

## **APPROVED MEETING MINUTES**

### **Advisory Steering Committee for Development of Treatment Guidelines (ASC) American Psychological Association (APA)**

Washington, DC

May 4-5, 2012

**Attending:** Steve Hollon, PhD, Pat Areán, PhD, Michelle Craske, PhD, Bonnie Spring, PhD, Dan Kivlahan, PhD, Jeffrey Magnavita, PhD, Tom Ollendick, PhD, Kermit Crawford, PhD

Staff: Lynn Bufka, PhD, Howard Kurtzman, PhD, Dan Galper, PhD, Steve Breckler, PhD, Elizabeth Winkelman, PhD, JD, Jesse Raben, JD, Katherine C. Nordal, PhD, Raquel Halfond

Guest: Suzanne Bennett Johnson, PhD (APA President)

#### **Opening**

The meeting began with a brief welcome and review of Conflicts of Interest policy and disclosures. No new conflicts were reported.

October 2011 meeting minutes were approved.

#### **Obesity and PTSD Guideline Development Panel (GDP) nominations**

The ASC reviewed nominations received to date. The ASC identified additional individuals and organizations to reach out to for nominations or to circulate call for nominations, including National Association of Social Workers, The Obesity Society, American Academy of Family Physicians, American Heart Association, American Cancer Society, sports psychologists. ASC members will be assigned nominees with whom they are not familiar to review for consideration to GDP. Entire ASC will review all nominees together to determine final recommendations for panel composition. No decisions expected before late August 2012.

#### **United States Preventive Services Task Force (USPSTF)**

Drs. Spring and Bufka had a phone conversation with staff of USPSTF. The USPSTF creates guidelines geared towards prevention and is in the midst of updating its obesity guidelines. Typically, USPSTF guidelines deal with screening, risk factors, and prevention interventions, rather than with treatment. USPSTF staff suggested that APA assign a psychologist with relevant expertise as a link to USPSTF. Three activities that APA could undertake are 1) identify psychologists to serve on USPSTF topic stakeholder groups, 2) submit comments on draft guidelines, and 3) co-commission systematic reviews as needed.

The ASC discussed whether APA would write commentary on USPSTF guidelines and how this might be done such that it is not “official” APA commentary but does provide a psychological perspective.

#### **Systematic Reviews**

Jesse Raben, APA Office of General Counsel, joined the meeting. The discussion noted that important topics to resolve when contracting with an outside organization for a systematic

review (SR) include: intellectual property (who owns it, when and who can publish what information from SR), governing law (APA prefers it to be District of Columbia law and is particularly concerned about international law), payment schedules, opportunities for review of product during work phase. The best contract anticipates and addresses potential issues. The ASC members agreed that the contract should indicate how completed SRs will be made publically available. Also, APA expects to own the SR database although the contract organization could have first right to use. APA would want to retain the copyright in a publication. APA will need to determine how to handle derivative work (for instance, APA contracts for a review of literature through 2012, but then who has copyright if the organization updates the SR through 2013? If the contract organization builds the SR on a previously conducted review, who has copyright on which portions of the SR or of derivative works?) The ASC stated that it expected that coding of studies would be done in-house by the contract organization and not sub-contracted elsewhere.

Further discussion addressed the production of SRs and guidelines. Some organizations produce both, while others separate them. A firewall between SR and guideline production may reduce perception of or actual intellectual bias. Ensuring objectivity of the SR is critical.

### **Lunch discussion with Suzanne Bennett Johnson (APA President)**

The ASC and Dr. Johnson discussed the ASC's progress to date, interactions with USPSTF, and possible provision of commentary to USPSTF from ASC. There was discussion as well about APA member concerns and communications with members about guideline development.

### **Organization and content of APA guidelines**

The ASC discussed: Will economic considerations be part of APA reviews? For instance, will the long term cost of one kind of care be compared to another? Will APA guidelines address considerations such as length of session, number of sessions, technique factors, relationship factors, therapist factors, patient preferences? Guidelines may also need to address where to focus treatment when client has multiple problems and how to sequence treatment.

The ASC recommended that guidelines include decision trees, which would include decision points at which client preferences are considered.

The ASC recommended that where there is a lack of sufficient evidence, a guideline recommendation may be based on expert consensus (and so noted). GDPs will be encouraged to strive for consensus on recommendations but if consensus is not reached, some vehicle for expression of minority opinion may be necessary. Panels will need to determine their decision making processes for handling these situations.

### **Implementation and Dissemination**

The ASC discussed implementation guidelines, which are needed when we know what works but it is not in widespread use in practice. An implementation guideline could address what interventions have been shown to increase uptake of an evidence-based practice by, for example, 1) increasing consumer demand 2) reducing barriers to access, 3) communicating with providers.

It was noted that production of implementation guidelines might be “mission creep” for the APA guideline development process. However, comments regarding implementation may be included in treatment guidelines. The ASC would like to convey a message to the APA Board of Directors regarding need for implementation science as a focus of APA.

### **Obesity guideline scope**

The ASC intends this guideline to address interventions across the lifespan and to cover both overweight and obese persons. The systematic review will need to review literature specific to particular groups and geographic regions as well as co-morbidities (both physical and psychological). Both physical and psychological health outcomes should be considered. The guideline should address both weight loss and weight management strategies and their distinct impacts on outcomes. There was discussion about possible inclusion of non-psychological interventions, such as pharmacotherapy and surgery. The guideline may also include statements about interventions that are not effective.

### **PTSD guideline scope**

The ASC is pleased with the breadth of the reviews done by AHRQ which will form the basis for the APA guideline. The PTSD guideline will also cover the full lifespan. Drs. Craske, Crawford, Ollendick, and Magnavita will divide responsibility for reviewing the four AHRQ reviews being released this year; the review on Child Exposure to Treatment is currently available for public comment.

### **Depression guideline**

The ASC will engage in a formal scoping process with the depressive disorders GDP and with the organization contracted to conduct the systematic review. The scoping will formulate specific questions, with the aim of taking advantage of existing recent reviews.

### **Annual Review of Clinical Psychology**

The ASC will write a chapter about the APA guideline development process for this volume. The ASC modified the chapter outline and assigned sections. Work on the manuscript may serve to clarify other issues requiring discussion and possible decision by ASC.

### **2012 APA Convention**

All but one ASC member plan to attend the Convention. There will be a session in which the ASC updates attendees about progress on treatment guideline development. With the goal of having a variety of viewpoints expressed in the session, Drs. John Norcross and David Elkins will be invited to attend the session and contribute to questions and discussion after the ASC’s presentation.

### **Depression GDP**

In advance of its first meeting, background material will be provided to the members of the GDP for depressive disorders. This material will include an overview of decisions and processes of

the ASC, including conflict of interest policies. Panel members will be provided with both required and optional materials related to guideline development, including those produced by the Institute of Medicine, the Guideline International Network, and the Evidence-based Behavioral Practice group regarding systematic reviews, guideline design, and conflict of interest.

At the GDP's first meeting, conflict of interest will be discussed, with each panel member given the opportunity to disclose and recognize each other's perspectives. Background materials will be reviewed and then the panel will focus on the scoping process for the systematic review and guideline. A second meeting, either face to face or via phone will be a review of the SR protocol. Once reviewed, the protocol will be available for a period of public comment before it is finalized.

While the SR is conducted, GDP members will be trained in how to interpret an SR evidence table, how to use GRADE, and how to write actionable recommendation statements.

The third meeting will be face to face and will focus on drafting the guideline on the basis of the completed SR. A possible additional meeting may be needed to complete drafting of the guideline. This will be followed by a public comment period.

The final meeting may be conducted via phone to finalize the guideline and respond to public comment.

### **Public comment**

The ASC discussed procedures for soliciting public input throughout the guideline development process. Recognized experts may be invited to provide preliminary feedback on SR protocols and draft guidelines prior to seeking broad public comment. Public comment process will be structured so that APA members and interested others can most effectively provide feedback to the ASC and GDPs.

### **ASC continuation and planning for the future**

All ASC members serve through end of 2013. Three will be re-appointed for one year, three for two years, and three for three years. Assuming APA continues to support guideline development, a public call for nominations will be issued for the three positions that will be open at the end of 2014.

### **ASC liaisons to GDPs**

The ASC discussed the roles of its liaisons (who are ASC members) to the GDPs. It was determined that the liaison will be responsible for helping to guide a GDP's process rather than contributing to the substance of its work. The liaison may change from one GDP meeting to another depending on timing and role demands. The ASC considered whether the liaison should have interest/expertise in the guideline topic. It was decided that, preferably, an ASC liaison with interest will participate in scoping (the initial meetings of the GDP) while an ASC liaison without special interest will participate in guideline development (later meetings).

### **Guideline revision**

In future years, the ASC will recommend when a guideline needs to be revised; this recommendation will be based on priorities and resources as well as developments in the field. The members of the GDP that produced the original guideline will also be involved with the recommendation. Staff will review how other organizations have handled this.

### **Topic nomination**

A formal solicitation of nominations for new topics for guideline development will not be made until 2013. The criteria for topic selection are currently posted on the APA website. The ASC will review proposed topics and will make recommendations for topics for future guideline development. However, work on new topics may be limited due to constraints on resources.

**The next meeting of the ASC will be scheduled for October 26-27, 2012.**