

AMERICAN PSYCHOLOGICAL ASSOCIATION

Advisory Steering Committee (ASC) for Development of Clinical Practice Guidelines

**APA Headquarters, 2nd floor conference center
750 First Street NE, Washington, DC**

June 11-12, 2018

Agenda

Monday, June 11, 2018

8:00 am Breakfast available

8:30 am Welcome and introduction to meeting

- Bethany Teachman, Advisory Steering Committee Chair
- Brief introductions by all committee members (2 min. each)
- Role of Advisory Steering Committee – Howard Kurtzman, APA Science Directorate

9:00 am Review/update of conflicts of interest (each person reports)

9:15 am Where do clinical practice guidelines (CPGs) fit in APA policy/document efforts?

- Review of guideline development and approval process

9:35 am Brief update on current status of each CPG to set context

- PTSD CPG update & professional practice guideline (PPG) for trauma; depression edits & public comment; obesity web site & press launch; disruptive behavior disorder Memorandum of Understanding (MOU); chronic pain, etc.

9:45 Plan to address concerns about CPGs

- Goals:
 - Improve APA's CPGs and their potential for adoption
 - Respond to concerns raised by community (tied to both process and content)
 - Consider costs/benefits of changes from a sustainability & feasibility perspective

- For each concern, complete table detailing:
 - Concern raised (completed in advance, but consider if there are omissions)
 - Plans to address concerns (ongoing and new)
 - Action steps (and people responsible)
 - Expected timeline
 - Communication plan (for community, guideline development panels, Board of Directors, Board of Professional Affairs, Board of Scientific Affairs, Council of Representatives)

10:15 am Break

10:30 am Concerns tied to generalizability:

- Samples are not diverse
- Comorbidity is not considered
- Impact of individual differences is not considered
- Narrow set of outcomes used (e.g., symptoms or BMI/body mass index) – missing quality of life, etc.

11:30 am Concerns tied to study inclusion criteria:

- Only RCTs are considered, which ignores other sources of evidence
- Institute of Medicine (IOM) standards/bar is too high
- Widely used (but poorly studied) treatments are left out (ties to point that ‘absence of evidence does not equal absence of efficacy’)

12:30 pm Lunch

1:15 pm Concerns tied to impact of guidelines on practice:

- CPGs will limit scope of practice and open therapists up to malpractice claims
- APA members feel devalued
- CPGs will stifle innovation in developing and delivering treatments

2:15 pm Concerns tied to over-valuing contribution of specific treatments to outcomes:

- Need to consider variance accounted for by common factors
- All 3 legs of evidence-based practice stool need to be valued

2:45 pm Break

3:00 pm Concerns tied to implementation of CPGs:

- Recommended treatments are not feasible to implement in ‘real world’
- CPGs don’t include content to help with implementation

3:30 pm Concerns tied to potential iatrogenic effects of CPG recommended treatments:

- Patients in real world would be harmed by exposure (for PTSD)
- Obesity CPG will promote stigma

4:00 pm Concerns process is biased toward certain treatments/outcomes:

- Panels and ASC are not sufficiently diverse (key constituencies not represented)
- Need more opportunities for community to provide input throughout process

4:30 pm Summary of plans to address concerns (and determine whether adjustments to agenda for next day are needed based on decisions made)

5:00 pm Adjourn

6:00 - 8:00 pm *Dinner at Siroc Restaurant, 915 15th St., NW, Washington, DC, 20005*
Phone # 202-628-2220
(Reservation name: Shannon Beattie)

Tuesday, June 12, 2018

8:00 am Breakfast available

8:30 am Review agenda and see if any updates needed

8:40 am Consider revisions to each stage of guideline development process

- Goal is to improve: speed and cost-effectiveness of development, communication between ASC, panels and wider community, opportunities to partner with other organizations, usefulness of CPG to practice community, and ease of CPG adoption as APA policy, while maximizing scientific integrity

In each case, consider what is working well and what needs revision (~10-15 minutes each):

- Selection of topics for future guidelines
- Establishing partnerships
- Forming panels and ASC nomination process
- Template for CPG document given to panel (review current draft and discuss revisions) – compare to other CPGs (e.g., use of decision trees)
- Scoping process
- Grid for evidence used by panels
- Editing process
- Updating process (use plans for PTSD as example - can expect some controversy)

10:30 am Break

10:45 am Consider revisions to guideline feedback and approval process

- Public comment
- Community engagement (are more opportunities for input needed?)
- CPG approval (e.g., add video presentation to inform Council about CPG content & process?)

11:45 am Strengthening links between CPG recommendations and outcome monitoring/evidence-based assessment

12:15 pm Lunch

1:00 pm Future guideline plans

- Disruptive Behavior Disorder – panel formation, etc.
 - Talk with Karen Ferguson, American Academy of Child and Adolescent Psychiatry (AACAP) staff representative

1:15pm Aspirations

- Develop CPG tied to principles of change, rather than disorder-based
- Other?

2:30 pm Break

2:45 Future guideline plans, continued

- Chronic pain – partnership options and next steps
- Agency for Healthcare Research and Quality systematic review requests – couples distress, Generalized Anxiety Disorder

3:00pm Dissemination and implementation plans and evaluation

- Review PTSD CPG website and plans for obesity CPG website – what else is needed?

- Discuss changes to National Guideline Clearinghouse
- Plans for evaluating reach and impact of clinical practice guideline initiative
 - Talk with consultant Jonathan Purtle (Drexel Univ.) by phone

3:45 pm **Wrap-up/Next steps**

4:00 pm **Adjourn**