EFFECTIVENESS OF THE COMMON ELEMENTS TREATMENT APPROACH (CETA) FOR REDUCING INTIMATE PARTNER VIOLENCE AND UNHEALTHY ALCOHOL USE

RESULTS FROM THE VATU TRIAL IN ZAMBIA

JEREMY C. KANE, NANCY GLASS, PAUL BOLTON, STEPHANIE SKAVENSKI, FLOR MELENDÉZ, SARAH M. MURRAY, SAPHIRA MUNTHALI, MWAMBA MWENGE, RAVI PAUL, JOHN MAYEYA, & LAURA MURRAY
Zambia

- 15+ years
- 15+ studies
- Primarily in Lusaka
- IPV & unhealthy alcohol use major inter-related problems

<table>
<thead>
<tr>
<th>Study type</th>
<th>Primary outcome</th>
<th>Date</th>
<th>Funder</th>
<th>Population</th>
<th>Partner</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Qualitative</td>
<td>Local perceptions of MH problems</td>
<td>2004</td>
<td>NIMH</td>
<td>Women and children</td>
<td>CSAC, UNZA, MoH</td>
<td>Completed Murray et al., 2006</td>
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<tr>
<td>Instrumentation</td>
<td>Validated 3 MH measures</td>
<td>2008</td>
<td>NIMH</td>
<td>Children</td>
<td>CSAC, UNZA, MoH</td>
<td>Completed Murray et al., 2011</td>
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<tr>
<td>Feasibility study</td>
<td>Feasibility of implementing MH treatments</td>
<td>2008</td>
<td>NIMH</td>
<td>Children</td>
<td>CSAC, UNZA, MoH</td>
<td>Completed Murray et al., 2012</td>
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<tr>
<td>Pilot study</td>
<td>Integration of MH treatments into current programming</td>
<td>2009</td>
<td>USAID</td>
<td>Children</td>
<td>CRS, MoH</td>
<td>Completed Murray et al., 2013</td>
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<tr>
<td>Instrumentation</td>
<td>Validated a battery of MH and HIV measures</td>
<td>2013</td>
<td>NIMH</td>
<td>Adolescent</td>
<td>SHARPZ, MoH</td>
<td>Completed Kane et al., 2017</td>
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<td>Implementation</td>
<td>Feasibility of mental health treatments in Zambia</td>
<td>2013</td>
<td>NIMH</td>
<td>Adults</td>
<td>UNZA, MoH</td>
<td>Completed Murray et al., 2014</td>
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<tr>
<td>RCT</td>
<td>Effectiveness of TF-CBT in reducing MH symptoms</td>
<td>2012-2013</td>
<td>USAID/DCOF</td>
<td>Children</td>
<td>SHARPZ, MoH, EGPAF, ADL, UNZA</td>
<td>Completed Murray et al., 2015</td>
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<tr>
<td>RCT</td>
<td>Effectiveness of TF-CBT in reducing HIV risk behaviors</td>
<td>2011-2018</td>
<td>NICHD</td>
<td>Adolescent</td>
<td>SHARPZ/CIDRZ, MoH, EGPAF, ADL, UNZA</td>
<td>Completed Murray et al., under review</td>
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<tr>
<td>RCT</td>
<td>Effectiveness of CETA in reducing IPV and alcohol use</td>
<td>2015-2019</td>
<td>DFID/SAMRC/WW</td>
<td>Women and male partners</td>
<td>SHARPZ/MoH, UNZA</td>
<td>Completed Kane et al., 2017</td>
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<tr>
<td>RCT</td>
<td>Effectiveness of CETA in reducing alcohol use in HIV care</td>
<td>2018-2021</td>
<td>NIAAA</td>
<td>Adults living with HIV</td>
<td>CIDRZ/MoH/UNZA</td>
<td>Ongoing</td>
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<tr>
<td>Hybrid RCT</td>
<td>Implementing and testing train the trainer approaches for CETA</td>
<td>2018-2023</td>
<td>NIMH</td>
<td>Adolescent</td>
<td>CIDRZ/MOH/UNZA</td>
<td>Ongoing</td>
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<tr>
<td>Instrumentation/Implementation</td>
<td>Implementing CETA SBIRT in HIV care using biomarkers</td>
<td>2019-2024</td>
<td>NIAAA</td>
<td>Adolescent</td>
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VIOLENCE & ALCOHOL USE IN LMIC & ZAMBIA

90% of violence-related deaths occur in LMIC

48% of ever-married women in Zambia reported experiencing IPV

Male partner unhealthy alcohol use associated with increased risk for experiencing IPV in LMIC

Recent epidemiological studies suggest prevalence of unhealthy alcohol use increasing in LMIC

Fewer studies have tested tertiary prevention, clinical interventions
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ALCOHOL & OTHER SUBSTANCE USE TREATMENT IN LMIC

- Limited funding, lack of providers, and treatment gaps

Dearth of mental and behavioral health providers

<1% of LMIC health budgets devoted to substance use

90% untreated
COMMUNON ELEMENTS TREATMENT APPROACH (CETA)

- **Transdiagnostic modular treatment**
  - Combines evidence-based therapy elements
  - Trauma
  - Depression
  - Substance use
  - Counselors can address comorbidity

- **Apprenticeship Model**
  - Lay counselor-delivered
  - Trained by mental health experts and have tiered, multiple levels of supervision

- **Element Toolkit**
  - Lay counselors work with supervisors to choose appropriate elements based on client symptom presentation

- **6-12 weekly sessions**
  - Flexible based on symptom presentation and severity. Delivered one-on-one in flexible location (e.g., church, community center, clinic).

RCTs in Iraq (among torture-survivors) and in Thailand (among Burmese refugees) found significant treatment effects for depression, anxiety, PTSD, functional impairment.
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ELEMENTS OF CETA

Psychoeducation and engagement
Anxiety management strategies
Behavioral activation
Cognitive coping/restructuring

Imaginal gradual exposure
In vivo exposure
Safety planning
CBT for substance use and relapse prevention

Substance use support
Violence prevention
Parenting skills (if applicable)
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- Depression
- Trauma/violence
- Anxiety
- Substance Use
- Behavior Problems (youth)
- Relationship Problems
ZAMBIA VIOLENCE & ALCOHOL TREATMENT (VATU) TRIAL

Randomized controlled trial
• To address highly prevalent, interrelated problems of IPV and unhealthy alcohol use, we designed a community-based effectiveness trial testing CETA for IPV and alcohol reduction

Enrolled a high risk/highly affected population
• Women with high levels of recent/ongoing IPV perpetrated by her current male partner
• Male partner also recruited and had recent unhealthy alcohol use (self or partner report)

248 couples enrolled
• Randomized 248 couples 1:1 to:
  • CETA (women and men separately)
  • Treatment as usual (No formal intervention but weekly safety checks)
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## VATU OUTCOMES

### Primary outcomes:

- IPV
- **Severity of Violence Against Women Scale (SVAWS)**
- Male alcohol use (AUDIT)
  - Self-reported
  - Partner-reported by females

### Timepoints

- Baseline
- Post-treatment (appx 3-4 months post-baseline)
- 12 months post-baseline
- 24 months post-baseline (planned)
Kupita kusukulu
Kodi nivuto lamutundu otani lomwe munakhala nayo pochita zimenezi mumasabata anal ai yapita?

0 Kulibe
1 Pang’ono chabe
2 Mwapang’o no chabe
3 Kwambiri
4 Nthawi zambiri ndi malephera

Adolescent Summary Page:
ELIGIBLE YES

Scores:
SCREENER 26
CPSS 0: *INC
FUNCTION 0: *INC

*INC: Score based on incomplete section.
SVAWS SCALE COMPRISSES PHYSICAL & SEXUAL IPV

Following DSMB interim analysis, trial stopped at 12 months due to CETA effectiveness.

Between-group Cohen’s d effect size: 0.49, p=<.05

CETA: 36% Reduction

TAU Control: 24% Reduction
SVAWS SCALE
COMPRIS PHYSICAL & SEXUAL IPV

Between-group
Cohen’s d
effect size:
0.49, p=<.05

TAU Control: 24% Reduction
CETA: 36% Reduction
MALE ALCOHOL USE (SELF-REPORT)

Baseline: 14.6
Post-tx: 10
12 Months Post-Baseline: 5.7
24 Months Post-Baseline: 5.5

CETA: 62% Reduction
TAU: 32% Reduction

Between-group Cohen's d effect size: 0.43, p<.0001

Murray, Kane, et al. under review, PLOS Medicine
MALE ALCOHOL USE (FEMALE PARTNER REPORT)

Baseline | Post-tx | 12 Months Post-Baseline | 24 Months Post-Baseline
--- | --- | --- | ---
CETA: 54% Reduction
TAU: 31% Reduction

Between-group
Cohen’s d effect size: 0.59, p=<.0001

Murray, Kane, et al. under review, *PLOS Medicine*
CONCLUDING THOUGHTS

• CETA effective in reducing IPV and unhealthy alcohol use
  • Sustained impacts for at least 2 years post treatment initiation
  • Alcohol reduction key driver but exploring others

• Men engaged in treatment and completed at high rates (>80%)

• Future directions:
  • Expand and integrate CETA into existing healthcare systems (e.g., HIV)

  • Getting to Zero: Pair CETA with primary and secondary IPV prevention approaches
    • Interventions aimed at economic empowerment, gender norms, etc.
THANK YOU!!

• Acknowledgments
  • What Works to Prevent Violence Against Women & Girls
    • Department for International Development (UK)
    • South Africa Medical Research Council
  • Serenity Harm Reduction Programme Zambia (SHARPZ)

Contact:
jk4397@cumc.columbia.edu