

American Psychological Association (APA)

Advisory Steering Committee

April 23-24, 2017

Washington, DC

Meeting Summary

Attending:

Advisory Steering Committee members: Bethany Teachman (Chair), Gregory Aarons, Barbara Andersen, Francisca Azocar, Anthony Chambers, Kimberly Hepner, Jacqueline Persons, Jason Satterfield, and Glenn Smith

Former Advisory Steering Committee members: Steven Hollon (in person), Dan Kivlahan (remotely)

Clinical Practice Guideline Panel Members (all remotely): Alfiee Breland-Noble (Depression panel), John Fairbank (PTSD panel), Elizabeth Lin (Depression panel), Patricia Nece (Obesity panel), Arthur Nezu (Depression panel), Hollie Raynor (Obesity panel), and Forrest Scogin, Jr. (Depression panel)

APA Staff: Shannon Beattie, Lynn Bufka, Raquel Halfond, and Howard Kurtzman

Members were welcomed and provided a brief overview of their charge by the Advisory Steering Committee (ASC) Chair and APA staff. All present introduced themselves and reviewed the agenda.

Staff reminded ASC members to turn in their signed conflict of interest forms for 2017. Each member then briefly discussed their own potential conflicts of interest.

In addition, the members discussed the limited diversity of the current ASC in terms of theoretical orientation (the members largely take a CBT approach) and race/ethnicity.

The committee discussed the status of the current guidelines and what work needs to be completed. Following the approval of the PTSD guideline document by the Council of Representatives at its February meeting, two additional documents are to be written. First, Council directed that a professional practice guideline be developed that addresses some of the issues of psychological treatment (such as the therapy relationship) that are not addressed in the PTSD clinical practice guideline but are germane to practice. Development of this professional practice guideline was assigned to the Board of Professional Affairs which has now assigned this to its Committee on Professional Practice and Standards (as per APA practice.) Professional practice guidelines are based on the professional literature and consensus and ultimately can be adopted as policy by APA's Council of Representatives. Second, a contextual or supporting document that will address concerns that were raised at the Council meeting about clinical practice guidelines is to be developed. This document will not become policy of APA and as such, can be

updated and modified more readily. Drs. Teachman and Persons will draft a document to assist with use and interpretation of CPGs that can be adapted as additional guidelines are developed. Feedback will be sought from the ASC and interested members of Council prior to finalizing the document. A draft is expected in May with the intention of completing the document by the August Council meeting.

The ASC reviewed the prototype of the PTSD guideline website and provided feedback. The goal of the site is to serve as an introduction to the guideline and recommended treatments, but it is not intended that the website will provide sufficient information for a user to become competent in any recommended practices. Users will be referred to additional resources and trainings so as to achieve competency.

When the ASC was first formed, it developed criteria to select clinical practice guideline topics and determined the process of guideline development. This was reviewed with the current ASC members. An ASC member suggested that the ASC create a mechanism that permits public commenters to see if and how their comment was addressed in the document. For the time being, it was agreed to post online the public comments and panel responses to comments.

Guideline panel members representing the depression, PTSD, and obesity panels, as well as former ASC members, joined the meeting by phone to share their experiences and insights of the guideline development process.

Depression panel representatives:

- New panels should read prior guidelines
- Using existing meta-analyses and systematic reviews is helpful, however, the 5-year age limit for reviews underlying guidelines to be considered current is limiting
- Working with an outside group for development of a systematic review can be challenging
- Dissemination is key, but hasn't yet been worked out
- Concern that cost-effectiveness of interventions is not considered in recommendations
- The Institute of Medicine (IOM) guideline development process that APA uses is understandable, but the standards are stringent relative to psychotherapy research
- There is limited information to state how the findings in the systematic reviews, and ultimately the guideline, might apply to diverse groups
- ASC should think about criteria for inclusion of evidence that will generalize more broadly

Former ASC member representatives:

- In terms of scope for the guideline, more is not necessarily better
- Support a template approach for the written guideline even if some sections are very brief

- Need to find ways to make the guidelines more relevant and get more buy-in from clinicians
- APA may need to develop some sort of decision aide to accompany guidelines

Obesity panel representatives:

- Wanted to look at moderators and mediators but were unable to due to the limits of available evidence
- Evidence base on intervention for childhood and adolescent overweight and obesity has such a small evidence base limiting what panel could conclude

PTSD panel representatives:

- A major strength of the process was a clear mandate from which to work and using the IOM standards, which helped the panel figure out what to do when it came to tough decisions
- In-person meetings are critical for team building and more in-person meetings may have moved the process more quickly

Current ASC members discussed the goals for future initiatives. Clinical practice guidelines help reduce the burden of mental illness by improving quality of care and can be used to inform multiple stakeholders, including patients/consumers, payers, state and national policy leaders, and practitioners, to achieve this goal. The main goals for APA guideline development over the next two years include the following:

- Set standards on the structure/components of the clinical practice guideline documents
- Develop guidance on development process that may not be addressed by the Institute of Medicine, or that addresses lessons learned during development of guidelines to date (e.g., how to determine scope)
- Have three clinical practice guidelines approved by APA's Council of Representatives and accepted as APA policy
- Refine and strengthen strategies and tools for clinical practice guideline implementation and dissemination; incorporate a user-centered design
- Determine whether it is best to develop many guidelines or just a few that serve targeted purposes
- Identify supports for providers interested in adopting guideline recommendations

The main goals for APA guideline development over the next five years include the following:

- Explore collaboration with other professional organizations to develop joint clinical practice guidelines

- Consider whether or not APA should endorse existing clinical practice guidelines
- Measure the reach and impact of the clinical practice guideline development initiative
- Provide guidance on what components could be included in clinical practice guidelines that would be measurable (e.g., number of sessions, timing of sessions, key elements of effective therapies)

The ASC discussed creating a toolkit for providers to go along with the guideline. A sub-group of four ASC members, Drs. Satterfield, Aarons, Azocar and Andersen was formed to consider dissemination and implementation domains and measures. A conceptual model for dissemination and implementation is needed as well as a measure model.

The ASC discussed collaborations with other organizations vis a vis awareness and approval of existing guidelines and development of future guidelines. The ASC agreed that moving forward with collaborative guidelines is good for the field and that such guidelines would most likely have a broader impact. At a minimum, the ASC aspires to include external organizations in the selection of guideline topics. Connecting with member and staff counterparts at other organizations is one step. The ASC would also like to establish guidance about APA participation in collaborative guideline development to ensure psychology interests are represented. One participant suggested looking at NICE, which has addressed these issues of participation.

The challenges of APA endorsing other organization's guidelines were discussed (What does endorsement mean and how is that distinct from APA policy approval? Who will decide what guidelines will be considered for endorsement?). A possible alternative is to direct interested parties to use the checklist that accompanies APA's policy on criteria to evaluate external guidelines to make individual determinations about other organization's guidelines. Another possibility is directing users to the National Guideline Clearinghouse.

In order to connect with and generate support from wider scientific and practice communities, the ASC suggested conducting symposia; authoring articles in non-APA journals read by professionals other than psychologists; lowering the cost of Continuing Education; publishing in online journals; publishing short papers in international journals; and using social media such as Twitter.

The ASC talked about planning for the next stages of guideline development, including exploration of methods for more rapid guideline development. If more rapid development is possible, what components of the current process is the ASC willing to sacrifice? The scoping of guidelines has been done at the panel level, however, it would be good to have panels share their scoping questions with the ASC early in the development process. Limiting scope will help the guideline process be quicker, but perhaps result in a guideline with fewer recommendations or other guidance to assist in decision making less useful.

A common structure for future guideline documents needs to be created to provide more guidance to the panels as they write. The ASC will work on developing a draft of structure/key components based on a review of existing guidelines, including what is in the first three APA guidelines. If possible, treatments routinely used in practice will be mentioned, even if only to say that there is insufficient evidence to

make a recommendation for or against a particular treatment. It will be important to maintain the integrity of the recommendations, but still consider adding more clinical guidance that may be consensus based. Some panels have struggled with this, trying to determine whether clinical recommendations outside the scope of the systematic review should be included in the guideline or in a separate, supplementary document. The ASC decided it will draft a common structure as a starting point and then consider these additional concerns.

The ASC recommended all panels have in-person meetings early in the process and have a regular meeting schedule. The ASC wants to find ways to facilitate the success of panel leadership so that panel members can work well together. It is also critical that consumer representatives on the panels be engaged early on as the slow process can cause them to lose interest. The ASC will be involved in scoping from the beginning of the process and a narrower scoping will hopefully allow for a more rapid and feasible timeframe. Advising on potential scoping questions for the systematic review could be done by a few targeted experts, and then the panel could be put together and ready to go by the time the systematic review is complete. This would cause the panel to be required to stick with those scoping questions, unless they expressed a serious issue requiring a change. The ASC considered setting a suggested timeline for the panels.

The ASC discussed tenure of its membership. Members are currently on for a 3-year term, but in the past, some members have served two terms. This approach is still viable.

APA communication staff, Luana Bossolo and Kim Mills, updated the ASC on the plan to launch the PTSD website to the public in August during APA's annual Convention.