

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

October 6 – 7, 2024

Washington, DC & Virtual

Meeting Summary

Attending

Advisory Steering Committee: Claire Collie (*chair*), Brandon Gaudiano (*vice chair*), Marni Axelrad, Emily Becker-Haimes, Michael Constantino, Heidi Levitt, John McQuaid (*absent*)*, J. Christopher Muran, Karen Tao, Jonathan Weinand

Committee on Professional Practice and Standards: Megan Loew (*chair*), David Pantalone (*vice chair*), Kelly Champion, Paul Kettlewell (*liaison – Board of Professional Affairs*), Stephen Lupe, Michelle Perfect, Nataliya Pilipenko, Maureen Reardon, Jeffrey Younggren

APA Staff: Kim Boller*, Lynn Bufka, Raquel Halfond, Jacob Marzalik, Robin McLeod, Jared Skillings, Adrienne Stith*

**Participating remotely*

Welcome and Introductions

Members of the Advisory Steering Committee (ASC) were welcomed 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.

Throughout the two-day meeting, the ASC held separate business meetings and then joint meetings with APA's Committee on Professional Practice and Standards (COPPS) to reflect and discuss on the future of APA's guideline development and its processes.

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

Status of APA's Topic Nomination to Agency for Healthcare Research and Quality and ASC Recognition Statement

In Spring 2024, the ASC together with APA staff submitted a topic nomination to the Agency for Healthcare Research and Quality (AHRQ) to fund and develop a qualitative meta-synthesis on individual psychotherapy for the treatment of depression in adults (AHRQ, 2024). APA staff shared with the ASC that the funding and development of the qualitative meta-synthesis was approved by AHRQ, and a contract is currently being developed. This innovative review will be used as one of the underlying evidence for updating APA's (2019) *Clinical Practice Guideline for the Treatment of Depression* and it will address the systematic review of the literature on change processes within individual psychotherapy.

The ASC then continued reviewing the statement drafted by Drs. Heidi Levitt, Chris Muran, and Karen Tao which acknowledges the state of psychotherapy science and the limitations of the

current guideline development processes (e.g., the reliance of randomized controlled trials) and evidentiary bases. ASC members continued refining the statement during the next meeting day and agreed to have the first few paragraphs of the statement as well as a link to the full statement appear in future clinical practice guidelines.

Joint Meeting with APA's Committee on Professional Practice and Standards (COPPS) on the Future of Guidelines

The ASC and Committee on Professional Practice and Standards (COPPS) met jointly to discuss with APA leadership the future directions of APA's development of clinical practice and professional practice guidelines. APA's Chief of Professional Practice, Dr. Jared Skillings, introduced the topic by highlighting key areas APA is currently focused on that will impact the field within the next decade, which include regulatory access and oversight of digital therapeutics and expanding the profession by accrediting master's degree programs in health service psychology. Dr. Skillings also highlighted the recent approval of health behavior codes for prevention and early intervention by the Centers for Medicare and Medicaid Services, underscoring the importance of taking a population health approach to mental health. Given the rapid advancement of technology and the high demand of equitable, high-quality mental health care, APA leadership called upon the ASC and COPPS to reflect on APA's development of guidelines and whether these efforts are meeting the needs of practicing psychologists.

The groups first reflected on how APA's guidelines are currently being used by psychologists and other audiences such as policymakers. APA introduced the development of clinical practice guidelines in 2010 in part to have a seat at the table with other major health care organizations that have been developing clinical practice guidelines since the evidence-based medicine movement was introduced in the 1990s. While the impact of APA's development of clinical practice guidelines was evident when there was an increase in website traffic to APA's (2017) *Clinical practice guideline for the treatment of PTSD in adults* during the COVID-19 pandemic, the ASC noted challenges in the uptake of the guidelines and continue to work to identify ways to increase the dissemination and implementation of APA's clinical practice guidelines. COPPS members also highlighted several examples of APA's guidelines being used in the judicial courts/government legislation, such as the State of Pennsylvania equating clinical practice guidelines as "standards of care" and viewing the guidelines as the "floor" for provision of care in spite of a clear statement in the clinical practice guidelines that they are not intended to serve as a standard of care, and the State of Minnesota adopting APA's (2024a) telepsychology guidelines as it rolled out its legislation on telehealth.

The groups then considered the strengths and drawbacks of APA's Guidelines for practicing psychologists. The strengths of APA's clinical practice guidelines are that they are based on a systematic review of the scientific evidence and meet national standards for guideline development, which allows psychological science to have an equal footing with other health care fields. Clinical practice guidelines also distill the latest evidence of treatments for specific disorders and conditions for clinicians who do not have the time to review individual systematic reviews/meta-analyses. APA's professional practice guidelines provide a helpful review of the literature and guidance based on expert consensus on providing care for patients from specific populations or contexts. Both guidelines complement each other in carrying forth evidence-based practice in psychology.

The ASC and COPPS then reflected on several drawbacks of APA's current clinical and professional practice guidelines. The ASC noted concerns about the length and accessibility of the clinical practice guidelines as well as the time and resources involved in developing the

guideline. The ASC expressed concerns about the release of multiple professional practice guidelines related to trauma and PTSD being released around the same time as the PTSD clinical practice guideline update (APA, 2024b & c). It noted potential confusion between the different types of guidelines as well as statements in one of the professional practice guidelines being contradictory to the clinical practice guideline. COPPS reflected further on its current processes in developing professional practice guidelines in which individuals and groups often develop the professional practice guideline on their own and then bring it to APA. COPPS agreed that there needs to be further coordination, oversight, and agility in guideline development. Both groups agreed that there needs to be more education to clinicians on the differences between the two guidelines and how they can complement one another in providing evidence-based practice.

Revisiting the Institute of Medicine (IOM) Standards for Clinical Practice Guideline Development

The ASC was then asked to consider whether to continue to follow the IOM (2011) standards for clinical practice guideline development, given feedback received from some members on the restrictive nature of the standards (e.g., concern that only randomized controlled trials are used for developing recommendations) or whether to develop its own standards. For several years the ASC has worked to address the limitations of the IOM standards in many ways (e.g., by including change processes / mechanisms of change in the treatment of specific conditions) and has reflected on and been responsive to the feedback and concerns received from public comment periods over the years regarding the clinical practice guideline development processes. With the recent awarding of the qualitative meta-synthesis from AHRQ, APA could be a leader in innovative guideline development processes by systematically addressing the mechanisms of change that may occur during treatment. The ASC has also been developing a statement that recognizes clinical practice guidelines as an important resource while also acknowledging the limitations of the current evidence base related to biases in the funding process (e.g., increase in funding for cognitive behavioral therapy research, etc.) and inclusion of diverse populations.

Overall, the ASC believes that it is premature to consider not fully following the IOM criteria, which have contributed to the recognition of APA's clinical practice guidelines as high quality and reputable. The ASC also emphasized the importance of disseminating information about treatment efficacy to prevent harms in the case of treatments being ineffective or potentially harmful and to serve as a resource to providers engaging in evidence-based practice. The ASC has also taken the approach of contextualizing the treatment efficacy recommendations with inclusion of other information important to clinicians including change processes, attending to equity, diversity, and inclusion, incorporating expert recommendations for implementation, and advocating for needed research.

Dissemination and Implementation of APA's Guidelines

The ASC and COPPS reflected on the current processes in guideline development and whether they were meeting the needs of psychologists. The ASC acknowledged the time and resources required to create clinical practice guidelines and it discussed whether there was a more efficient way to disseminate evidence-based information while staying rigorous to the science. The ASC also acknowledged the length and depth of the document likely being inaccessible to some practicing psychologists and other audiences such as policymakers. It considered developing multiple products for different audiences that are briefer but still follow rigorous scientific processes. It also considered topics that were beyond the specific disorder and condition, such as a brief guide on therapeutic alliance or other transdiagnostic topics. The ASC

was reminded of the guideline topic nomination on treating suicidality in youth and how the draft systematic review developed by AHRQ (Sim et al., 2025) that would be used in developing the guideline found insufficient evidence to recommend for or against specific interventions. With these findings in mind and the immediate need for evidence-based information for clinicians who treat children and adolescents with suicidality as well as advocacy for future research in this area, the ASC is considering developing a brief evidence-based product that disseminates what the current science says about treating suicidality in youth and how more research is needed for future guidelines. The ASC will continue to identify ways to increase the dissemination and implementation of APA's clinical practice guidelines and is interested in collaborating with COPPS on educating clinicians on the differences between professional and clinical practice guidelines and how they can complement each other. COPPS was also interested in further standardizing the topic nomination and voting process by referring to the ASC's processes so as to reduce possible redundancy of guidelines on a particular topic. A member from COPPS suggested that the ASC include a liaison from BPA or COPPS to the ASC, however the ASC clarified that the group is intentionally separated from APA's governance groups so to reduce the possibility of conflicts of interest.

Dr. Adrienne Stith, APA's Deputy Chief of Science and Dr. Kim Boller, APA's Senior Director for Science Innovation introduced themselves to both the ASC and COPPS and provided an overview of the Science Directorate's work. The ASC and COPPS would like to engage with the Science Directorate about how best to continue to amplify the need for more research in psychotherapy and to engage potential funding agencies in these discussions to inform future clinical practice guideline and address the paucity of research in therapies other than cognitive-behavioral therapy for the treatment of specific disorders. Both groups also agreed that it is crucial to work with the Education Directorate to further disseminate the clinical practice guidelines and include them in graduate training programs as part of the curriculum.

Overall, both the ASC and COPPS share a mutual interest in ensuring that the different purposes of the clinical and professional practice guidelines are made clearer, as well as informing users of how these two different types of guidelines are intended to be used in a complementary manner. Both groups are interested in the possibility of future coordination around selection of guideline topics, the timing of guideline development, and increasing dissemination of both types of guidelines (e.g., via APA convention, a continuing education course, town halls, etc.).

References

- Agency for Healthcare Research and Quality. (2024, March 26). *Individual psychotherapy for depression*. U.S. Department of Health and Human Services. <https://effectivehealthcare.ahrq.gov/get-involved/nominated-topics/depression>
- 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. (2019). *Clinical practice guideline for the treatment of depression across three age cohorts*. <https://www.apa.org/depression-guideline>
- American Psychological Association. (2024a). *Proposed revision of guidelines for the practice of telepsychology*. <https://www.apa.org/practice/guidelines/telepsychology-revisions.pdf>

American Psychological Association. (2024b). *Guidelines for working with adults with complex trauma histories*. <https://www.apa.org/practice/guidelines/adults-complex-trauma-histories.pdf>

American Psychological Association. (2024c). *Guidelines on key considerations for working with adults with PTSD and traumatic stress disorders*. <https://www.apa.org/practice/guidelines/adults-ptsd-traumatic-stress-disorders.pdf>

Institute of Medicine. (2011). *Clinical practice guidelines we can trust*. National Academies Press. <https://nap.nationalacademies.org/catalog/13058/clinical-practice-guidelines-we-can-trust>

Sim, L., Wang, Z., Croarkin, P. E., McKean, A. J., Mohammed, K. S., Rajjo, T. I., Firwana, M., Simha, S., Abusalih, M. E., Al-Kordi, M., Fleet, F., Hegazi, M., Basmaci, R., Chuzhyk, O., Saadi, S., Hasan, B., Farah, M. H., Prokop, L. J., Viola, K. E., & Murad, M. H. (2025). *Management of suicidal thoughts and behaviors in youth: A systematic review* (AHRQ Publication No. 25-EHC027). U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Mayo Clinic Evidence-based Practice Center. <https://effectivehealthcare.ahrq.gov/products/suicidal-thoughts-youth/research>