Clinical Practice Guidelines Offer Important Practice Support

APA’s first clinical practice guideline on posttraumatic stress disorder was released in February. What does this guideline and upcoming guidelines mean for practitioners, their clients and the public?

In February, APA’s Council of Representatives approved the first APA clinical practice guideline on posttraumatic stress disorder (PTSD). Two other guidelines on depression and childhood obesity are near completion as well.

Some practitioners might be concerned that these guidelines will place a heavy hand on their practice choices, but there is no cause for alarm, practice leaders say. In many respects, the guidelines will prove a valuable tool for individual practitioners, for the profession, and for the public. Not to mention that they are just that—guidelines, not requirements, they add.

In the most basic sense, these documents will make it easier for practitioners to quickly view a “synthesized summary of the most up-to-date evidence and recommendations on different treatments” in one place, says Raquel Halfond, PhD, director of the APA clinical practice guidelines initiative.

In health care settings, having APA’s own clinical guidelines will place psychologists in a stronger position to deliver the care they’ve been trained in, and to counter political resistance that may arise from other health care disciplines, adds Jared Skillings, PhD, chair of the APA Board of Professional Affairs and chief of behavioral medicine, psychology and social work at Spectrum Health Systems in Grand Rapids, Michigan.

“In medical centers historically, we’ve had to rely mainly on psychiatry guidelines rather than on psychology guidelines,” Skillings says. “Clinical practice guidelines are a way for psychology to plant our flag in the turf – to show that the work we do matters, that we’re experts in psychological care and assessment, and that we should be at the table to make decisions in health and mental health care.”

Clinical practice guidelines are standard in all other areas of medicine, including psychiatry. If psychologists don’t follow suit, they’ll lose their opportunity to shape health care, including reimbursement, says Vanderbilt University Professor Steven Hollon, PhD, who chaired the advisory committee for the APA guidelines from the beginning of the initiative until 2016.
Finally, clinical guidelines are intended for everyone, including policymakers and consumers. As such, they have the strong public interest mission of giving potential clients reliable information about the kind of care to seek.

**Developing the guidelines**

For all of these reasons, APA chose an advisory steering committee to start tackling development of the guidelines in 2010.

APA is using a widely accepted process recommended by the National Academy of Medicine, formerly known as the Institute of Medicine, to develop the guidelines. The process draws upon international standards such as those developed by the United Kingdom’s National Institute for Health and Care Excellence (NICE), and incorporates “transparency, multidisciplinary panels, identification and management of all conflicts of interest, and use of a high quality systematic review,” according to the APA PTSD guideline. It’s a very similar approach to that used by the Department of Veterans Affairs and Department of Defense to develop their joint VA/DoD Evidence-based Clinical Practice Guidelines, a collaborative effort that began in the 1990s.

The process for developing APA’s PTSD guideline began with the federal Agency for Healthcare Research & Quality commissioning an independent committee of methodological experts to conduct a comprehensive literature review. The group of experts included reviewers from the nonprofit research organization RTI International and the University of North Carolina, which jointly make up one of 13 U.S. evidence-based practice centers that do this kind of work. Next, the committee turned its findings over to a multidisciplinary guideline development panel. Besides psychology, the guideline development panel included experts from relevant disciplines like primary care, psychiatry and social work, as well as members of the public. These types of panels are tasked with discussing the findings, hashing out differences, and eventually creating recommendations based on the evidence as well as considerations related to clinical expertise and to patients’ values and preferences. Throughout the process, panel members report and address any conflicts of interest that may arise.

A finalized clinical practice guideline includes:

- A succinct executive summary;
- An in-depth explanation of the treatment recommendations and related decision-making process; and
- A section discussing treatment implementation.

Treatment recommendations use a tiered approach. The PTSD guideline, for example, “strongly recommends” four therapies: cognitive behavioral therapy, cognitive processing therapy, cognitive therapy and prolonged exposure therapy. Meanwhile, it “suggests” the use of other treatments, including specific medications, and notes “insufficient evidence” for other treatments. The panel bases all of these recommendations on the thorough, unbiased review of the literature.

**Putting guidelines to use**

For practitioners, the guidelines can serve as verification that you’re using a treatment or treatments with strong research support. They can also make you aware of treatments and treatment updates that you didn’t know about or that you’d like to receive additional training in. And in conjunction with APA’s professional practice guidelines ([www.apa.org/practice/guidelines](http://www.apa.org/practice/guidelines)), they can provide guidance on how to deliver treatments that are considered best practices—for instance, how to deliver an evidence-based treatment for obesity via telemedicine, says Diana Prescott, PhD, an independent practitioner who with her husband David Prescott, PhD, runs Hampden Psychological Consultation, PLLC, in Hampden, Maine.

Clinical guidelines can also be useful in giving private practitioners a handle on best practices in different domains than their central areas of practice, Prescott notes.
That can be important if you work with clients who have co-morbid conditions that were not apparent at the outset.

In hospitals or other large health-care settings, clinical guidelines can serve both as a guide for individual practitioners and for administrators who seek to promote high quality multidisciplinary care, notes Skillings.

“Ideally, if you’re a clinical administrator whose institution is providing interprofessional care, you should be looking at these guidelines across different disciplines and combining them” to deliver the best possible team-based care for a given patient, he says.

VA psychologist Chris Crowe, PhD, who is senior mental health consultant and liaison to the DoD’s Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, says that the similarly developed VA/DoD guidelines serve as a continuous quality improvement tool, equipping providers with the most recent evidence. Those guidelines also include treatment algorithms that assist providers in clinical decision-making so they can provide the best possible care for veterans, he notes.

What’s next?

Creating quality guidelines is expensive and time-consuming. To account for this reality, APA is considering ways to continue the process by leveraging outside resources. For example, leaders are considering endorsing high quality guidelines from other organizations in some areas instead of creating new ones from scratch, and partnering with other professional organizations to fund or otherwise participate in the creation of new guidelines.

For the new PTSD guideline and other upcoming guidelines, plans are under way to make them as accessible and user-friendly as possible, Halfond adds. APA is developing a comprehensive website that will post the PTSD guideline, as well as related resources for clinicians and consumers.

APA also plans to develop short summary versions for practitioners and the public, Halfond says. For psychologists concerned that such guidelines may neglect important clinical ingredients such as the importance of the therapeutic alliance and of clinical experience, APA is considering the development of an additional professional practice guideline that addresses the real world implications of clinical guidelines, says Skillings. The professional practice guideline would discuss how to use a clinical practice guideline in determining care, along with delineating other components of good clinical care. In general, clinical guidelines are a way for psychologists not only to catch up with the rest of the health care system, but also to learn about research-based interventions that work – many of them developed by psychologists, Halfond says.

The PTSD guideline is available to the public on APA’s website.

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