to Part I and Part II	<ul style="list-style-type: none"> <li>• Understand the association between thoughts, feelings, and behavior</li> <li>• Learn to evaluate and restructure thinking to be more accurate and/or helpful</li> </ul>	<ul style="list-style-type: none"> <li>• Common and effective element of EBT CBT for depression, anxiety, and trauma exposure</li> </ul>
Imaginal Gradual Exposure	Talking about Trauma Memories	<ul style="list-style-type: none"> <li>• Facing feared and avoided memories (details and associated thoughts and feelings)</li> <li>• Gradual desensitization/exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Aspects of imaginal exposure included in all EBT for trauma exposure (variation across EBT in method)</li> <li>• Included in all cases at these sites due to trauma history</li> </ul>
In Vivo Exposure	Live Exposure	<ul style="list-style-type: none"> <li>• Facing innocuous triggers/reminders in the client’s environment</li> <li>• Gradual desensitization/exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Included in many EBT for trauma exposure and for all EBT for anxiety disorders</li> <li>• Included as optional</li> </ul>
Suicide/Homicide/Danger Assessment and Planning	Safety	<ul style="list-style-type: none"> <li>• Assessing client risk for suicide, homicide, and domestic violence</li> <li>• Developing a focused plan with the client and client’s family (when appropriate)</li> <li>• Additional referral/reporting when needed</li> </ul>	<ul style="list-style-type: none"> <li>• Particularly important area of training for lay counselors, without prior former mental health training and experience</li> <li>• Used in varying degrees in each case</li> </ul>
Screening and Brief Intervention for Alcohol	Alcohol Intervention	<ul style="list-style-type: none"> <li>• Utilizes concepts of Motivational Interviewing to get client buy-in to change substance use/abuse behavior.</li> </ul>	<ul style="list-style-type: none"> <li>• Added as optional in CETA only to Thailand site based on qualitative data that alcohol abuse was a significant problem</li> </ul>

# Example Steps Sheets

## **Cognitive Coping (STEPS)**

### 1. What

- a. “Today we will talk about how thoughts, feelings, and behavior are connected. We will focus on how we can think in different ways about a situation and it will change feelings and behaviors or actions.”

### 2. Why

- a. “We will be talking about the connection between thoughts feelings and behavior. We do not always have control over situations, but we can evaluate how we think about a situation, and change feelings and behaviors by thinking in a different way.”

### 3. Identify an everyday situation

- a. Examples: Walking into a room and people are laughing; falling off a chair; a child is sick and wakes you many times in the night

1. Distinguish thoughts, feelings and behavior

- a. You or the client draw a triangle
- b. Get the thought
  - i. “Imagine you are about to sit down on a chair in a room full of people, and you fall off the chair. What is going through your mind? What are you thinking? ..... Great, let’s put that here.”
- c. Get feelings (repeat situation and thought)
  - i. “Imagine again you are about to sit down on a chair in a room full of people, and you fall off the chair. You are thinking \_\_\_\_\_, what are you feeling?”
- d. Get behavior/actions (repeat situation, thought, and feelings)
  - i. “Imagine once again that you are about to sit down on a chair in a room full of people, and you fall off the chair. You are thinking \_\_\_\_\_, and feeling \_\_\_\_\_, what is your action?”

2. Connect thoughts, feelings, and behavior

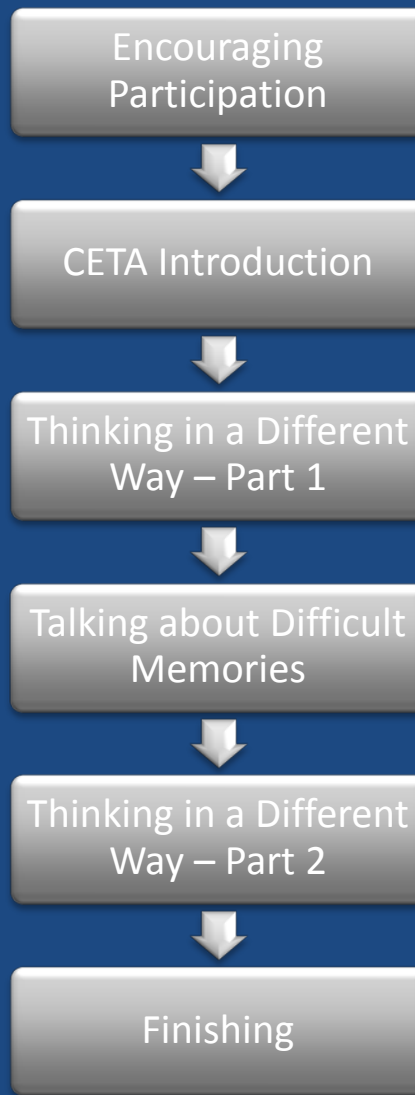
- a. Summarize the triangle
  - i. “You were thinking \_\_\_\_ you were feeling \_\_\_\_\_ and your behavior/actions were \_\_\_\_\_.”
- b. “So you see, thoughts, feelings, and behavior are connected. How we think is related to how we feel and our actions.”

3. Change the thought (counselor gives the client a more helpful thought as an example)

- a. “Imagine the same situation. You are about to sit down on a chair in a room full of people and you fall off the chair. But instead of thinking [say thought client mentioned] **THIS TIME** you think “I am not the only one who has ever fallen off a chair.”



# Example: Trauma Flow



**Safety**



WHY these components?

Trauma:

\*Getting to exposure quickly

\*Need reprocessing



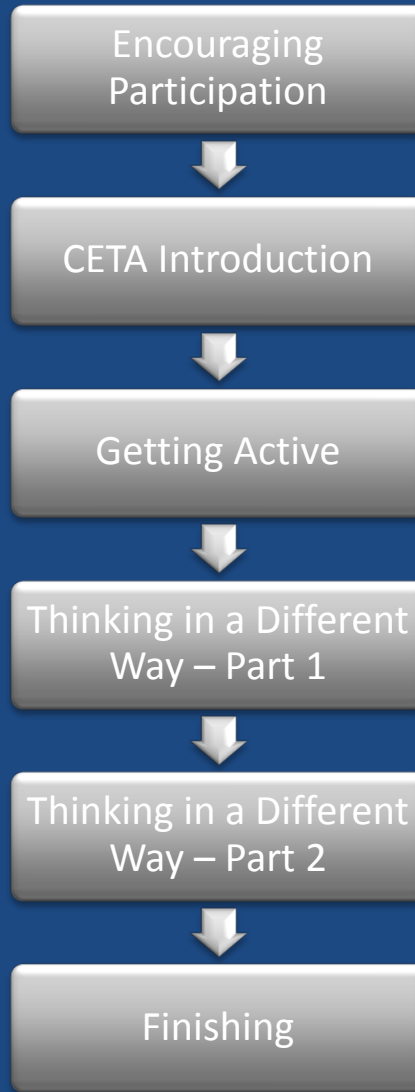
# Example: Depression Flow

WHY these components?

Trauma:

\*Behavioral Activation

\*Cognitive Work



# AMHR CETA Trials

Karbala



Quibdo  
Buenaventura



Mae Sot

<sup>1</sup>USAID (Bolton, PI), <sup>2</sup>USAID (Heartland Alliance: Bolton & Bass JHU PI)



# Southern Iraq CETA Counselors

- N=12
- Medics or nurses
- No formal mental health training
- In MoH clinics
- Task shifting



# Use of Apprenticeship Model



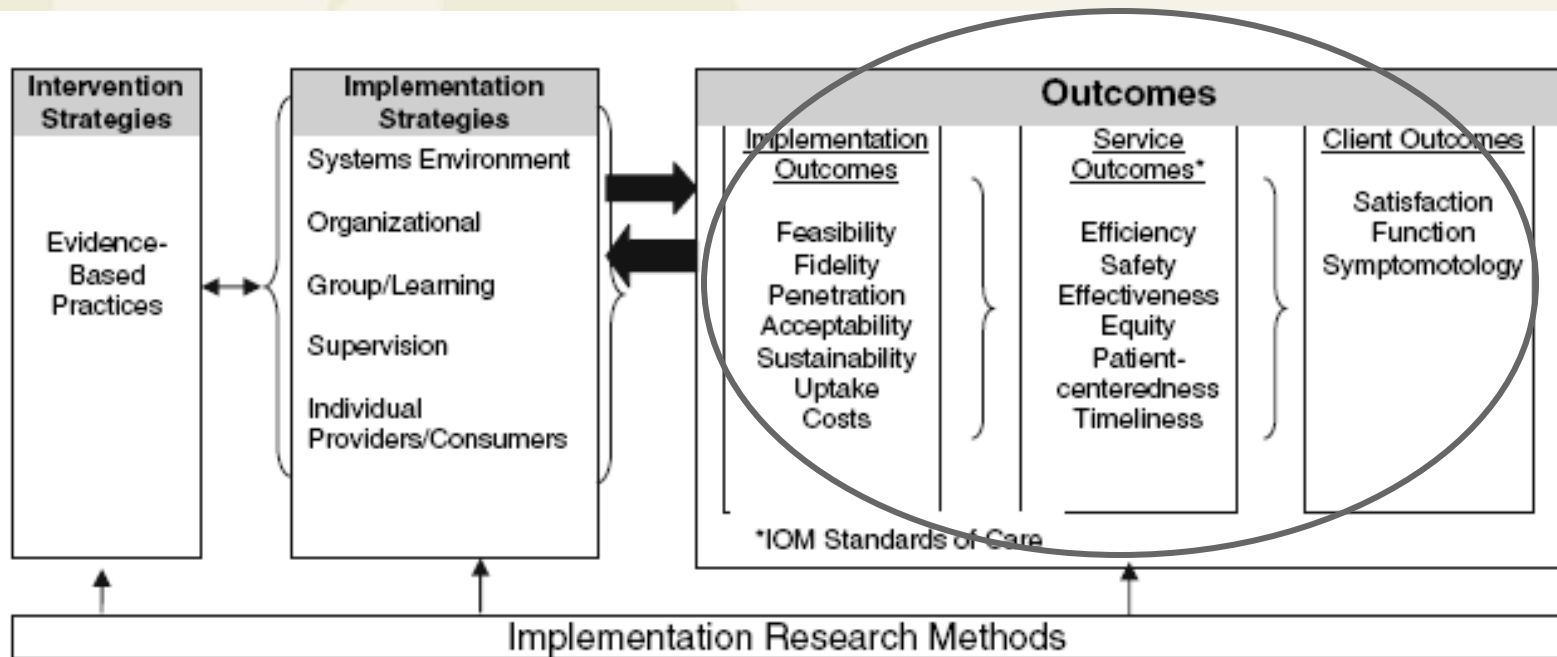
## Card Sorting Activity:

- Case presentation
- Assessment Scores
- What they see/hear
  
- Groups put elements in order.





# IRAQ OUTCOMES



# Measuring Symptoms: Trauma, Depression, Anxiety

غالباً (أكثر من خمس مرات في الأسبوع)	مراراً (3-5 مرات في الأسبوع)	بعض الأوقات (1-2 مرات في الأسبوع)	لا أو أبداً	Symptom	الأعراض	
Very often (more than 5 times a week)	Often (3-5 times a week)	Sometimes (1-2 times a week)	Never or No			
3	2	1	0	تذكر واسترجاع الذكريات أو افكار مؤلمة أو أحداث مرعبة Recurrent thoughts or memories of the hurtful or terrifying events		BT01
3	2	1	0	تشعر بأن تلك الأحداث تعود اليك و تعيشها الآن Feeling as though these events were happening again		BT02
3	2	1	0	Nightmares	كوابيس	BT03
3	2	1	0	تشعر بعدم القدرة على الإهتمام والإعتناء بالآخرين Feeling like you have lost the ability to care about other people		BT04
3	2	1	0	تشعر بعدم قدرتك على الإحساس بالعواطف Not able to feel emotions		BT05
3	2	1	0	Feeling jumpy, easily startled	سرعه الاجفال	BT06
3	2	1	0	Difficulty concentrating	صعوبة التركيز	BT07

# Measuring Function – Implementation Strategy

معدل صعوبة تلك المهمة/النشاط Amount of difficulty doing the task/activity						Female Function	عمل المرأة
لا	قليلًا جدا	مقدار متوسط	كثيرًا	عدم استطاعة القيام به	غير قابل للتطبيق	<b>Tasks/activities</b>	المهمات / الواجبات
None	Very little	A moderate amount	A lot	Cannot do	No applicable		
0	1	2	3	4	9	Caring for husband and family	الإهتمام بالزوج أو العائلة AF01
0	1	2	3	4	9	Taking care of your house duties	الإهتمام بواجبات البيت AF02
0	1	2	3	4	9	Seek medical help for yourself	البحث على مساعدة طبية لنفسك AF03
0	1	2	3	4	9	Shopping	التسوق AF04
0	1	2	3	4	9	Attending occasions of relatives or family	حضور مناسبات الأقرباء أو العائلة AF05



كران نيه

None

0



كهميك كران

Very little

1



مام ناوهند

A moderate amount

2



تقد كران

A lot

3



تقد كرانه ناتوانيت هم

كاره نه انجام بدات  
Cannot do

4

# Iraq Implementation Outcomes

- Feasibility

- Training:

- All but 1 counselor was able to learn CETA
- 2 local supervisors able to teach, coach
- All started practice cases at the same time

- Study:

- All but 1 counselor continued onto study

- Fidelity

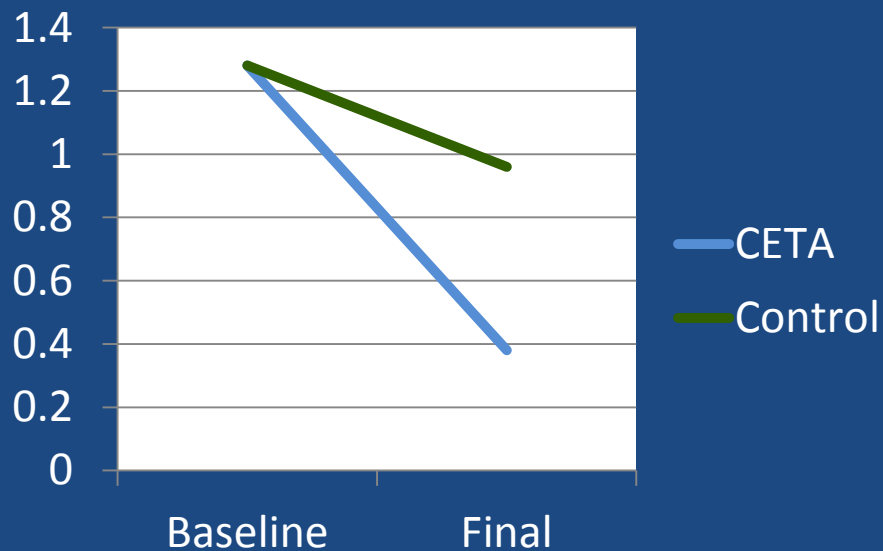
- Local supervisors' and trainers' notes suggest good fidelity to the model, as evidenced by moving from one component to the next and completing most of each component's steps.

- Currently running a mixed methods Implementation study



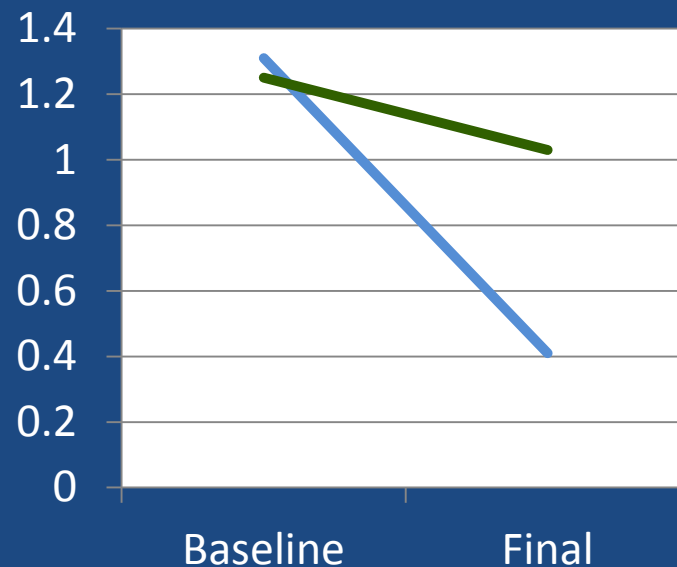
# Clinical Outcomes: Trauma Syx & Depression

## Trauma Scores



**Effect Size: 2.41**

## Depression Scores

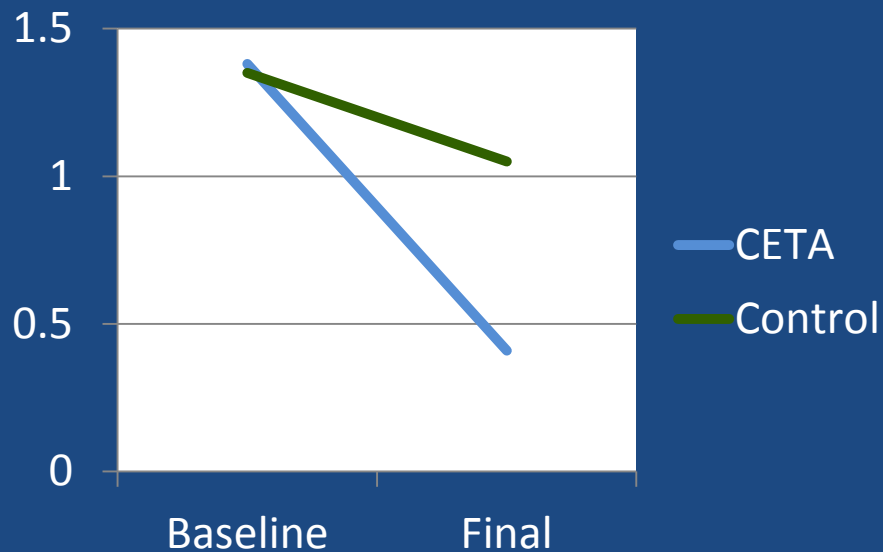


**Effect Size: 1.82**



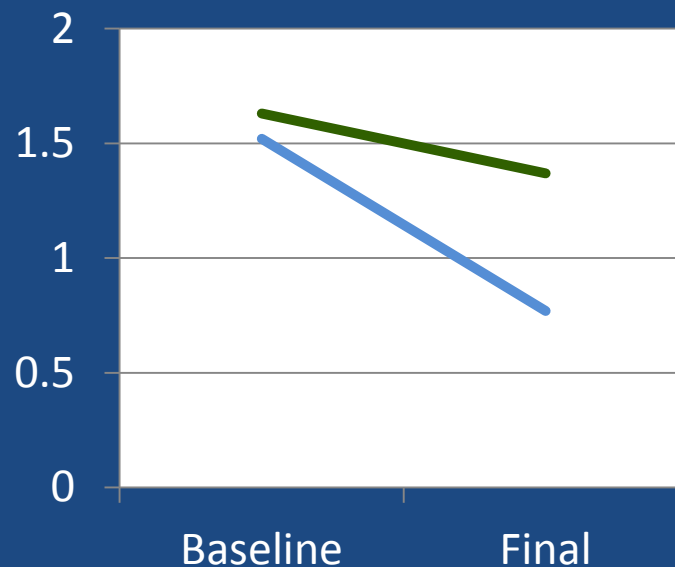
# Clinical Outcomes: Trauma Sym & Depression

## Anxiety Scores



**Effect Size: 1.59**

## Function Scores



**Effect Size: .85**



# Implementation Challenges During RCT

- Cultural

- Females not allowed to travel or meet with male clients alone
- Female clients not allowed to meet alone, and needed “permission” to participate

- Client mobility and security

- Consistent bombings throughout trial
- Inability to travel, or increased time at checkpoints

- Organizational

- Lack of support from organizations
- Lack of team work between NGO and CBOs
- Leadership challenges



# CETA Trial: Mae Sot Thailand

Elevated depression,  
anxiety and PTSD among  
Karenni refugees in  
Thailand

(Cardoza et al., 2004)

High rates of traumatic  
events and symptoms  
among displaced  
Burmese dissidents in  
Thailand

(Allden et al., 1996)

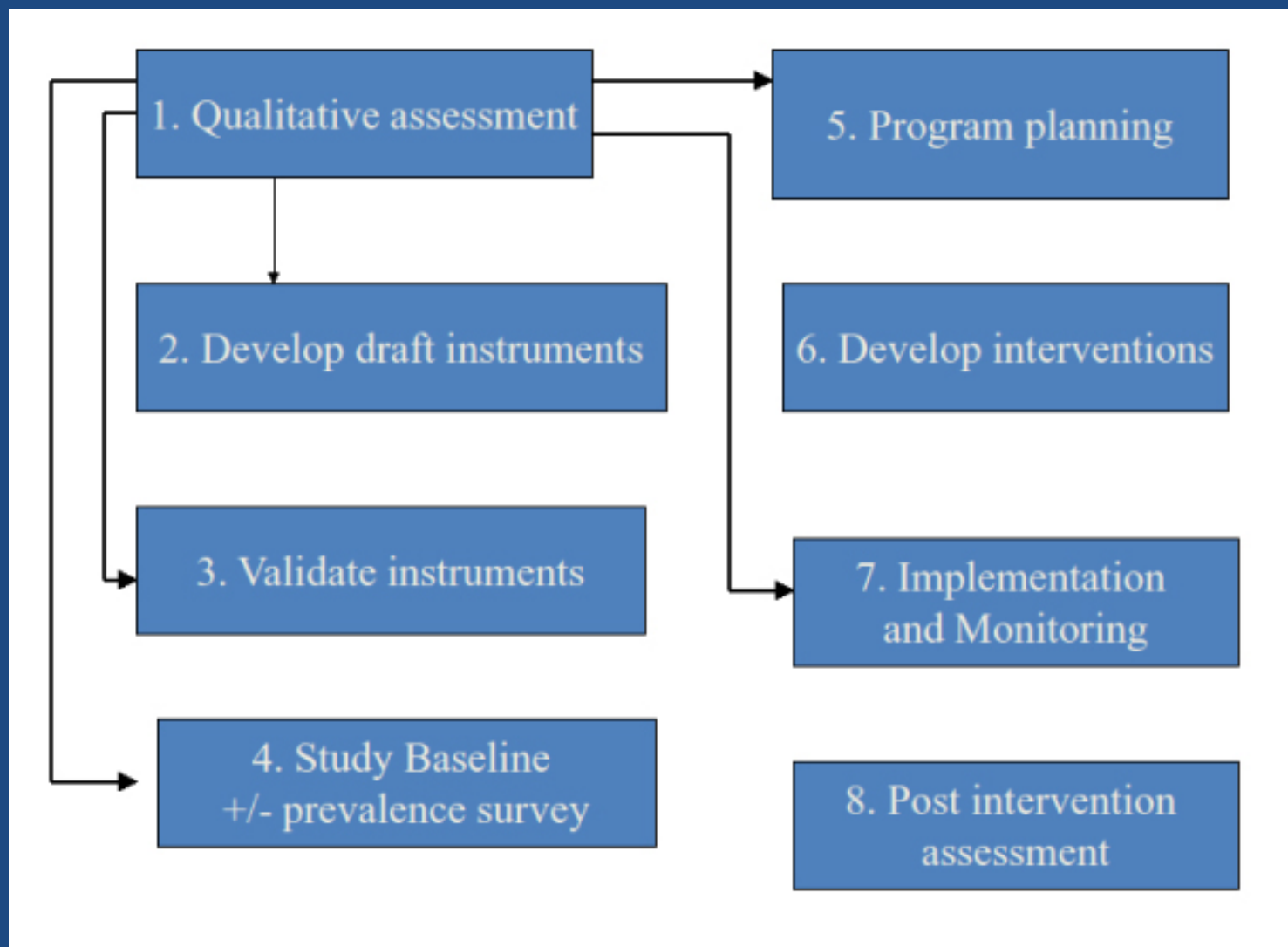


Mae Sot





# JHU AMHR DIME Approach



# Thailand Functioning Measure; Alcohol Consumption

## အမျိုးသားလုပ်ငန်းတာဝန်များ Male Function

အလုပ်တာဝန်များကိုလုပ်ကိုင်နိုင်ခြင်းသောအခက်အခဲပမာဏ  
Amount of difficulty doing the task/activity

လုံးဝမရှိပါ Not at all	အနည်း ငယ် A little bit	အလယ် အလတ်ရှိ A moderate amount	အများ ကြီးရှိ A lot	မျက်နှာကောမလုပ်နိုင်ပါ Often cannot do	လုံးဝလုပ် မရပါ Not applicable

How many standard drinks are there in...

Whiskey		Beer		Rice liquor	
30 ml	300 ml	330 ml	630 ml	150 ml	330 ml
1	8	1.5	2	3	7.5



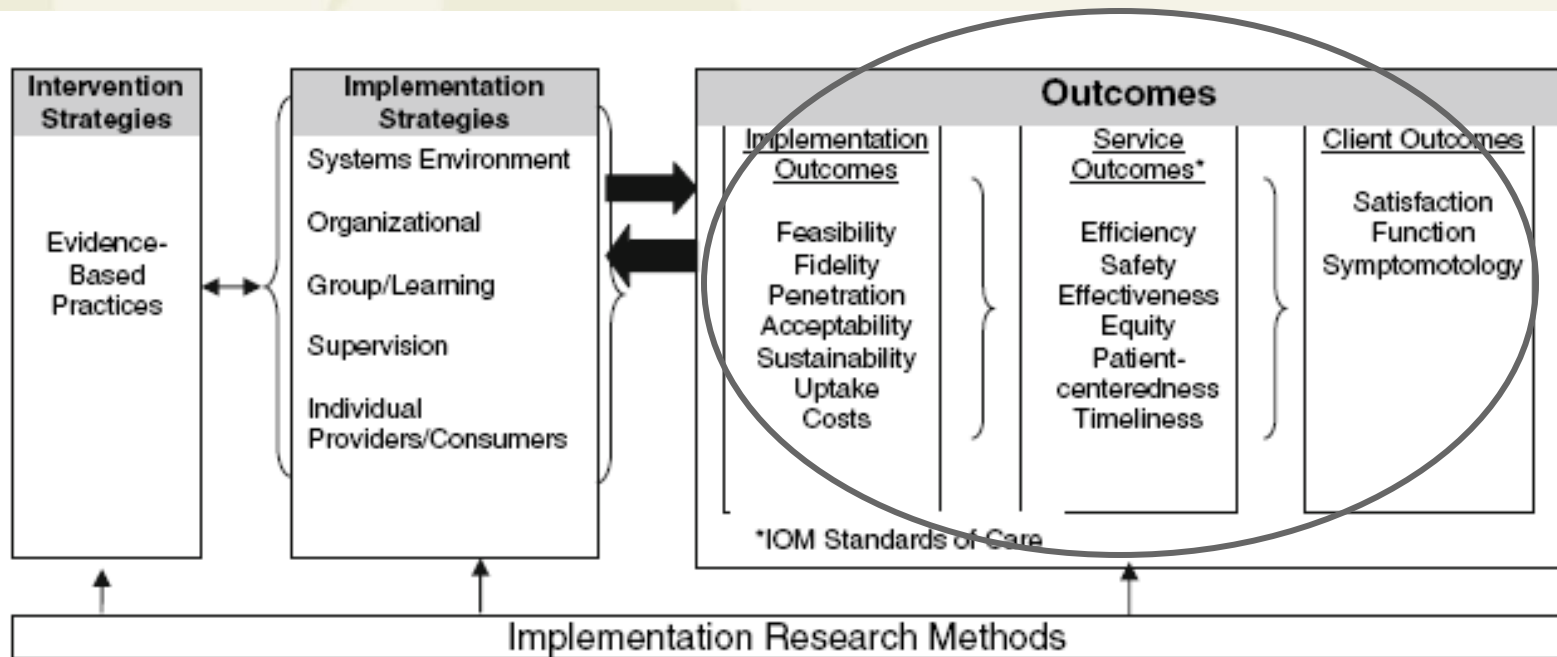
# Mae Sot, Thailand CETA counselors (Displaced Burmese)

- N=20
- IDed by 3 local partner organizations
- 4 had counseling experience
- Work Part-time
- Task shifting

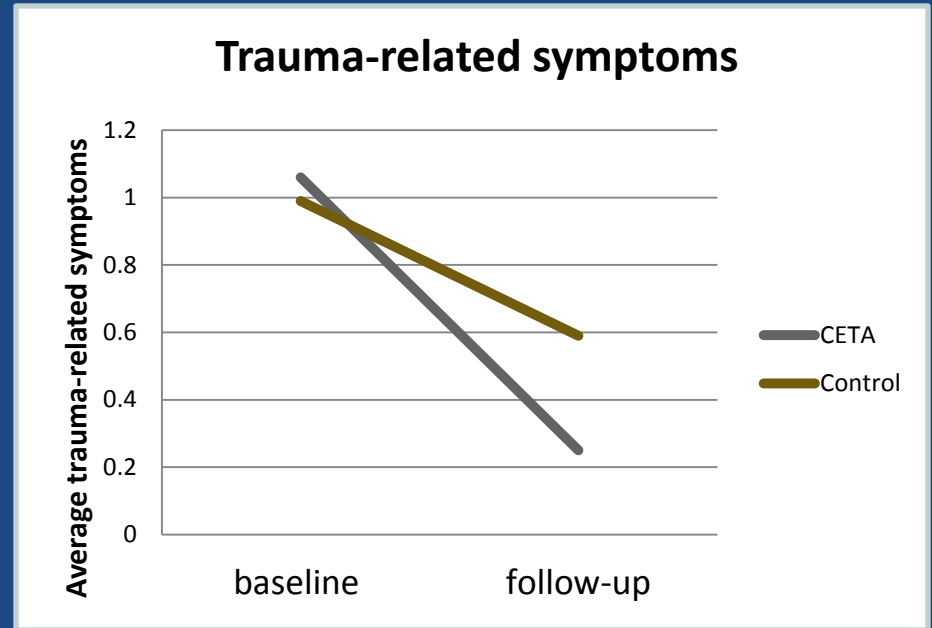
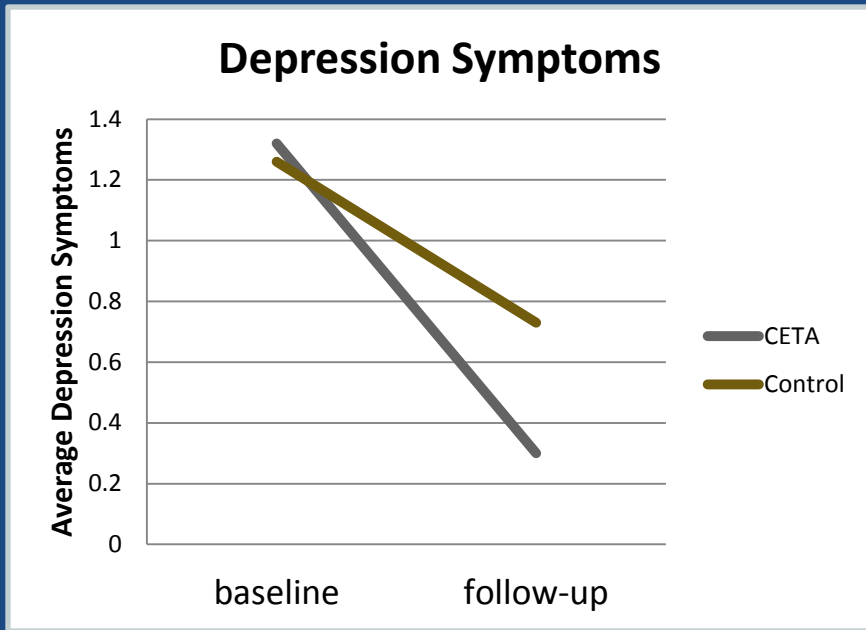




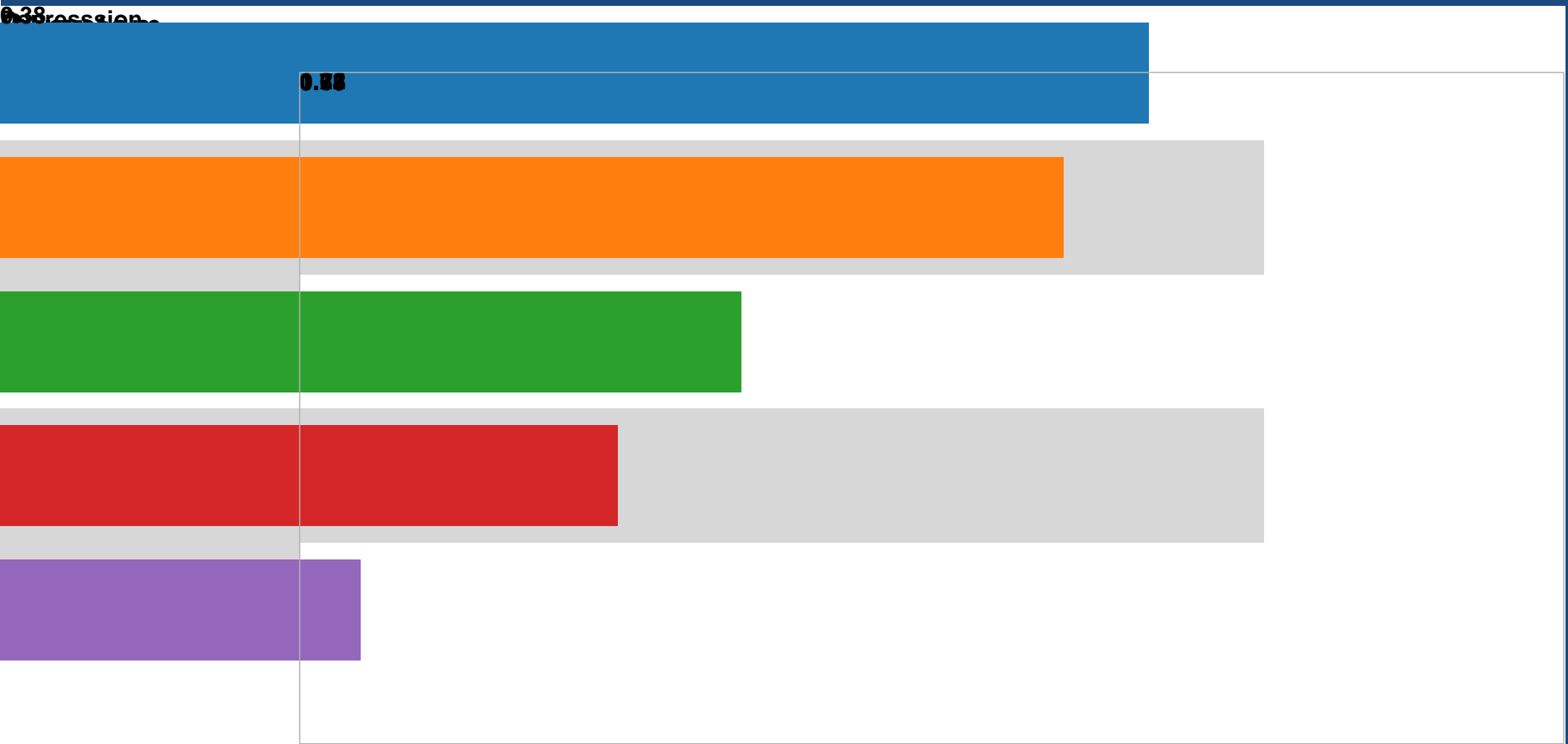
# THAILAND OUTCOMES



# Clinical Outcomes on Symptoms



# Effect Size by Symptom: CETA/Thailand Trial



# Thailand Implementation Outcomes

- Feasibility
  - Training:
    - All but 1 counselor was able to learn CETA
    - 3 (out of 4) local supervisors able to teach, coach
    - All started practice cases at the same time; 2 counselors needed to take additional practice case
  - Study:
    - All counselors continued onto study





# Thailand Implementation Outcomes

- Fidelity
  - Local supervisors' and trainers' notes: good fidelity to the model
    - Component sequencing
    - Following steps for each component
- Acceptability
  - Counselors and supervisors liked the model, found it helpful and effective
  - Clients referred others in community
- Costs
  - Stay tuned....



# Implementation Challenges During RCT

- Community understanding of mental health and research
  - “I’m not crazy”
  - Randomization
- Client mobility and security
  - Scheduling counseling sessions
  - Drop out
  - Inability to travel
- Organizational
  - “Turf issues”
  - Lack of support/leadership from organizations



# Conclusions

- CETA; effectiveness in LMIC
  - Iraq and Thailand
  - Colombia ongoing...
- Lay counselors:
  - Learned to implement the components
  - Learned decision making around “dose” of components with supervision
  - Learned to choose “order” of components with supervision



## Transdiagnostic mental health treatment approach:

Potential alternative to single-disorder focused treatments in LMIC – ultimately helping reduce the treatment gap





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Thank you!



Protecting Health, Saving Lives—*Millions at a Time*