

A Common Elements Transdiagnostic Approach (CETA)

Introduction

CETA is based on the fact that most evidence-based mental health treatments (EBTs) (most of which are cognitive behavioral) are made of similar elements or components. For example, most evidence-based treatments for a variety of disorders all contain psychoeducation, and cognitive coping. The idea is to train counselors in a range of different components that are similar across EBTs, and then teach them how to choose different orders and “dose” of components based on a client’s presenting problems. Thus, rather than training on one packaged approach specifically for one disorder (e.g., IPT for Depression), CETA allows counselors to have the skills to treat at least the four big mental health problems of trauma, depression, substance use and anxiety (and behavioral problems for youth). This approach could be particularly helpful in low-resource countries where the ability to train counselors in multiple EBTs is not likely, and there are limited counselors available.

CETA is made up of a core set of common elements found to be efficacious and prevalent in other evidence-based treatments that treat common mental health problems. Elements include Introduction/Encouraging Participation (engagement), Thinking in a Different way Parts I and II (cognitive coping and restructuring), Talking about Difficult Memories (imaginal exposure), Live Exposure (in vivo exposure), Getting Active (behavioral activation), Relaxation, Problem Solving, Safety, and CBT for Substance Use. CETA also includes core, cross-cutting cognitive-behavioral strategies that are included in the “steps”. These include: a) a weekly symptom monitoring (i.e., measurement-based care), b) the “what” (e.g., describing the element) and “why” (e.g., rationale); c) in-session, guided practice of elements (modeling, role-plays), and d) weekly homework assignment, review and problem-solving completion barriers. Each element has “steps” sheets which can be used to practice and prepare prior to sessions and as in-session provider guides. Finally CETA utilizes a baseline assessment and weekly clinical monitoring form to inform treatment and make clinical decisions.

CETA Components

- **Encouraging Participation and Introduction:** People have various previous experiences with therapy and their current problems are different. It is important for the client to learn more about CETA therapy and how CETA therapy can help them with their problems. This component focuses on encouraging client participation in treatment and gathering more information on current symptoms in order to guide treatment. In Encouraging Participation, counselors will learn to encourage participation in order to prevent problems with attendance and participation in treatment. Specifically, counselors will learn the steps to normalize mental health problems, share information about CETA (e.g. what it helps with, time it takes, etc.), gather concerns/problems of coming to treatment consistently, and problem solve barriers of coming to treatment. In Introduction, counselors will learn to gather important information on client symptoms and problems needed to decide on the focus of treatment (e.g. depression is primary), link the program to helping with these symptoms or problem areas, provide information on the program content specific to that client (i.e. describe the components that client will likely be taught), explain the importance of meeting each week by utilizing an analogy or story, and further encourage the client to participate by instilling hope for change.
- **Thinking in a Different Way Part 1 and 2:** Unhelpful thoughts can make people feel more sad, worried or hopeless and often lead to unhelpful feelings and behaviors. People can have these unhelpful thoughts related to specific experiences (e.g. trauma) or to general life situations (e.g. depression). This component focuses on helping clients to change unhelpful thoughts that impact how they feel and behave. In Thinking in a Different Way Part 1, counselors will learn how to teach clients how to *distinguish* among thoughts, feelings and behaviors, *connect* how thoughts, feelings and behaviors influence each other, and *change* thoughts to feel better when you cannot change the situation (cognitive coping). In Thinking in a Different Way Part 2, counselors will learn to help clients identify and challenge unhelpful thought patterns by teaching them how to use specific tools to find more helpful ways of thinking (cognitive restructuring). These techniques are typically used to restructure untrue or maladaptive thoughts (e.g. if a client thinks a traumatic event “was all my fault”) that are leading to unhelpful feelings and behaviors.

- **Talking about Difficult Memories:** People who experience traumatic events, or a very scary, violent or dangerous event (e.g. war, torture), may develop traumatic stress symptoms (e.g. intrusive recollection of the event, avoidance of places, people and activities that are reminders of the trauma). These symptoms can cause significant distress in the person's life as well as difficulties with daily functioning. This component focuses on using gradual exposure to a traumatic event in order to reduce traumatic stress symptoms. In Talking about Difficult Memories, counselors will learn to help clients gradually face memories of traumatic events until the memories cause less distress, desire for avoidance and body symptoms. Specifically, counselors will help the client tell their trauma story(ies) in a slow, detailed fashion, adding details, thoughts and feelings throughout the story as well as identifying unhelpful trauma related thoughts that may need addressed to improve functioning.
- **Getting Active:** Many people who experience depression or other mental health problems often withdraw from people and activities that bring them pleasure or joy. For some clients, changing behavior is easier than changing thoughts and, therefore, is a useful technique. This component focuses on changing behavior from withdrawal (a common depression symptom) to engagement in activities to improve mood/feelings and thoughts. In Getting Active, counselors will learn to help clients engage in activities that bring them pleasure, joy, a feeling of usefulness or a feeling of being good at things in order to boost their mood. Specifically, counselors will learn to help clients identify and utilize appropriate activities in their daily life to make the client feel better.
- **Substance Use Reduction:** People may misuse alcohol or other substances that are related to feelings of stress, sadness, or trauma symptoms. This substance misuse may result in impaired daily functioning (e.g. missing work, fights with family) and/or other maladaptive behaviors. This component focuses on slowly reducing alcohol or substance use in order to decrease maladaptive behaviors associated with substance use and increase daily functioning. In Substance Use Reduction, counselors will learn how to motivate clients to want to reduce their alcohol or substance use as well as help the client to identify realistic

goals for reducing their use. Specially, counselors will learn to collect information on clients' substance use patterns, behaviors, and reasons for use, help clients to recognize the negative consequences of their substance use, motivate clients to change, help clients to set realistic weekly reduction goals and teach clients techniques to help them reach these goals.

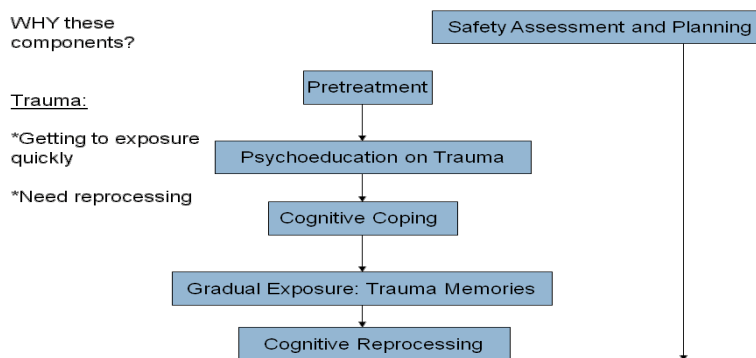
- **Problem Solving:** Problems can feel big, impossible to solve, and can lead to feelings of frustration, stress, sadness, and/or hopelessness. This component focuses on helping clients learn problem-solving steps in order to feel that they have some control over things in their life and help with unhelpful feelings. In Problem Solving, counselors will learn how to help clients solve their daily problems. Specifically, counselors will learn to teach clients problem-solving steps, practice the steps with their client to solve a real-life problem, and teach the client to apply this skill to other problems in their life.
- **Relaxation:** Experiencing sadness, fear or worries can lead to feeling stress in the body. Some people feel their heart beat faster, get headaches, or their stomach may feel uncomfortable due to stress. This component focuses on helping clients learn to reduce this body tension or stress. In Relaxation, counselor will learn how to teach clients simple activities to relax the body in order to give them the ability to focus on other tasks of the day. Specially, counselors will learn how to teach clients to use deep breathing, imagery, and progressive muscle relaxation to calm feelings of stress.
- **Safety:** Individuals experiencing symptoms of fear, sadness, or worried may have safety-related concerns, including suicidal ideation, homicidal ideation, unnecessary risk-taking behavior, or be a victim of physical or sexual violence in the home or community. This component focuses on reducing risk to client's safety. In Safety, counselors will learn to assess, discuss and make a plan for client safety. Specifically, counselors will learn how to assess risk, work collaboratively with clients to develop a brief, detailed safety plan that clients can use before or during a safety crisis, and, if clients are assessed to be an imminent risk, when and how to refer clients for higher levels of care.

- **Live Exposure:** Places, people, situations or animals can be associated with fear or anxiety and lead to the client feeling like these things are unsafe (even though the place, animal or thing is not actually dangerous). Clients then avoid these things to feel better, but avoiding these things can have a negative impact on the client's life, such as make it hard for the client to do daily tasks and to feel calm. In Live Exposure, counselors will help clients gradually face things that they avoid, so that they learn they can be around these things and handle their feelings. Specifically, counselors will learn to help clients face the feared thing in a gradual way, decrease avoidance of places and things to make clients' lives easier, and help clients learn they can feel better and stronger by facing, and not avoiding, their fears.
- **Finishing Steps:** Even after receiving effective mental health treatment, it is common for people to experience a recurrence of symptoms. This component focuses on reviewing treatment gains and skills. In Finishing Steps, counselors will learn how to help the client identify treatment gains, recall skills, and plan to cope with future problems. Specifically, counselors will learn to help clients summarize what they have learned in treatment, help clients identify potential future problems or symptoms, and help the client identify skills to utilize with both specific and broad problems to address any relapse in symptoms.
- **Clinical Decision Making:** People often have more than type of symptom (e.g. depression and anxiety symptoms) and/or their symptoms fluctuate throughout treatment. Clinical decision making is important in determining which components to use as well as the order and the dose of components. In Clinical Decision Making, counselors are taught the elements and order for each primary common mental health problems (i.e., depression, trauma, anxiety, substance use, and behavioral problems for youth), how to assess and understand the primary problem(s), and how to assess cases to choose and arrange elements to treat client symptoms. This allows for counselors to learn how to base treatment on specific client symptomatology as well as co-morbidity and flux in symptoms throughout treatment.

What does treatment look like?

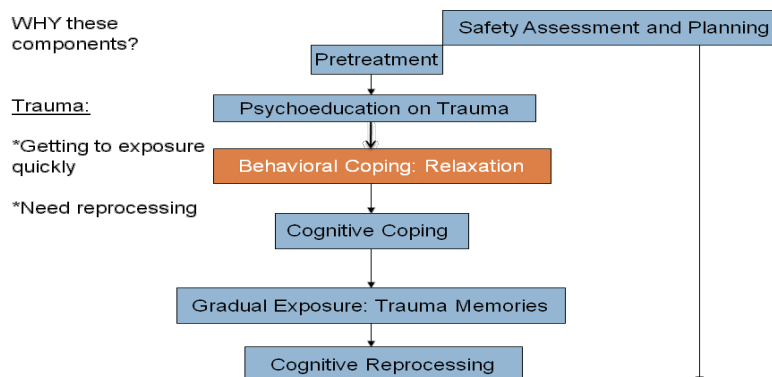
The course of treatment varies depending on the clients' primary problems. For example, research shows that for those clients who have experienced a traumatic event and as a consequence have high trauma symptoms (i.e. avoidance, arousal and re experiencing symptoms) gradual exposure is the most important component and therefore should be done as soon as possible in the treatment. The graphic displayed below shows a sample "flow" that may be chosen for a trauma case.

Predominantly Trauma Syndrome



If for example this same presentation came in, but the person was also highly nervous, physiologically aroused etc., we would add in relaxation to help this person learn skills to calm himself physiologically. This type of case may need the behavioral coping skill of relaxation in order to move through the other components, and also to function in their daily life. This flow may look like:

Predominantly Trauma Syndrome



Client Requirements for CETA

- A CETA client is considered an active participant so there is teamwork approach.
- Much of the work takes place out of session (if possible). “Practice” is a key component to most EBTs and thus also of CETA and will be given on a weekly basis.
 - However, this is flexible and homework assignments vary given the context and capacity of the individuals. This is also possible for illiterate clients.
- Usually, CETA treatments meet weekly for a one hour session with the therapist for 8-12 (in either group or individual format)
 - This is flexible. For example, some meet for a few weeks, but longer sessions times.

Estimate of Counselor requirements to learn CETA

- A minimum of high school or equivalent educational backgrounds
- Willingness and desire to learn, and help patients
- Basic counseling skills (e.g. empathetic, understanding etc.).
- Ability to read and write are generally required (although we have managed to train counselors with limited skills in this area).

For more information, or if interested in CETA:

Please contact Dr. Laura Murray at lamurray@jhsph.edu who is one of the developers, and part of the Applied Mental Health Research Group at Johns Hopkins University School of Public Health.