

American Psychological Association

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

September 19 – 20, 2019

Washington, DC

Meeting Summary

Attending

ASC Members	Guests*
Chair: Claire Collie (VA Central Office, Hurdle Mills, NC) Jamilé Ashmore (Baylor Scott & White Medical Center, Plano, TX) Marni Axelrad (Texas Children's Hospital, Houston, TX) Anthony Chambers (Northwestern University, Evanston, IL) Brandon Gaudiano (Butler Hospital, Providence, RI) Evan Mayo-Wilson* (Indiana University-Bloomington, Bloomington, IN) J. Christopher Muran (Adelphi University, Garden City, NY) Jacqueline Persons (Oakland Cognitive Behavior Therapy Center, Oakland, CA) Glenn Smith (University of Florida, Gainesville, FL)	Bruce Bobbitt (APA MBHR Advisory Committee, Minneapolis, MN) Alexandra Wernitz Czywczynski (Salem VA Medical Center & University of Virginia, Salem, VA) Jennifer Medicus (American Psychiatric Association, Washington, DC) John Norcross (University of Scranton, Scranton, PA) Jonathan Purtle (Drexel University, Philadelphia, PA) Stephen Soldz (Boston Graduate School of Psychoanalysis, Boston, MA) Ronald Szabat (American Academy of Child & Adolescent Psychiatry, Washington, DC) Bryant Welch (Independent Practice, Sausalito, CA)
APA Liaisons	APA Staff
Jean Carter, <i>Treasurer, Board of Directors</i> (Independent Practice, Washington, DC) Robert Franks, <i>Chair, Board of Professional Affairs</i> (Judge Baker Children's Center, Boston, MA) Arthur Nezu, <i>Member, Board of Scientific Affairs</i> (Drexel University, Philadelphia, PA) Beth Rom-Rymer, <i>Chair, Council Leadership Team</i> (Independent Practice, Chicago, IL)	Lynn Bufka Alissa Fogg Raquel Halfond Howard Kurtzman Jacob Marzalik Jared Skillings C. Vaile Wright

*participating remotely

Welcome and Introductions

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

Members, liaisons, and staff then verbally stated their own potential conflicts of interest, both financial and intellectual.

Liaisons' Perspectives on Clinical Practice Guidelines (CPGs)

Liaisons shared some perspectives on APA's CPGs. Broadly, there was comment that the CPGs are perceived by some as representing the entire "three-legged stool" of APA's evidence-based practice in psychology policy (research; clinical expertise; and patient characteristics, culture, values, and preferences) rather than, as intended, primarily focused on one leg (research). Additional emphasis is needed on the other legs by APA. Individualizing treatments can be a challenge and using the three-legged stool as a framework can help practitioners better tailor treatment to the individual patient. A question arose about the generalizability of data from randomized controlled trials (RCTs) and whether practitioners who participate in RCTs are comparable to

those who do not. It was said that CPGs are not only about science but also about practice, and it is important to consider the needs of the end-user and ensure products are user-friendly.

Healthcare and Policy Contexts for APA's CPGs

Value of CPGs in the broader healthcare environment

Members discussed the importance of CPGs in the current healthcare system. One of the values of having APA develop CPGs for particular diagnoses is for psychology to have a voice in major healthcare environments. CPGs also identify gaps in the scientific literature, thus highlighting areas for future research. CPGs can be a resource for patients in addition to clinicians. The clinical psychological sciences are also well-represented in the clinical practice guideline community through APA's membership in the Guidelines International Network (<https://g-i-n.net/>) and through submitting approved CPGs to the ECRI's *Guidelines Trust* database (<https://guidelines.ecri.org/>).

CPGs' alignment with APA policies

Members, liaisons, and staff discussed at length whether APA's CPG development process aligns with APA's existing policy documents on evidence-based practice in psychology (EBPP) and criteria for evaluating treatment guidelines (APA, 2002; 2006). Relevant to EBPP, liaisons expressed concern about the utility of CPGs for the practicing clinician and whether following the Institute of Medicine ([now National Academy of Medicine], IOM, 2011) standards for guideline development, as APA does, is sufficient to address the concerns of clinicians. The group then further discussed how to encourage practicing clinicians to use CPGs in their daily practices, thus supporting decision making informed by available evidence, while acknowledging clinicians' expertise and judgment and patients' characteristics, culture, values, and preferences as part of EBPP.

Typically, randomized controlled trial (RCT) studies are used to assess efficacy due to their safeguards to better ensure internal validity. However, some have expressed concerns regarding the use of RCTs in guideline development and asked whether other types of evidence could also be used. Currently, non-RCT data are used in CPG development in the course of assessing potential harms and burdens and patient values and preferences. All agreed that there needs to be a systematic way for guideline developers to incorporate other types of evidence into the guideline development process and on the importance of inclusion of clinicians in guideline development processes. Liaisons provided innovative examples from other fields, such as the use of artificial intelligence/machine learning techniques to analyze clinical information as a basis for the design of personalized medicine.

APA staff clarified the differences between APA's professional practice guidelines (PPGs) and clinical practice guidelines (CPGs). PPGs are consensus-based guidelines that focus on best practices for psychologists working with particular populations or in particular settings while CPGs provide recommendations, based on systematic reviews of the scientific evidence, for treating specific disorders. The ASC and APA staff also presented the updated CPG template, emphasizing its coverage of change processes and the therapeutic relationship and its reference to the APA policy on evidence-based practice. To reduce the confusion between the two types of guidelines, one liaison recommended that APA produce a foundational document that lays the groundwork for both the PPGs and CPGs. Liaisons also recommended that CPG documents should clearly note that they represent the best evidence that is currently available and emphasize that further research might lead to changes in the recommendations in a future update of the guideline.

Meeting participants then discussed whether APA's existing CPGs align with APA's (2002) policy *Criteria for Evaluating Treatment Guidelines* and whether an update of this policy is needed. It was agreed that the policy aligned with the IOM's (2011) standards for guideline development, standards that were incorporated in the CPG development process. Participants also considered whether the 2002 policy document should remain as current APA policy given that it was not updated at the ten-year mark and given the development of the 2006 policy document on evidence-based practice in psychology. There was concern that if the document were to

sunset, it could unintentionally send the message that APA is rejecting the policy. Participants determined that it would be best to keep the document as current policy though consideration could be given to revising the language in the document to reflect current practices in guideline development and possibly inserting clarification on which topics or questions are appropriate for a PPG or a CPG.

Other organizations' efforts

The ASC discussed the efforts of other organizations to disseminate their CPGs. For example, the U.S. Department of Veterans Affairs and Department of Defense jointly develop CPGs and produce supplemental materials for both clinicians and patients to help them in deciding best courses of treatment.

Addressing Diversity Concerns in CPG Development

The ASC, liaisons, and staff discussed at length the coverage and representation of diverse populations and perspectives in the current CPG development process.

APA staff described the efforts made to disseminate calls for nominations and public comments via email, newsletters, listservs, websites, and other channels to APA divisions representing a broad range of perspectives (including psychodynamic and humanistic approaches) as well as divisions and outside organizations whose mission is to increase attention to populations with diverse cultures and perspectives (e.g., Division 45: Society for the Psychological Study of Culture, Ethnicity and Race; ethnic minority psychological associations).

The paucity of comparative effectiveness research with diverse populations as well as the lack of subgroup analyses in the current literature was also discussed and noted as a concern. APA recently created a new position that will address equity, diversity and inclusion throughout the association's work and has hired a Chief Diversity Officer. The ASC and APA staff will collaborate with this officer and their colleagues to strengthen efforts to attend to diversity concerns at every stage of the CPG development process. The ASC is also considering including a liaison to the newly formed guideline development panel on treatment of chronic pain to ensure needs of diverse patients with chronic pain are being addressed.

Input from Individual APA Members

The ASC invited individual APA members who have voiced strong opinions about APA's CPG initiative to join one portion of the meeting via videoconference. They were Dr. John Norcross of the University of Scranton, Dr. Stephen Soldz of the Boston Graduate School of Psychoanalysis, and Dr. Bryant Welch, an independent practitioner in Sausalito, CA. Among other points, these individuals recommended that a document on psychological practice be developed that would guide researchers on the type of research that would be most helpful and relevant to practitioners.

The ASC briefed the individuals on the efforts being made to address process-oriented issues such as change processes and mechanisms of the therapeutic relationship. Coverage of these is now included in the new template for guideline documents. Also, the ASC established a working group to evaluate the possibility of developing a CPG on interventions for a transdiagnostic process, rather than traditional diagnosis, using emotion regulation as the primary example.

After the conclusion of the call with these individuals, the ASC, liaisons, and staff reflected on ways APA can improve its communications about evidence-based practice in psychology to practicing clinicians, including communicating that PPGs and CPGs are intended to address different questions and can be complementary with one another. The ASC also discussed its active collaboration with an outside consultant (Dr. Jonathan Purtle; see also below) to learn best practices for disseminating information about the APA CPG initiative.

Input from Other Organizations that Develop Guidelines

Ms. Jennifer Medicus of the American Psychiatric Association joined one portion of the meeting via video followed by Mr. Ronald Szabat of the American Academy of Child and Adolescent Psychiatry via telephone to share the experiences of their organizations in developing CPGs. Among the points raised in their presentations and subsequent discussion were:

- Disseminating and promoting implementation of guidelines and tracking the impact of the guidelines is challenging.
- The amount of data that are available on harms and burdens varies widely across topics.
- It is possible that IOM standards overemphasize the use of systematic reviews, given that these can lead to guidelines containing recommendations that are rated as weak. Such weak recommendations can produce frustration among practitioners.

Ms. Medicus noted that the American Psychiatric Association had previously contracted directly with evidence-based practice centers affiliated with the Agency for Healthcare Research and Quality (AHRQ) for systematic reviews but had stopped doing so due to the cost. Her association now submits topic nominations for systematic reviews to AHRQ for that agency to fund. In addition, American Psychiatric Association members currently utilize the Merit-Based Incentive Payment System (MIPS) to report measurements of outcomes in psychiatric treatment. See below for discussion of measurement-based care and MIPS and their connection to guidelines.

In the discussion, ASC members and APA staff noted that similar experiences and observations have come up in the course of APA's work on CPGs. After the call, APA staff shared previous efforts to pursue collaborative work with both organizations. Thus far, APA has not collaborated with other organizations in guideline development.

Identifying Topics for Future CPGs

The ASC discussed methods for receiving input from APA members and others on topics for future CPGs. One idea is to issue an annual call for topic nominations, similar to how AHRQ collects its nominations for topics for systematic reviews. The ASC would consider newly submitted topics as well as those that have been suggested previously through various channels and rank them using its current topic selection criteria. (Those criteria would be periodically assessed and revised as needed.)

The group discussed how to frame the call for nominations in ways that encourage topics to be submitted but make clear that resource constraints limit how many CPGs APA can develop at any one time. The ASC also considered allowing submission of topic nominations at any point throughout the year rather than by a single deadline.

The ASC decided to form a topic selection subcommittee that will meet separately to develop a proposal for how to solicit and prioritize topics.

Dissemination and Implementation

APA has contracted with Dr. Jonathan Purtle of Drexel University to conduct a survey on the reach and impact of APA's PTSD guideline. He joined a portion of the meeting by telephone to review preliminary results of the survey that was sent to a random sample of 1,986 licensed psychologists. The web-based survey had about a 30% response rate. Of the 591 psychologists who completed the survey, only 11% reported using the guideline. A paper on disseminating psychological science using the PTSD guideline survey as a case study has been published in a special issue of *American Psychologist* on dissemination and implementation science (Purtle et al., 2020).

Alexandra Wertz Czywczynski, a doctoral student at the University of Virginia working with Dr. Bethany Teachman, also joined the meeting by telephone to present results of an experiment she and colleagues conducted that manipulated headlines of APA's PTSD CPG microsite (a discrete website that is housed on the broader APA website). The researchers examined differences in the numbers of "clicks" and "session duration" between pages that had different headline manipulations, as well as ratings of trustworthiness of the pages. Participants were randomly assigned to 1 of 5 manipulated headline conditions on the PTSD microsite's "For Patients and Families" page. The researchers found that participants generally considered the "For Patients and Families" page as "moderately engaging, helpful, and trustworthy." Even though the overall numbers of clicks were low, participants who saw the subheading "Treatment works: Say goodbye to symptoms" were more likely to click on the "Find a Psychologist" locator, which indicates their interest in evidence-based treatments for PTSD through seeking a provider who conducts these treatments. These findings can inform future iterations of websites (see Wertz et al., 2020, for a full description of the study).

In further discussion, the ASC proposed developing an algorithm or decision tree for each CPG, with direct links to relevant microsites and resources, that would help guide clinicians on how to implement evidence-based practice. APA staff will work on drafting the algorithms for the ASC's review, with the ultimate goal of incorporating them into each CPG's microsite. For future CPGs, the algorithm could be included in the body of the guideline document.

The ASC also discussed plans to submit a proposal for a town hall session on CPGs at the 2020 APA Convention, to be held in Washington, DC. A similar town hall was held successfully at the 2019 Convention (Chambers et al., 2019). Subsequently, the proposal was accepted, and the session was held as part of the 2020 APA Virtual Convention (Axelrad et al., 2020).

CPGs and Measurement-based Care

Dr. Vaile Wright, an APA staff member, and Dr. Bruce Bobbitt, a member of APA's Mental and Behavioral Health Registry (MBHR) advisory committee, presented an overview of the MBHR, a HIPAA-compliant cloud-based platform that helps providers track quality outcomes. The MBHR has been recognized as a qualified clinical data registry by the Centers for Medicare and Medicaid Services and meets the requirement for reporting outcomes for psychologists who participate in the Merit-Based Incentive Payment System (MIPS).

Drs. Wright and Bobbitt explained the important role that CPGs play in the advisory committee's efforts to identify new validated measures to be included into the MBHR. Specifically, the advisory committee consults the systematic reviews that serve as the bases for APA's CPGs for information about rigorous measures used in research. The speakers observed that over the next decade, the healthcare system will be moving further towards merit-based incentives and there will be a greater need for validated measures to assess patient outcomes.

Dr. Franks of the Board of Professional Affairs (BPA) noted the importance of measurement-based care and the role that guidelines can play in advancing such care. He will discuss with other BPA members the potential collaboration between the MBHR advisory committee and the ASC (BPA currently oversees the MBHR initiative).

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