

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

Extended Meeting Held Virtually on March 10, April 14, and April 15, 2021

Meeting Summary

Attending

Advisory Steering Committee (ASC) members: Claire Collie (*Chair*, Veterans Affairs Central Office, Hurdle Mills, NC); Jamile Ashmore (Baylor Scott & White The Heart Hospital, Plano, TX); Marni Axelrad (Texas Children's Hospital, Houston, TX); Anil Chacko (New York Univ., New York, NY); Brandon Gaudiano, (Butler Hospital, Providence, RI); David Haaga (American Univ., Washington, DC); J. Christopher Muran (Adelphi Univ., Garden City, NY); Evan Mayo-Wilson (Indiana Univ. School of Public Health, Bloomington, IN); Stacy Ogbeide (Univ. of Texas Health Science Center, San Antonio, TX); Jacqueline Persons (Oakland Cognitive Behavior Therapy Center, Oakland, CA)

APA Officers and Liaisons: Jennifer Kelly (*2021 APA President, Board of Directors*, Atlanta Center for Behavioral Medicine, Atlanta, GA); Jean Carter (*Treasurer, Board of Directors*, Washington Psychological Center, Washington, DC); Pete Liggett (*Vice-Chair, Board of Professional Affairs*, Mercer Government Human Services Consulting, Columbia, SC); Samantha Matlin (*Chair, Board of Professional Affairs*, Thomas Scattergood Behavioral Health Foundation, Philadelphia, PA); Shannon Wiltsey-Stirman (*Member, Board of Directors*, Stanford Univ. and VA Palo Alto Health Care System, Menlo Park, CA)

Guests: Robert Franks (*Chair, Advisory Work Group on the Implementation of Evidence-Based Practice in Health Service Psychology*, Judge Baker Children's Center, Boston, MA); Bethany Teachman (*Co-Chair, Working Group on Transdiagnostic/Change Process CPG: Emotion Regulation*, Univ. of Virginia, Charlottesville, VA)

APA Staff: Lynn Bufka, Raquel Halfond, Howard Kurtzman, Jacob Marzalik, Mitch Prinstein, Jared Skillings

Day 1 (March 10, 2021)

Welcome and Introductions

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

Members, liaisons, and staff then verbally stated their own declarations of interests as part of APA's conflict of interest management process.

Updates on Clinical Practice Guidelines (CPGs) Under Development

APA staff provided updates on two clinical practice guidelines (CPGs) currently under development:

Chronic Musculoskeletal Pain CPG. The guideline development panel has been meeting via videoconference call since March 2020 and is currently developing and refining the Populations, Interventions, Comparators, Outcomes, Timing, and Setting (PICOTS) framework to define the scope

for its guideline. As of this meeting, the panel made decisions on the first four categories (PICO) and has begun to review systematic reviews that align with these categories that will serve as the basis for the CPG. Once the panel has finalized the PICOTS framework and has selected systematic review(s), the PICOTS along with the selected reviews will be posted for a 30-day public comment period in order to enhance transparency and enable feedback early in the guideline development process.

PTSD CPG Update. In August 2020, a call for nominations (APA, 2020) was released for a multidisciplinary (e.g., psychologists, psychiatrists, social workers, nurses, and patient/community members) panel to update APA's (2017) *Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults*. Current best practices in guideline development recommend reviewing and updating CPGs every five years. A total of 61 nominations were received and the ASC finalized its decision to recommend appointment of 11 candidates to the PTSD Guideline Update Panel. A memo conveying these recommendations was sent to the APA Board of Professional Affairs and Board of Scientific Affairs for their review and approval. Ultimately the APA Board of Directors will make a final review and appointments to the panel.

CPG Algorithms

The ASC continued the discussion from its previous monthly conference call regarding the development of a decision algorithm for each existing CPG as well as each future CPG. The goal is to provide a user-friendly visual tool to help practitioners use the CPG as a component of evidence-based practice.

The ASC considered whether to include all recommendations from the guideline (including conditional recommendations and cases in which there was insufficient evidence for a recommendation). However, this would result in the algorithm being more than one page in length and the ASC prefers to keep the algorithm brief. The ASC ultimately decided to only include strong recommendations within the algorithm and to refer the practitioner to the full guideline document for treatments that received conditional recommendations or for which there was insufficient evidence for a recommendation.

The ASC agreed to have the algorithm be a separate document from the full guideline document and to insert links into it to the full guideline as well as relevant professional practice guidelines that would complement the CPG.

Discussion of Recommendations from Evidence-Based Practice in Psychology Work Group

Dr. Robert Franks, chair of APA/APA Services, Inc.'s Advisory Work Group on the Implementation of Evidence-Based Practice in Health Service Psychology (EBPP), presented an overview of the work group's recommendations. Dr. Franks and the work group recommend that the framework of EBPP be consistently applied in practice. Dr. Franks emphasized the importance of focusing on the end-user of CPGs and other products and ensuring that the products APA creates are user-friendly for practitioners, patients, and the community.

The ASC and Dr. Franks discussed ways to improve communication to psychologists about how CPGs are only one component of EBPP and that it is important that the practitioner consider not only the research behind the treatments but also other relevant research, their own clinical judgment, and patients' values, preferences, and culture.

Overall, the work group recommended that APA promote implementation of EBPP at the levels of policy (e.g., review existing APA policies and how EBPP is addressed in them, ensure EBPP is advanced in new policies), systems (e.g., examine how EBPP is addressed by APA's divisions, boards,

and committees, by state psychological associations, and in other contexts), and practice (e.g., assess and encourage psychologists' utilization of EBPP, including in training). Dr. Franks recommended that this work be grounded within the APA strategic plan.

Dissemination and Implementation of APA's CPGs

The ASC began its discussion of dissemination and implementation of APA's CPGs, considering this topic within the broader context of EBPP. One dissemination and implementation strategy under consideration is the development of decision aids for patients/consumers. The ASC Chair shared with the group examples of patient decision aids the U.S. Veterans Administration (VA) uses for its CPGs. The VA's patient decision aid interactive website contains information for patients/consumers on treatments that have been shown to work as well as a guide for engaging in the shared decision-making process. The ASC did not determine how it might proceed with decision aids but will continue its discussion on dissemination and implementation on a future meeting day.

Day 2 (April 14, 2021)

Discussion of Proposal to Develop a Transdiagnostic CPG on Emotion Regulation

Dr. Bethany Teachman, co-chair of the ASC-appointed Working Group on Transdiagnostic/Change Process CPG: Emotion Regulation, presented an overview of the working group's conclusions. The working group recommended that a CPG addressing the transdiagnostic process of emotion regulation be developed with the following goals:

- Goal 1: Inform providers, patients and their families, payers, and other stakeholders about what the empirical data indicate regarding the efficacy of treatments targeting emotion regulation.
- Goal 2: Enhance clinical utility of a CPG by answering the following questions that may not be answered in a traditional CPG.
 - What treatments work for whom, and under what circumstances?
 - What is known about widely used treatments for which there is not rigorous evidence concerning efficacy?
 - What is known about change processes or principles underlying the effects of efficacious treatments?

The working group recommended that development of a CPG that addressed the above goals and questions be based on three separate reviews:

- Review 1 would examine the efficacy and comparative effectiveness of treatments (including consideration of the overall strength of the evidence, balance of benefits versus harms, patients' values and preferences, and applicability) and lead to treatment recommendations of the type that appear in current APA CPGs.
- Review 2 would describe widely used treatments for which there is not strong evidence regarding efficacy. This review would not result in treatment recommendations but would provide additional information for stakeholders on the current state of the science for these treatments.

- Review 3 would summarize what is known about change processes and mechanisms for treatments that were covered in the first review. Like the second review, this review would not result in treatment recommendations.

The working group argued that APA's development of CPGs based on these three types of reviews would broaden the range of research that is considered in its guidelines (e.g., greater consideration of observational studies, in addition to the current reliance on randomized controlled trials) while still retaining a rigorous scientific approach.

Dr. Teachman acknowledged that the scope of a guideline on a transdiagnostic process such as emotion regulation (as opposed to a traditional diagnostic category) would be broad and that developing three separate reviews might appear at first to be infeasible (due to costs and time required). However, she asserted that by taking this approach, APA could be a leader in innovation in the guideline development field and encourage other organizations to explore related approaches.

The ASC expressed great interest in the working group's proposal and appreciated the thoughtful work that went into developing it. The ASC went on to raise several points. It requested clarification from Dr. Teachman and Dr. Muran on the problem area (i.e., the ASC was unsure whether the problem area was emotion regulation specifically or also included psychotherapy change processes). It also noted that a guideline focused on specific diagnosis might be more useful for practitioners than one focused on underlying mechanisms. Further, the ASC raised the concerns that Dr. Teachman had pointed to about the breadth of the topic and the amount of time and resources required to complete three separate reviews. And the ASC requested further clarification on the clinical utility of reviews 2 and 3 (i.e., how might a practitioner interpret and synthesize the information from these reviews?). Dr. Teachman and Dr. Muran planned to provide responses to these issues at a future date.

Methods Discussions

Network meta-analysis (NMA). ASC member Dr. Evan Mayo-Wilson presented an overview of network meta-analysis (NMA), which involves comparing effects of three or more interventions using both direct and indirect evidence from multiple studies. A NMA of intervention trials might answer the following types of questions:

- What is the direction of the effect (association)?
- What is the magnitude (size) of the effect?
- Is the effect consistent?

The benefits of NMAs include that they compare interventions that have and have not been directly compared in a single trial, use all estimates to produce coherent overall estimates of effects and relative rankings, improve precision of estimates, and can examine whether there is an effect across comparators from multiple studies. With this information, it may be possible to develop additional and more specific guideline recommendations.

The ASC considered the resources needed to produce an NMA. Dr. Mayo-Wilson noted that while use of NMA software is straightforward, significant resources may be needed to determine the scope of the analysis and identify and organize the data. The estimated cost of conducting an NMA is comparable to that of conducting a standard systematic review (approximately \$300,000-400,000). The question was also raised of whether an NMA can be performed using an existing systematic review. Dr. Mayo-Wilson responded that this may not be possible if there is too much heterogeneity across the individual studies within an existing systematic review.

Qualitative evidence. The ASC discussed how to include evidence from qualitative studies as part of the evidence base for developing CPG recommendations. APA Board member Dr. Shannon Wiltsey-Stirman raised the idea of conducting a meta-ethnography, which involves identifying common themes across qualitative studies. This may be useful in summarizing how treatments are carried out in practice. The meta-ethnography could also serve to increase the range of studies considered beyond those included in a traditional systematic review.

The ASC expressed some concern about expanding the scope of work of guideline development panels. It also raised a question about what types of information should be included in a CPG document versus a companion document. ASC members agreed that consideration should be given to how to make recommendations more accessible and helpful for end-users, such as by provision of qualitative information.

Day 3 (April 15, 2021)

Methods Discussions (continued)

CPG template. The ASC discussed potential revisions of the CPG template, which provides a framework for guideline development panels. The ASC considered whether CPGs should include treatment recommendations for subgroups of patients. However, the concern was expressed that studies are often not sufficiently powered to be able to detect subgroup differences and thus recommendations for subgroups might not always be possible. This could then lead to limitations on the treatments that are made available to some subgroups (including marginalized groups that may already face barriers to healthcare). The ASC decided not to require subgroup analyses in the template. But future guideline development panels will be instructed to provide more information in the guideline document on the diversity and comorbidity of samples as well as information on patient/provider factors and cultural and community competency (consistent with the ASC's CPG template).

The ASC also considered ways to standardize the format of recommendation statements within the CPG template with the goal of making APA's CPGs more user-friendly. It noted that some of the recommendations in APA's CPGs were quite nuanced, which makes them more difficult to understand and apply. The ASC was open to the possibility of making the recommendations less nuanced in order to make them more accessible. APA staff will examine recommendation formats from other organizations and develop a potential format for the ASC's consideration on a future call.

Manual of Procedures. APA staff continue to update the Manual of Procedures for developing APA's CPGs. The updated Manual will describe current procedures for identifying and reviewing research, creating recommendations and how to handle dissenting opinions in guideline development panels. It will also contain the CPG template, which will be updated to include a standardized format for CPG recommendations (see above) and information on addressing change processes and mechanisms (ASC Member Dr. Chris Muran will draft examples for addressing these).

Dissemination and Implementation Efforts

The ASC continued its discussion from the first day of the meeting concerning dissemination and implementation of APA's CPGs. It considered what roles the ASC and other components of APA should have in disseminating the CPGs and related information about EBPP.

APA staff member Dr. Raquel Halfond summarized results from surveys conducted in winter 2020 on the reach and impact of APA's CPGs on treating obesity and overweight and treating depression. (APA

contracted with Dr. Jonathan Purtle of Drexel University to help in designing the surveys and to analyze their results.) The results for both surveys were similar to those of a near identical survey on APA's CPG on treatment of PTSD that was conducted in Dec. 2018-Jan. 2019 (Purtle et al., 2020). For example, across all surveys, psychology practitioners reported preferring receiving materials through email or printed format rather than webinars, in-person trainings, or audio summary/podcast. Further, the top information sources psychology practitioners referred to in the course of treating patients were academic literature, colleagues, and educational meetings/conferences. However, there were differences in psychologists' awareness of the CPGs: 6.4% of psychologists were familiar with the obesity guideline, 15% with the depression guideline, and 17% with the PTSD guideline.

The ASC reflected on these and other results and considered ways to increase practitioners' awareness of APA's CPGs. It considered drafting a memo to the APA Board of Professional Affairs and Board of Scientific Affairs as well as other APA governance groups to request assistance in disseminating the CPGs and linking of APA's CPGs to other APA projects. It also considered creating a companion document, similar to review 2 proposed by the Working Group on Transdiagnostic/Change Process CPG: Emotion Regulation, for each guideline that summarizes information on treatments currently available that were not included in the CPG due to insufficient evidence. No decisions were made, and the ASC will continue to discuss dissemination and implementation on future calls.

Future CPG Topics

Emotion regulation. The ASC continued its discussion of whether to develop a CPG on the transdiagnostic topic of emotion regulation, as recommended by the Working Group on Transdiagnostic/Change Process CPG: Emotion Regulation. It considered the costs and resources involved in producing three reviews, as proposed by the working group, as well as the possibility of submitting a proposal to the Agency for Healthcare Research and Quality (AHRQ) to complete the three reviews. It weighed scenarios such as AHRQ not funding all or some of the three reviews and whether a special funding request could be submitted to APA for consideration in such a case.

Overall, while the ASC was uncertain about developing a CPG on emotion regulation at this time, it will continue to seek clarification on the methodology, feasibility, and utility of developing a CPG according to the working group's recommendations. The ASC Chair, Dr. Claire Collie, and ASC member and co-chair of the working group, Dr. Chris Muran, will hold a separate call with Dr. Bethany Teachman to further explore the issues. It will also solicit feedback from the Board of Professional Affairs on the utility of a CPG on emotion regulation as proposed by the working group.

Topic selection process. The ASC discussed the process of reviewing and prioritizing potential CPG topics. It examined nominations of topics that had been submitted by ASC members as well as external parties since 2018. The ASC found that external nominators generally did not provide sufficient information about the prevalence and population disparities of the condition proposed as a CPG topic or a clear rationale for the topic. It agreed that going forward it will ask external nominators to provide more detailed information. A topic subcommittee (composed of Drs. Claire Collie, Marni Axelrad, Anil Chacko, Brandon Gaudiano, Stacy Ogbeide, and Jacqueline Persons) will assess existing nominations and present two or three potential topics for the full ASC to consider for future CPG development.

Feedback from APA Liaisons

Liaisons expressed appreciation for the opportunity to attend the ASC's extended meeting and looked forward to the ASC's future work on CPGs as an element of evidence-based practice in psychology (EBPP). Dr. Pete Liggett, vice-chair of APA's Board of Professional Affairs (BPA), reflected with the ASC on how BPA and the ASC mutually support one another in advancing EBPP. The BPA is

interested in the interactions of the science and practice of psychology as well as in how the psychology practice community is valued in domains ranging from reimbursements to its stature within the broader healthcare field. Dr. Liggett said that BPA hopes that the process of developing CPGs keeps the business side of practice in mind while also giving psychologists the tools to practice effectively.

Next Steps

- The ASC will continue to explore ways to enhance the dissemination and implementation of APA's CPGs by identifying resources to promote them to practitioners and the public. The ASC will consider forming a subgroup of its members to identify strategies to enhance dissemination and implementation and to identify other APA groups for potential collaboration in this effort.
- The ASC will finalize the formation of the PTSD guideline update panel and get it started on its work.
- The ASC will continue its support and oversight of the chronic pain guideline development panel.
- The ASC will review the most recent version of the document *Individualizing Treatment While Using Clinical Practice Guidelines* (written by Dr. Jacqueline Persons and Dr. Jamile Ashmore) by its next conference call.
- The ASC will finalize the CPG treatment algorithms for each of APA's existing CPGs for posting online.
- Dr. Muran will draft guidance on addressing change processes and mechanisms of the main recommended treatments (including examples) to be incorporated in the CPG template.
- APA staff continue to update the Manual of Procedures for the ASC's review on a future conference call. Among other changes, new sections will be added on the following topics, pending decisions to be made by the ASC:
 - How guideline development panels should handle disagreement in developing guideline documents
 - How the panels should address population heterogeneity (sub-group effects)
 - A standardized format for CPG recommendations
 - How to address change processes and mechanisms
- The topic selection subcommittee will rate topics previously nominated to the ASC for new CPGs and select two or three potential topics for consideration by the full ASC.
- Dr. Teachman and Dr. Muran will provide a response to the ASC's questions on the transdiagnostic/change process/emotion regulation proposal on a future date.

References

- American Psychological Association. (2017). *Clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults*. <https://www.apa.org/ptsd-guideline>
- American Psychological Association. (2020, August 13). *Clinical practice guideline development panel for treatment of posttraumatic stress disorder (PTSD) in adults: An update*. <https://www.apa.org/about/offices/directorates/guidelines/nominations-ptsd>
- American Psychological Association. (2021). *Professional practice guidelines for evidence-based psychological practice in health care*. <https://www.apa.org/about/policy/psychological-practice-health-care.pdf>
- Purtle, J., Marzalik, J. S., Halfond, R. W., Bufka, L. F., Teachman, B. A., & Aarons, G. A. (2020). Toward the data-driven dissemination of findings from psychological science. *American Psychologist*, 75(8), 1052–1066. <https://doi.org/10.1037/amp0000721>