

**American Psychological Association**  
**Advisory Steering Committee for the Development of Clinical Practice Guidelines**

June 11-12, 2018

Washington, DC

***Meeting Summary***

**Attending**

Advisory Steering Committee (ASC) members:

Bethany Teachman (Chair), University of Virginia (Charlottesville, VA)  
Jamile Ashmore, Baylor Scott & White Medical Center (Plano, TX)  
Francisca Azocar, Optum (Moraga, CA)  
Anthony Chambers, Northwestern University (Evanston, IL)  
Claire Collie, Veteran's Affairs Central Office (Hurdle Mills, NC)  
Kimberly Hepner, RAND Corporation (Santa Monica, CA)  
John Christopher Muran, Adelphi University (Garden City, NY)  
Jacqueline Persons, Oakland Cognitive Behavior Therapy Center (Oakland, CA)  
Glenn Smith, University of Florida (Gainesville, FL)

Guests (participating remotely): Karen Ferguson (American Academy of Child and Adolescent Psychiatry, Washington, DC) and Jonathan Purtle (Drexel University, Philadelphia, PA; dissemination and implementation consultant)

APA staff: Lynn Bufka, Raquel Halfond, Howard Kurtzman, and Jacob Marzalik

**Welcome and Introductions**

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 2018. Each member then briefly discussed their own potential conflicts of interest, both financial and intellectual. Several members reported having theoretical orientations primarily in cognitive-behavioral approaches while others reported orientations or interests toward psychodynamic and other approaches (including eclectic). In addition, some noted their interests in principles and processes of therapeutic change.

The committee briefly reviewed APA's current Clinical Practice Guideline (CPG) development, review and approval processes. A primary focus of the meeting was to identify and discuss issues that have been raised by interested APA members about the development of CPGs. Throughout the meeting, members considered a range of concerns and in turn proposed several

strategies to improve processes with the aim of producing guidelines that are grounded in research evidence and meet the needs of users (clinicians, patients, policymakers, and others).

### **Brief Status Updates on CPGs**

*PTSD CPG:* While this guideline was approved by the APA Council of Representatives in February 2017, the evidence base is older, drawing from a 2013 systematic review from the Agency for Healthcare Research and Quality (AHRQ) and additional review of evidence up to May 2016. The ASC is considering whether to update the guideline. APA staff will complete a detailed analysis of similarities and differences between the 2013 AHRQ systematic review and an updated 2018 AHRQ systematic review that will be sent to a sub-committee of the ASC. The sub-committee will recommend whether it is time to update the guideline document and outline an update process.

*Overweight/Obesity CPG:* The guideline was adopted by the APA Council of Representatives in March 2018. Staff are working with panel members to develop a website containing materials to facilitate implementation of the guideline recommendations by providers and families.

*Depression CPG:* The panel has drafted the guideline and is incorporating the ASC feedback into a revision with the goal of having the draft guideline out for public comment by August 2018.

#### *Future CPGs:*

Members also discussed the possibilities for future guidelines on treatment of disruptive behavior disorders, chronic pain, couples' distress, and generalized anxiety disorder (GAD). For the discussion of disruptive behavior disorders, Karen Ferguson, staff representative of the American Academy of Child and Adolescent Psychiatry (AACAP), participated by telephone to address potentially partnering with APA on a joint CPG. APA and AACAP staff are near completing a memorandum of understanding (MOU) for this potential partnership.

The ASC also suggests that APA partner with another organization to develop a guideline on non-pharmacological interventions for chronic pain. It has identified several possible organizations and has asked staff to reach out to them.

Regarding treatment of couples' distress, Dr. Chambers is currently receiving feedback and revising his proposal to submit to AHRQ for a systematic review.

Finally, members discussed the paucity of quality guidelines on treatment of GAD. Dr. Hepner will facilitate, with APA staff, the drafting of a proposal to AHRQ for a systematic review on that topic.

### **Revisions to CPG Development Process**

The ASC expressed concern over the lengthy nomination process for members of the ASC and guideline development panels and how to move this process along. The ASC also noted it took two years to develop a mutually acceptable MOU between APA and AACAP but anticipates that

this draft MOU will serve as a good template for future MOUs. The ASC prefers that future guideline development be done in partnership with other organizations.

APA staff will continue editing sections of the guideline document template per recommendations of the ASC. Members agreed that overall goals should be to improve the speed and efficiency of the development process and to increase opportunities for communication among the ASC, panels, and the wider community.

### **Concerns Raised Regarding CPGs**

The committee discussed at length a variety of concerns that have been raised regarding APA's CPG initiative. ASC members did not believe every concern reflected a weakness of the CPGs, but did agree that responding and continuing to communicate about them is vital to producing rigorous guidelines that will be accepted and useful to the broad range of clinicians and other users.

For several of the concerns below, individual ASC members will work on further developing the responses for continued discussion by the ASC.

#### ***Concerns tied to generalizability***

- The diversity of samples in the studies that were part of the CPG literature reviewed was not clear.

RESPONSE: APA staff are currently working on creating a demographic breakdown of the samples for each study included in systematic reviews for the depression guideline. A similar table exists for the PTSD guideline. Demographic information about the study participants is included in the systematic review utilized by the obesity panel. Members discussed the possibility of having tables containing this information as part of the template for each CPG document (and having the tables be updated when guidelines are updated). APA staff will propose a format for reporting this information to be included in the CPG document template.

- Comorbidities are not considered.

RESPONSE: A section will be added to the CPG document template for describing the comorbidities of the samples in the studies included in systematic reviews. The template will also require that CPG documents address the need for practitioners to consider comorbidities in their clinical decision making. In addition, CPG documents will note what information about comorbidities should be included in future research reports.

- Clinical samples don't reflect range of severity seen in practice

RESPONSE: While this historically was true (individuals were ruled out from participating in clinical trials for many reasons), studies today frequently have far fewer exclusion criteria. For instance, individuals with suicidal ideation not requiring

immediate hospitalization often are included in research on depression treatment. Specific to exposure therapy and PTSD, the inclusion and exclusion criteria of RCTs' included in the systematic review used for the guideline suggest that most of the patients that participated in studies had a severe presentation of PTSD. Future guideline development panels will be asked to review available information about severity of disorder amongst participants in included studies and comment as appropriate in CPG documents.

- Impact of individual differences is not considered.

RESPONSE: Members discussed the need to be clear in CPGs about whether individual differences in treatment outcomes were examined (but there was insufficient data to draw conclusions, as typically occurred) vs. individual differences were not considered. Members also suggested adding discussion to every CPG document noting the importance of considering patients' individual characteristics as part of clinical decision making. Additionally, they discussed preparing a brief standardized statement tied to individualizing treatments that are recommended by CPGs to the introduction of each CPG and preparing a longer document on this topic to be posted on the CPG website.

- Narrow set of treatment outcomes examined.

RESPONSE: While the ASC recognizes that various outcomes are important to patients, much clinical research focuses on loss of diagnosis and symptom reduction. To the extent possible, the ASC will encourage guideline development panels to consider a range of outcomes, including quality of life and improved functioning. The ASC noted that educating researchers and editors about the importance of examining other outcomes is critical so there can be sufficient data for future CPGs to examine a broader range of outcomes.

In addition, several members of the ASC suggested that guidelines identify principles or processes of therapeutic change, not just symptom or single diagnostic category outcomes. A subgroup will examine this possibility more deeply and report back to the full ASC. One issue will be what kinds of evidence will be used as the basis for rigorous characterization of change processes.

### ***Concern tied to study inclusion criteria***

- Only randomized controlled trials (RCTs) are considered, which ignores other sources of evidence.

RESPONSE: Members discussed this concern at length and recognized its importance to some members of the community, but ultimately felt it was critical to adhere to best practices in the U.S. and internationally for guideline development, which clearly prioritize the use of systematic reviews for identifying and assessing evidence. Systematic reviews can include studies other than RCTs, but RCTs are the types of studies most likely to meet quality criteria. Evidence from other sources is used when

evaluating potential harms and burdens of interventions as well as patient values and preferences. (Members noted that non-RCT evidence would likely be used for guidelines that give greater attention to change processes.)

### *Concerns tied to impact of guidelines on practice*

- CPGs will limit scope of practice and open therapists up to malpractice claims.

RESPONSE: These concerns are clearly important to address but, to date, documented incidence of such claims has not been reported to APA by psychologists. Members discussed whether there was a need to revise the disclaimer language in the CPG document template to enhance its clarity but also felt the current language included clear and prominent statements that the CPG was not intended to limit scope of practice. The ASC will continue to review the disclaimer language. To further address the concern, material from Dr. Jana Martin, CEO of The Trust, who presented at the 2018 Practice Leadership Conference on how psychologists who use guidelines can protect themselves from potential malpractice claims can be disseminated. Dr. Martin's primary advice was clear documentation of treatment rationale and decision making, points supported in APA policy documents as well. Additionally, Dr. Martin and other experts noted that systematic tracking of treatment outcomes can provide a demonstration of the progress and effectiveness of intervention (which could also counter potential malpractice claims). ASC members agreed that education on how CPGs could help providers meet insurance companies' expectations may be necessary.

- Some APA members feel devalued.

RESPONSE: The ASC plans to increase communication with APA members and the public regarding the CPG initiative to ensure more opportunities for respectful dialogue about needs and concerns. Useful avenues include presentations, such as the Board of Professional Affairs' "Town Hall" meeting at the 2018 APA convention; articles in division, State Provincial Territorial Associations, and directorate newsletters; and listserv messages.

ASC members discussed the possibility of incorporating, within CPG documents, lists of all interventions that were included in the systematic reviews as search terms, including those for which insufficient evidence was found, to inform readers of the range of treatments that are used and that have been studied. CPG documents could then call specifically for future research to address the efficacy and effectiveness of those treatments that are widely used but understudied.

Dr. Jonathan Purtle of Drexel University joined the meeting over telephone to share his plans for evaluating the reach and impact of the CPG initiative (under a contract with APA). The initial plan is to send surveys to mental health professionals (psychologists, counselors, social workers) six months after a final version of a CPG is released to the public. Dr. Purtle and ASC members also discussed the possibility of assessing the effects of providing case examples to accompany CPGs on practitioner attitudes toward

CPGs, and left open the possibility of replacing case studies (which have been studied in the past) with an alternate variable to assess experimentally through the study.

- CPGs will stifle innovation in developing and delivering treatments.

RESPONSE: The ASC wants to encourage continued research in all domains of treatment development and evaluation. It sees the research gaps identified in CPGs as opportunities for development of new approaches and asks APA to work with funding agencies and journals to encourage such work. In addition to development of new treatments, it noted the following aspects of patient care that would benefit from innovative approaches: informed consent, shared decision making between patient and practitioner, and measurement of outcomes throughout the treatment process.

### *Concerns tied to over-valuing contribution of specific treatments to outcomes*

- Need to consider variance accounted for by common factors.

RESPONSE: The ASC will reexamine how common (non-specific) factors are handled in the CPG template and CPG documents. Common factors will also be examined by the ASC members who are developing ideas for how change processes are addressed in CPGs.

- All three legs (research evidence, clinician expertise and patient characteristics, values and preferences) of the evidence-based practice stool need to be valued.

RESPONSE: Guideline development panels will be asked to explicitly discuss the importance of the three legs of the evidence-based practice stool (best available research evidence, clinical expertise, and patient characteristics and preferences) in the beginning sections of each CPG document. This requirement will be added to the document template.

ASC members also discussed the need for greater integration on the APA website of related materials: e.g., clinical practice guidelines, professional practice guidelines, and other documents and reports related to evidence-based practice. With input from the ASC and relevant governance boards, staff will work on developing potential models for this integration.

### *Concerns tied to implementation of CPGs*

- Recommended treatments are not feasible to implement in the “real world.”

RESPONSE: ASC members emphasized the need for future research that develops adaptations of treatments that can readily be implemented in a range of practice settings. Members also recommended that APA share examples of payers that support new forms of CPG-recommended treatments. Such examples include Medicare approving coverage for behavioral treatment of obesity and Optum Behavioral Health covering 90-minute

therapy sessions. Staff will work with APA staff attorneys to draft a letter that psychologists can adapt to request reimbursement for extended sessions.

- CPGs do not include enough content to help with implementation.

RESPONSE: Although the guideline documents do not have explicit content on implementation, the PTSD CPG webpage has links to case studies, treatment manuals, audio/visual and textbook resources, and recordings of CE workshops on implementation of guideline recommendations. Similar materials will be provided on the webpages for the overweight/obesity CPG and future CPGs. The ASC is interested in enabling access to free or low-cost CE on recommended interventions.

### ***Concerns tied to potential iatrogenic effects of CPG-recommended treatments***

- For treating PTSD, patients would be harmed by exposure therapy.

RESPONSE: Harms and contraindications of interventions are examined in the process of formulating guideline recommendations and addressed in the CPG documents (and the PTSD panel found little evidence of harm following exposure therapy). The ASC felt education regarding delivery of exposure therapy would be helpful for practitioners. ASC members and staff will identify providers who may be willing to discuss their own initial concerns and current perspectives on providing this type of intervention so that others may learn from peers.

- Obesity and overweight CPG will promote stigma.

RESPONSE: APA staff will include content for providers and families on the guideline website regarding the stigma associated with overweight and obesity, along with content tied to helpful strategies for talking with individuals that aim to mitigate the likelihood of stigma and promote healthier behaviors, self-concepts, and attitudes.

### ***Concerns that process is biased toward certain treatments/outcomes***

- ASC and guideline development panels are not sufficiently diverse (key constituencies are not represented).

RESPONSE: Multiple facets of diversity are considered when selecting individuals to serve on the ASC, including theoretical orientations, areas of expertise, research and practice settings, individual identities and backgrounds (e.g., race and ethnicity), and geographic distribution. Efforts are made to circulate calls for nominations across all constituencies of APA and relevant external groups. APA staff welcome ideas for how to further identify diverse candidates willing to serve in these roles. Biographies of current ASC members will be expanded and made available on the APA website.

- More opportunities are needed for the community to provide input throughout the process.

RESPONSE: As noted in all communications about CPGs, community members can email the staff directly or through the public email address [cpg@apa.org](mailto:cpg@apa.org). Staff shares communications with the ASC and/or relevant guideline development panel. Individuals are invited to nominate themselves in response to calls for new members of the ASC and panels. A 60-day public comment period on all draft guidelines is held before documents are finalized.

The ASC discussed other opportunities to solicit public input, such as creating an “opt-in” email list to receive information and updates on the CPG initiative and the upcoming Town Hall at the APA convention. The ASC will also develop a form to invite public feedback on panels’ initial scoping of new guidelines. Opportunities to provide input at other points in the development process will be identified for future guidelines.

### **Next Steps**

The ASC will continue to review and address the above concerns about the CPG development and dissemination process as well as continue working with Dr. Purtle on developing a survey on practitioners’ opinions on CPGs. The ASC will review and provide feedback on the depression draft guideline and staff will work on releasing this document for public comment by the time of August 2018 APA convention. APA staff will work with Dr. Hepner on submitting a proposal to request AHRQ fund a systematic review of GAD. Similarly, staff will work with Dr. Chambers to submit a proposal to AHRQ for a systematic review on couples’ distress. Dr. Ashmore, Muran, and Persons will continue to research and draft a statement on the importance of the “processes of change” to be included in all CPGs. Dr. Persons will investigate whether there is sufficient literature to suggest a transdiagnostic CPG tied to a principle of change, such as outcome monitoring.