

**January 11<sup>th</sup>, 2022**

**Council Leadership Team (CLT) Virtual Meeting**

**Present:** Eric Butter, PhD (Chair); David Susman, PhD; Randy White, PhD; Arlene Noriega, PhD; Noelle Lefforge, PhD; Jean Carter, PhD; Frank C. Worrell, PhD; Thema Bryant-Davis, PhD; Arthur C. Evans, PhD

**Not Present:** LeOndra Clark Harvey, PhD, Tiffany Parisi, MPHS, Bryana French, PhD

**Staff Present:** Abby Green; Deanne Ottaviano, JD; Amber Roopan; Jim Diaz-Granados, PhD

**A. February 2022 Council Meeting**

Given the highly contagious omicron variant, CLT discussed the possibility of hosting the February 2022 Council meeting virtually, instead of hybrid to protect the health and safety of members. CLT considered the current situation and by vote supported a virtual meeting for Council in February 2022.

**January 25<sup>th</sup>, 2022**

**Council Leadership Team (CLT) Virtual Meeting**

**Present:** Eric Butter, PhD (Chair), David Susman, PhD; Randy White, PhD; Arlene Noriega; Noelle Lefforge, PhD; Jean Carter, PhD; LeOndra Clark Harvey, PhD; Tiffany Parisi, MPHS; Bryana French, PhD; Frank C. Worrell, PhD; Thema Bryant-Davis, PhD; Arthur C. Evans, PhD

**Staff Present:** Abby Green; Deanne Ottaviano, JD; Amber Roopan; Jim Diaz-Granados, PhD; Jared Skillings, PhD

- A. CLT received an update on the Council Effectiveness Oversight Taskforce, CLT Evaluation Taskforce, Ombuds selection process, and the Equity, Diversity and Inclusion Advisory Group.
- B. CLT recommended that Council approve the following motion: APA Bylaws Regarding Voting Privileges for Associate Members

That Council approves forwarding to the Membership for a vote the following amendment to Article II, 1 Section 6, of the APA Bylaws (bracketed/strikethrough material to be deleted; underlined material to be 2 added):

ARTICLE II 5 Membership 7

6. Associate members shall be persons who are interested in the advancement of psychology 9 as a science and as a profession and who have met the requirements described below. Associate 10 members may not vote or hold office in the Association but shall be entitled to all rights and 11 privileges of the Association not specifically denied them in these Bylaws. Associate members 12 shall achieve voting privileges after [five consecutive years] one year in the status of Associate 13 membership.

A. *Guidelines for the Evaluation of Child Custody in Family Law Proceedings* set to expire on December 31, 2032.

B. *Resolution on Poverty and Socioeconomic Status*

### **Resolution on Poverty and Socioeconomic Status**

**WHEREAS** the income gap in the United States between low and high Socioeconomic Status (SES) has continued to increase, with the average income of the lowest fifth of the population down 25% and the average income of the top fifth up 23% since the 1970s (Duncan et al., 2019) and where rates of poverty have increased to 11.4% in 2020 from 10.5% in the preceding year; where overall numbers of persons in 2020 who live in poverty are in excess of 37.2 million (U.S. Census Bureau, 2021a); and where persons with low SES have limited access to acquiring wealth due to low wages, predatory lending and credit practices, and barriers to income generating resources;

**WHEREAS** in times of natural disasters, pandemics, and economic downturns associated with job loss and high rates of unemployment and under-employment, persons of low SES and those living in poverty in urban, suburban and rural locations experience more devastating and long-lasting personal and financial repercussions than those with greater economic advantage (Buheji et al., 2020; Finch & Finch, 2020; McAlpine & Alang, 2021);

**WHEREAS** persons at the intersection of low SES and multiple minoritized identities, including persons of color; women; lesbians, gay, bisexual, queer, transgender, and non-binary individuals; persons with mental illnesses; immigrants; refugees; persons with physical and/or intellectual disabilities; and court system-involved persons, have been historically and systemically discriminated against through policies, laws, and ordinances as well as bias and stereotyping that have created a range of barriers to opportunities thus solidifying financial hardship and economic inequality (APA, 2020; Gonzales et al., 2020; Guedel & Colbert, 2016; Iguchi et al., 2005; McGarrity, 2014; Martinchek & Carther, 2021; Massey, 2020; Sakimura, 2020; Torres et al., 2018; Whittle et al., 2017; Wilson et al., 2020; Wright et al., 2014; U.S. Government Accountability Office, 2018);

**WHEREAS** compared to 8.2% of White persons who live in poverty, the rates are disproportionately higher among most non-White populations, 26.8% American Indian and Alaska Natives, 19.5% Blacks, 17% non-White Hispanics, 8.1% Asians, who have been systematically excluded from opportunities to gain wealth while also having the potential for intergenerational wealth stolen (Akee, 2021; National Congress of American Indians, 2020; U.S. Census Bureau, 2021a). Diversity within these various groups should also be recognized [e.g., poverty rates for Asian individuals vary by country of origin: 13% Chinese, 7% Filipino, 8% Japanese, 11% Korean, 6% Indian, 12% Vietnamese (Pew Research Center, 2021)]. Notably, when population breakdowns by race/ethnicity in the U.S. are considered, poverty rates are disproportionately higher for Asian, Black, and Indigenous individuals but lower than expected for White individuals (U.S. Census Bureau, 2021b);

**WHEREAS** there was an increase in child poverty rates, with the percentage of children and youth below the age of 18 living below the poverty line rising from 14.4% in 2019 to 16.1% in 2020 (U.S. Census Bureau, 2021a). Furthermore, Black, Hispanic, and Indigenous children are overrepresented among children living below the poverty line (Children's Defense Fund, 2018; Thomas & Fry, 2020). More specifically, 35.5% of Black people living in poverty in the U.S. are below the age of 18. Similarly, 40.7% of Hispanic people living below the poverty line in the U.S. are younger than age 18, and 29.1% of American Indian and Native American children lived in poverty in 2018 (Children's Defense Fund, 2018). In contrast, approximately 21% of White people living in poverty in the U.S. are less than 18 years old (Thomas & Fry, 2020);

**WHEREAS** compared to the 2020 poverty rate of families with a male head of household (11.4%), families with a female head of household had a poverty rate of 23.4% in 2020, an increase from 22.2% in 2019 (U.S. Census Bureau, 2021a) with a direct impact on increasing numbers of children and other family members;

**WHEREAS** racial, ethnic, and gender economic gaps persist in the U.S. with White male workers making significantly more money than their female White, Black, Latinx, Asian, or Native American counterparts. Compared to every dollar paid to White, non-Hispanic men, Latinx women were paid 55 cents, Native American women were paid 60 cents, Black women were paid 63 cents, White women were paid 79 cents, and Asian women were paid 85 cents (National Partnership for Women & Families, 2021);

**WHEREAS** evidence establishes that the income gap between the economically marginalized and the wealthiest in societies continues to be associated with significant inequity in morbidity and life expectancy (APA, 2021a; Bosworth, 2018). Low SES is associated with higher mortality rates and with increased rates of pervasive and untreated mental illnesses, osteoarthritis, hypertension, diabetes, coronary heart disease, AIDS/HIV infection, cervical cancer, and other chronic health conditions in men and women across the life span (Schiller et al., 2012; Stringhini et al., 2017; Tobias, 2017) than those who are more economically advantaged. Where low-income women are more likely to have chronic and other disabilities than their higher-income counterparts, thus limiting their employment options and straining their financial resources (Brault, 2012; Women's Bureau, U.S. Department of Labor, 2015);

**WHEREAS** demonstrable inequities associated with low SES begin before birth with greater likelihood of fetal death and infant mortality (Gilman et al., 2017; Larson, 2007) and where many mothers, particularly communities of color and those living below the poverty line, receive inadequate prenatal and postnatal care resulting in significantly higher rates of maternal prenatal and perinatal complications and death (Gadson et al., 2017; Kaplowitz et al., 2018; Lefmann et al., 2017; Oropesa et al., 2001; Ross et al., 2020; Ross et al., 2019; Taylor et al., 2019). Where poverty has been identified as an adverse childhood event (ACEs), and where low-income children have significantly higher rates of

exposure to a range of ACEs that are associated with poor physical and mental health outcomes across the life span (Crouch et al., 2020). This divide in morbidity and mortality rates along economic lines has continued to grow (Bosworth, 2018), with higher death rates for low-income infants (as well as adults), thereby decreasing the life expectancy for all members of society. This inequity may be compounded by an interaction with the negative health outcomes associated with U.S. racial constructs (APA, 2021d; APA, 2021f);

**WHEREAS** individuals living in economically depressed communities are more likely to experience adverse food and nutrition conditions such as “food deserts” or “food swamps.” These locations are found in urban, rural, and remote areas and are more likely to have limited access to fresh fruits and vegetables thereby impacting their nutrition and well-being, contributing to higher rates of morbidity and mortality (Banner et al., 2020; Fong et al., 2020; Madzia et al., 2020; Phillips & Rodriguez, 2020; Walker et al., 2010);

**WHEREAS** poverty is detrimental to psychological well-being, with low-income individuals being twice as likely to suffer from a diagnosable mental health disorder compared to those in higher-income brackets (Lipman & Boyle, 2008; Sareen et al., 2011; Walker & Druss, 2017) and with poverty being a significant obstacle to accessing needed emotional and behavioral health treatment for adults and children (APA, 2021a; Ralston et al., 2019; Santiago et al., 2013), and experiencing mental illness, especially when untreated, increases the risk of individuals living below the poverty line and remaining economically disadvantaged across the life span (Anakwenze & Zuberi, 2013; Funk et al., 2012; McAlpine & Alang, 2021);

**WHEREAS** the impact of poverty on young children is significant and long lasting, thus limiting opportunities to achieve improved SES (Greenfield & Moorman, 2018; Cohen et al., 2010; Assari, 2018), where poverty is associated with substandard housing, hunger, homelessness, inadequate childcare, unsafe neighborhoods, and under-resourced schools (APA, 2021e; Chaudry & Wilmer, 2016; Ralston et al., 2019; Wimer et al., 2016); and low-income children are at greater risk than higher-income children for a range of cognitive, emotional, and health-related problems, including detrimental effects on executive functioning, below average academic achievement, poor social emotional functioning, developmental delays, behavioral problems, asthma, inadequate nutrition, low birth weight, and higher rates of pneumonia (Aber et al., 2012; Bailey & Dynarski, 2011; Last et al., 2018; Shonkoff et al., 2009; von Stumm & Plomin, 2015);

**WHEREAS** living in poverty is associated with differences in structural and functional brain development in children, adolescents, and adults in areas related to cognitive processes that are critical for learning, communication, and academic achievement, including social emotional processing, memory, language, and executive functioning (Chan et al., 2018; Farah, 2017; Hair et al., 2015; Kim et al., 2013; Noble et al., 2015);

**WHEREAS** children and families living in poverty often attend under-resourced, overcrowded schools that lack educational opportunities, books, supplies, and appropriate technology due to local funding policies (Edley et al., 2019; Pfeffer, 2018; Schanzenbach, 2014; Spiegelman, 2018). Children living below the poverty line often live in school districts without adequate equal learning experiences for both gifted and special needs students with learning differences and where high school dropout rates are high (Kearney & Levine, 2016; Mason-Williams et al., 2015; Yaluma & Tyner, 2020);

**WHEREAS** students living in poverty are less likely to receive vocational training and/or upon high school graduation are significantly less likely to be able to attend college or employment training programs due to insufficient income for tuition, are more likely to accept student loans and default on loans (Hillman, 2014) thus negatively impacting future opportunities to acquire higher wages and stable employment (Koricich et al., 2018; Madaus et al., 2014);

**WHEREAS** living in poverty is associated with environmental injustice, including increased exposure to physical and social environmental stressors such as environmental pollution (e.g., lead paint, unclean air, contaminated water), inadequate infrastructure, under-resourced neighborhoods, crowding, excessive noise, substandard housing, infringement upon natural resources on Native reservation lands, inadequate water and sanitation services (Gasteyer et al., 2016; Rollings et al., 2015; Schüle & Bolte, 2015; USCCR, 2018), and diminished ability to evacuate or rebuild after destructive climate events, including hurricanes, earthquakes, and wildfires, and where the events of dislocation and destruction in totality have detrimental effects on mental and physical health in ways that perpetuate and contribute to poverty (Leichenko & Silva, 2014);

**WHEREAS** those living in poverty when compared with more advantaged populations are at substantially greater risk of exposure to community violence (Fonagy et al., 2012; Schüle & Bolte, 2015) and where women and children living in poverty are at increased risk of experiencing interpersonal violence (Ahmadabadi et al., 2017; Bunting et al., 2018; Crouch et al., 2020; Goodman et al., 2009; Nurius et al., 2020) and the associated sequelae of housing instability and homelessness, child welfare involvement (Dworsky et al., 2013), under-employment, and unemployment (APA, 2021e; Crowne et al., 2010; Parapouch et al., 2021);

**WHEREAS** lack of affordable health insurance that includes preventive services, mental health, and substance abuse coverage impedes health and well-being, with women of lower incomes being about three times more likely than more affluent women to be uninsured (20% versus 7%, respectively) and more likely to have inadequate access to care (U.S. Census Bureau, 2020a), and where the inability to afford high transportation costs affects the accessibility, adequacy, and quality of the health care services provided to individuals with disabilities (Hamilton et al., 2020; Williamson et al., 2017) with unemployment and financial dependence major barriers to utilize health care services for women with

disabilities (Matin et al., 2021), and where about 5.5% of children in the U.S. lacked insurance coverage in 2018;

**WHEREAS** children born to teenage parents living in single-parent homes are at increased risk of living in poverty across the life span, and where poverty is a significant predictor of teen parenthood (Young et al., 2004) and where adequate birth control and family planning services are not covered by health insurance plans for a significant number of women or are otherwise inaccessible to those seeking them (Lu et al., 2019);

**WHEREAS** older adults often live on limited incomes, have few prospects for future earnings, and frequently face overwhelming health care costs, and where 13.9% of older women and 9.2% of all older adults lived on incomes below the poverty level in 2018, with the highest rates of poverty for those 80 years of age and older; and 22% of older African American women living alone live in poverty (Li & Dalaker, 2019; U.S. Census Bureau, 2020b);

**WHEREAS** older adults of low SES when compared with more advantaged same-aged peers have higher rates of medical and psychological disorders and reduced access to medical care, prescription medications, long-term care, and community-based care (Kaye et al., 2010; Louie & Ward, 2011) and Medicare funds mental health care services at a lower rate than medical care, further limiting access to mental health and substance abuse services for older adults living in poverty. The underfunding of Indian Health Service (IHS) has an even greater negative impact on specific Native populations. Medicare funding is approximately three times higher than IHS funding per capita (Martinchek & Carther, 2021; U.S. Government Accountability Office, 2018);

**WHEREAS** migrant families are by the nature of their work and life circumstances poorly served by health and mental health professionals (Martinez et al., 2015) and are more likely to experience economic exploitation (Brennan, 2014; Hennebry, 2017);

**WHEREAS** undocumented immigrants often face harsh and unsafe conditions and are vulnerable to legal actions that displace them and further inhibit their access to health and mental health services, compounding issues of poverty and limited English language proficiency (Chen & Vargas-Bustamante, 2011; Hacker et al., 2015);

**WHEREAS** research that excludes communities of color and other populations of marginalized identities and/or persons of low SES contributes to prevailing negative stereotypes and reinforces systemic racism and where culturally sensitive research focused on low-income populations including racial and ethnic minorities, immigrants and refugees, persons with disabilities, minimum- and low-wage workers, families receiving public assistance, older women, migrant workers, and people living without homes is

limited (APA, 2021c; APA, 2021d; APA, 2021f; APA, 2019; Cancian & Danziger, 2009; Desmond, 2016; Rosen, 2014);

**WHEREAS** negative perceptions of persons of low SES, including those who receive public assistance and other benefits, arise in the context of misguided attitudes that poverty is a result of personal failings rather than the intentionally inequitable distribution of resources that benefit those with economic power and privilege; discriminatory policies and practices that perpetuate systemic racism and discriminatory acts; political systems that maintain the status quo for the benefit of persons with affluence and power while ignoring the strengths and competencies of less advantaged individuals and communities (American Enterprise Institute, 2016; APA, 2019; Gustafson, 2012; Howard et al., 2017; Katz, 2013); and where APA has resolved to act to combat racism and its pervasive impacts on minoritized populations (APA, 2021c; APA, 2021d; APA, 2021f);

**WHEREAS** safe housing, adequate food, and access to health care are recognized as human rights (APA, 2021b) and many individuals are financially vulnerable and unable to enjoy equal access to safe and affordable housing, food, equitable wages, and living conditions that promote well-being due to under-employment and instability in working hours; and where full employment for low-income workers at the legal minimum wage is often inadequate to cover basic needs for childcare, rent, food, transportation, and other necessities; and where many jobs do not provide paid sick-leave, family leave, health insurance, or other benefits (APA, 2021e; U.S. Bureau of Labor Statistics, 2019);

**WHEREAS** working conditions for low-income individuals tend to be worse than those of more advantaged workers including fewer breaks, unpredictable work schedules, and poor physical working conditions (Fletcher et al., 2011); and where the APA supports the protection of human rights of all persons (APA, 2021b);

**WHEREAS** safety net programs and legislative and policy initiatives that ensure individuals and families whose incomes are below the federal poverty threshold have their basic needs met are of crucial importance in addressing the impact of poverty and remain underfunded (e.g., food stamps, free breakfast programs, universal health care, universal basic income, free preschool, and the Indian Health Service) (APA, 2021b; APA, 2021e; APA, 2021f; APA, 2019; U.S. Government Accountability Office, 2018);

**WHEREAS** psychologists as researchers, clinicians, human service providers, educators, and policy advocates (and for whom many have privileged status in terms of educational, economic status, racial/ethnic background) have a responsibility and obligation to better understand the causes of poverty, structural racism and their impact on health and mental health, to help prevent and reduce the prevalence of poverty and to effectively treat and address the needs of low-income individuals and families by building on the strengths of communities (APA, 2021a; APA, 2021b; APA, 2021c; APA, 2021d; APA, 2021f; APA, 2019; APA, 2017a); As stated in the ethic code, psychologists are ethically guided to

"respect the fundamental rights, dignity, and worth of all people" and "psychologists are aware of their professional and scientific responsibilities to the community and the society in which they work and live" (APA, 2017a);

**THEREFORE, be it resolved** that the APA:

1. Will advocate for culturally sensitive and inclusive research that examines the causes and impact of poverty across the life span, including structural racism, economic disparities, and related intersectional issues including SES; classism; ageism; ableism; environmental and psychosocial stressors; physical, mental, and behavioral health problems including, but not limited to, depression and substance abuse; partner and interpersonal violence; unintended pregnancy; child maltreatment and exploitation; elder abuse, trauma, and exploitation; and will advocate for the broader dissemination of these research findings via teaching and service (APA, 2021a; APA, 2021c; APA, 2021d; APA, 2021f).
2. Will advocate for more empirically based and culturally sensitive research focused on stereotypes, stigma, and bias associated with poverty, as well as eradicating prejudicial and negative attitudes about poverty and those living at a lower SES and otherwise challenge prevailing beliefs that collectively perpetuate policies and tolerate poverty and social inequality.
3. Will advocate for more research on special populations who are lower SES (women, children, immigrants, refugees, undocumented immigrants, migrants, people of color, older people, people with disabilities and other chronic health conditions such as AIDS/HIV infection, and rural and urban populations).
4. Will advocate for exploration and research about the role higher education loans play for students at all SES levels and their intersecting identities. Will advocate for programs that foster deeper awareness for students and their families before they accept student loans, with increased focus on mindful utilization of student loan funds by the institutions that receive them.
5. Will advocate for research that identifies and learns from indigenous efforts by low-income people to work together to solve personal and shared problems or create organizations that advocate effectively for social justice. This includes supporting policies that specifically recruit those who have had lived experience with poverty into positions of leadership and public policy institutions, research institutions, and learning institutions.
6. Will recommend that where possible and appropriate SES be identified for published reports of social and health sciences research.



7. Will advocate for incorporating evaluation and assessment tools for both researchers and practitioners, and for encouraging integrative approaches such as the building of public and private community partnerships in programs addressing the issue of poverty and individuals with low-income and economical marginalization, which psychological research has identified as effective strategies for addressing community-level issues and problems.
8. Will advocate for psychological graduate and postgraduate education and training curricula that give more attention to the causes and impact of poverty, to the psychological needs of individuals and families with low incomes, and to the importance of developing cultural humility and sensitivity to diversity around issues of poverty in order to be able to help prevent and reduce the prevalence of poverty and to treat and address the needs of low-income clients.
9. Will advocate for public policies that encourage access to high-quality early childhood education and a high-quality public school education for all children, better equipping individuals for self-sufficiency.
10. Will advocate for public policies that ensure access to secondary and postsecondary education and training that allows working families to earn a living wage to meet their family's needs.
11. Will advocate for public policies and programs that ensure access to sufficient and nutritious food, environments that enhance health, and affordable and safe housing and neighborhoods for all people.
12. Will advocate for public policies that ensure access to family-friendly jobs offering good quality health insurance, including mental health and substance abuse services, flexible work schedules, and sufficient family and medical leave.
13. Will advocate for public policies that ensure access to comprehensive family planning in private and public health insurance coverage.
14. Will advocate for public policies that ensure parity with medical coverage for mental health and substance abuse services under Medicare and Medicaid and ensure for all individuals, regardless of ability to pay, access to health care and mental health and substance abuse treatment that is comprehensive and culturally sensitive, that accommodates the needs of the children of parents seeking treatment, and that addresses the special needs of older adults in poverty, including prescriptions and long-term care.
15. Will advocate for public policies that encourage access for all individuals, regardless of their types and levels of disabilities, to high-quality health care.

16. Will advocate for public policies that ensure all working families have access to affordable, high-quality childcare, which is available year-round, for the full day, and for all work shifts, as well as before- and after-school care.
17. Will advocate for public policies that provide early intervention and prevention for vulnerable children and families that enhance parenting, education, and community life so children can develop the necessary competencies to move out of poverty.
18. Will support public policies that provide early interventions and prevention for vulnerable children and families that are strengths-based, community-based, flexible, sensitive to culture and ethnic values of the family, and have a long-lasting impact.

\*The word *family* should be understood to incorporate the functions of family members rather than their biological sex or sexual orientation, for example, family members responsible for childcaring and providing financial support. It should be highlighted that these functions are not mutually exclusive but include broad functions within the family system.

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- C. CLT agreed to review the following items at their February meeting after further revision:  
*Defining Psychology’s Role in Achieving “Whole Person” Population Health and Amendments to Association Rules Regarding APA Awards Committees.*

**February 8th, 2022**

**CLT Virtual Meeting**

**Present:** *Eric Butter, PhD (Chair), Randy White, PhD (Past Chair), Arlene Noriega, Noelle La Fefforge, PhD, Jean Carter, PhD, Le Ondra Clark Harvey, PhD, , Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), Arthur C. Evans, PhD (APA CEO)*

**Not Present:** *David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance), Jim Diaz-Granados (Deputy Chief Executive Office)*

**1. CLT Action Items**

CLT approved recommendation the following items for Council:

*a. APA Award Committees Association Rules Amendments*

**120. EDUCATIONAL AFFAIRS**

**120-2. [COMMITTEE ON] EDUCATION AND TRAINING AWARDS**

~~120-2.1 [There shall be a Committee on Education and Training Awards consisting of six members, three to be elected annually for terms of two years. At least one member of the committee shall be an early career psychologist.~~

~~The committee shall announce the recipients of the awards after final approval is given by the APA Board of Directors, and it shall report other matters to Council through the Board of Educational Affairs.~~

~~120-2.2 The APA may award annually two \$1000 awards, one for Distinguished Contributions to Education and Training in psychology and a second award for Distinguished Contributions to Applications of Psychology in Education.~~

~~The intent of the Distinguished Contributions to Education and Training Award is to recognize psychologists whose contributions enhance the effectiveness of psychology education and/or training in psychology.~~

~~The intent of the Distinguished Contribution for Applications of Psychology to Education is to recognize psychologists who contribute to effective teaching methods or the solution of learning~~

~~problems in educational settings, including PreK-12 schools, through the use of research findings or evidence-based practices.~~

~~Career designation can be added to either award as determined by the committee.~~

~~**120-2.3**—Ineligible for the awards are members serving currently on the committee, former recipients of the awards, and the current APA President and President-elect.~~

~~**120-2.4**—Nominations for these awards shall be solicited in the broadest possible manner, including through announcements in appropriate publications. The committee may also nominate candidates as well as specify which nominees will be carried over to the following year. Additionally, the Committee shall systematically review promising nominations from previous years. Deadlines for receipt of nominations shall be established by the committee each year.~~

~~**120-2.5**—Award recipients shall be invited to the annual convention to receive the awards and to address annual convention attendees in the year following the committee's decision.] The Board of Educational Affairs shall determine the criteria and selection process for APA's education and training awards, ensuring that our efforts are rooted in APA's commitment to equity, diversity and inclusion and its pursuit towards broadening the representation of diverse groups within the organization and profession. The Board of Directors shall have final of approval of the awardees.~~

### **130-3. PROFESSIONAL AWARDS**

~~**130-3.1** The Board of Professional Affairs shall [announce its professional awards in a timely fashion in advance of the annual convention] determine the criteria and selection process for APA's professional awards, ensuring that our efforts are rooted in APA's commitment to equity, diversity and inclusion and its pursuit towards broadening the representation of diverse groups within the organization and profession. The Board of Directors shall have final of approval of the awardees.~~

~~[**130-3.2**—The APA may award annually up to three prizes of up to \$2,000 each for outstanding contributions to psychology as a profession. The Board of Professional Affairs shall select as recipients for the awards those who have made outstanding contributions to the knowledge base of professional psychology, in technical applications in the applied practice of psychological knowledge, or in the use of the knowledge base or the practice base in psychology for the betterment of the general public. These contributions should be seminal or innovative in ways~~

~~that are judged to have improved or changed significantly the conceptual understanding of behavior or the applied practice of such conceptual understanding of behavior, or to have accrued significant benefit to the public.~~

~~1. The APA Award for Distinguished Professional Contributions to Applied Research. This award is given to a psychologist whose research has led to important discoveries or developments in the field of applied psychology. To be eligible, this research should have led to innovative applications in an area of psychological practice, including but not limited to assessment, consultation, instruction, or intervention (either direct or indirect). Research involving the original development of procedures, methodologies, or technical skills that significantly improve the application of psychological knowledge and provide direct and immediate solutions to practical problem areas will be considered, as will research that has informed psychologists on how better to observe, define, predict, or control behavior. Original integration of existing theories or knowledge is also eligible for consideration.~~

~~2. The APA Award for Distinguished Professional Contributions to Independent Practice. The award is intended to recognize outstanding independent practitioners in psychology. Nominations will be considered for psychologists working in any area of clinical specialization, health services provision, or consulting, and services provided to any patient population or professional clientele in an independent or institutional practice setting. Services provided to diverse client groups or patient populations, including but not limited to children/adolescents/adults/older adults; urban/rural/frontier populations; minority populations; and persons with serious mental illness, will be considered. Contributions can be judged distinguished by virtue of peer recognition, advancement of the public's recognition of psychology as a profession, relevant professional association honors, or other meritorious accomplishments denoting excellence as a practitioner including advancement of the profession.~~

~~3. The APA Award for Distinguished Professional Contributions to Institutional Practice. The award is intended to recognize outstanding practitioners in psychology. Nominations will be considered for psychologists working in a wide variety of institutional practice settings (e.g. schools, military, state hospital, Department of Veterans Affairs, etc.). Services provided to diverse client groups or patient populations, including but not limited to children/adolescents/adults/older adults; urban/rural/frontier populations; minority populations; and persons with serious mental illness, will be considered. Contributions can be judged distinguished by virtue of peer recognition, advancement of the public's recognition of psychology as a profession, relevant professional association honors, or other meritorious accomplishments denoting excellence as a practitioner including improvement of institutional service delivery systems or development of psychologically informed public policy.~~

~~130-3.3—The Board of Professional Affairs shall seek diversity in selecting recipients, avoiding as far as possible the consecutive selection of more than one person representing a specialized topic, a specific material, a given method, a particular application, or a specific specialized service.~~

~~130-3.4—Ineligible for the awards are members serving currently on the Board of Professional Affairs and the current APA President and President-elect. The following rules also apply: No person can receive a professional award in any two consecutive years; recipients are permitted to receive only one award in their lifetime per category of the professional awards; current members of the Board of Professional Affairs cannot vote for members of their own family; and those with a history of ethical violations at a state or national level or who have received disciplinary action from a state board of examiners in psychology are not eligible.~~

~~130-3.5—Nominations for these awards shall be solicited in the broadest possible manner, including announcements in appropriate publications. The category of the three awards in which the nomination is placed shall be based, insofar as possible, on a determination of the candidate's primary area of work. Deadlines for receipt of nominations shall be established by the Board of Professional Affairs each year. Nominators are responsible for providing the Board of Professional Affairs with an up-to-date resume and bibliography and a narrative statement detailing the nature of the contributions and focus of the nomination. Endorsements from other individuals and groups are also considered part of the record. All nominations are good for two years, after which nominators must reapply for another review. Nominators of the award recipients are also responsible for the wording of the awards' citation.~~

~~130-3.6—Award recipients shall be invited to be present at the annual convention to receive the awards and to address convention attendees in the year following the receipt of the awards.]~~

## **140. SCIENTIFIC AFFAIRS**

### **140-3. [COMMITTEE ON] SCIENTIFIC AWARDS**

~~140-3.1—[There shall be a Committee on Scientific Awards consisting of six members, two of whom shall be elected each year for terms of three years. At least one member of the Committee shall be an early career psychologist. The Committee shall announce the recipients of the awards at the annual convention, and it shall report other matters to Council through the Board of Scientific Affairs.~~



~~140-3.2—The APA may award annually up to four prizes of up to \$2,000 each for outstanding contributions to the science of psychology. Three of these awards are to be known as the "APA Award for Distinguished Scientific Contributions." The Committee shall select recipients for the awards who, in its opinion, have made distinguished theoretical or empirical contributions to basic research in psychology. The fourth award in the amount of up to \$2,000 shall be known as the "APA Distinguished Scientific Award for the Applications of Psychology." The award is for distinguished theoretical or empirical advances leading to the understanding or amelioration of important practical problems. The Committee shall seek diversity in selecting recipients, avoiding so far as possible the selection of more than one person representing a specialized topic, a specific material, a given method, or a particular application.~~

~~There shall be an increase in the number of these senior scientific awards from four to seven per year for calendar years 1987, 1988, and 1989.~~

~~140-3.3—The APA may award five annual prizes of up to \$1,000 for important contributions to the science of psychology made by younger people early in their career. The award is known as the "APA Distinguished Scientific Awards for an Early Career Contribution to Psychology." It is expected that award will focus more on specific contributions rather than on continuing contributions.~~

~~140-3.4—Ineligible for the awards are members serving currently on the Committee, former recipients of the award in question, and the current APA President and President-elect.~~

~~140-3.5—Nominations for these awards shall be solicited in the broadest possible manner, including announcements in appropriate publications. Deadlines for receipt of nominations shall be established by the Committee each year. Additionally, the Committee shall systematically review promising nominations from previous years.~~

~~140-3.6—Award recipients are invited to the APA annual convention to receive the award and to address convention attendees in the year following the receipt of the award.] The Board of Scientific Affairs shall determine the criteria and selection process for the APA's scientific awards, ensuring that our efforts are rooted in APA's commitment to equity, diversity and inclusion and its pursuit towards broadening the representation of diverse groups within the organization and profession. The Board of Directors shall have final of approval of the awardees.~~

## 150. PUBLIC INTEREST

### **150-3. ~~[COMMITTEE ON]~~ PSYCHOLOGY IN THE PUBLIC INTEREST AWARDS**

**150-3.1** ~~[There shall be a Committee on Psychology in the Public Interest Awards consisting of the current Chair of the Board for the Advancement of Psychology in the Public Interest, the two past Chairs, and two psychologists appointed by Board for the Advancement of Psychology in the Public Interest who are members of the Association but not members of the Board for the Advancement of Psychology in the Public Interest and who will reflect the diversity of public interest constituencies. At least one member of the Committee shall be an early career psychologist. The Committee shall announce the recipients of the awards at the annual convention, and it shall report other matters to Council through the Board for the Advancement of Psychology in the Public Interest.~~

**150-3.2** ~~The APA may award annually up to three prizes of up to \$2,000 each for outstanding contributions to psychology in the public interest and for outstanding contributions to research in public policy. Two of these awards are to be known as the "APA Award for Distinguished Contributions to Psychology in the Public Interest." The Committee shall select recipients whose single extraordinary achievement or a lifetime of outstanding contributions have met one or more of the following criteria: (a) courageous and distinctive contribution in the science or profession of psychology that makes a material contribution to the solution of one of the world's intransigent social problems; (b) distinctive and innovative contribution that makes the science and/or profession of psychology more accessible in a positive manner to a greater number of persons; and (c) an integration of the science and/or profession of psychology with social action in a manner beneficial to all.~~

**150-3.3** ~~The third award in the amount of up to \$2,000 shall be known as the "APA Award for Distinguished Contributions to Research in Public Policy." The award is for a distinguished empirical or theoretical contribution to research in public policy. This contribution may consist of: (a) sound research that leads others to view specific national policies differently; (b) research that provides evidence directly relevant to public policy alternatives; (c) research that demonstrates the importance of the application of psychological methods and theory to public policy; and (d) research that clarifies the ways in which scientific knowledge regarding human behavior informs public policy.~~

**150-3.4** ~~Ineligible for the awards are members serving on the Committee and on the Board for the Advancement of Psychology in the Public Interest, former recipients of the award, and the current APA President and President elect.~~

~~150-3.5~~—Nominations for these awards shall be solicited in the broadest possible manner, including placement of announcements in appropriate publications. The Committee may also nominate candidates. Additionally, the Committee shall systematically review promising nominations from previous years. Deadlines for receipt of nominations shall be established by the Committee each year.

~~150-3.6~~—Award recipients shall be invited to the APA annual convention to receive the awards and to address convention attendees in the year following the receipt of the awards.] The Board for the Advancement of Psychology in the Public Interest shall determine the criteria and selection process for the APA's psychology and the public interest awards, ensuring that our efforts are rooted in APA's commitment to equity, diversity and inclusion and its pursuit towards broadening the representation of diverse groups within the organization and profession. The Board of Directors shall have final of approval of the awardees.

*b. APA Climate Change Task Force* that Council receive the report

*c. APA Resolution Affirming and Building on APA's History of Support for Reproductive Rights*

That Council adopts the following **Resolution Affirming and Building on APA's History of Support for Reproductive Rights**

**Whereas**, in 1969 APA Council identified termination of pregnancy as a mental health and child welfare issue and a legitimate concern of APA, resolving that such termination should be considered a civil right of the pregnant woman, to be handled as other medical and surgical procedures in consultation with her physician, and in particular to be considered legal if performed by a licensed physician in a licensed medical facility;

**Whereas**, in 1989 APA Council adopted a resolution that decried misinformation and falsehoods in efforts to recriminalize abortion and to limit access to the full range of reproductive options; underscored and affirmed the preponderance of scientific data supporting the conclusion that freedom of choice and a woman's control over her critical life decisions promotes psychological health, and resolved that APA undertake an immediate initiative to disseminate scientific information on reproductive freedom to policymakers, to the public, and to state psychological associations and APA divisions;

**Whereas**, APA has a history of following up its declarations and resolutions with concrete social actions, including the development and dissemination of scientific and professional reports and papers, commentary on legislation such as the Hyde amendment, and amicus briefs in a variety of cases (including *Thornburgh v. American College of Obstetricians and Gynecologists*; *Harris v. McRae*; *Bowen v. Kendrick*; *Akron v. Akron Center for Reproductive Health*);

**Whereas**, APA's published research, reports, and public interest advocacy have identified a host of health inequities related to cumulative adversity of social determinants of physical and mental health in diverse populations and communities (APA, 2021; Forde et al., 2019; Major et al., 2009). APA has continued to discuss how negative social issues such as drugs, poverty, and exposure to violence do not cause someone to have an abortion or mental health problems, even if associations with such factors have been observed. The research points out how design flaws in studies that cite mental health risks because they did not account for prior mental health diagnoses;

**Whereas**, the body of evidence developed from a health equity perspective shows that the harms of abortion restrictions "fall hardest on communities already struggling to access basic health care—whether because of their lack of financial resources, young age, disability, immigration status or because they are Black, Indigenous or other people of color" (Prather et al, 2018);

**Whereas**, reproductive justice, including abortion rights, is a human rights issue that links to social, structural, and cultural inequalities – longitudinal research shows that people restricted from abortions face increased psychological distress or anxiety in the short term (Biggs et al., 2016; Harris et al., 2014),

life-threatening delivery complications, greater chronic pain, and economic insecurity (Foster, 2020; Chrisler, 2012; Russo, 2014; Russo & Steinberg, 2012)

**Therefore,** be it resolved that APA:

- reaffirms its denunciation of abortion restrictions and commitment to obtaining reproductive justice (e.g., including equal access to affordable contraception, comprehensive sex education, and freedom from sexual violence) for women and child-bearing individuals with particular emphasis on individuals from marginalized communities;
- supports action to oppose Mississippi's 15-week abortion ban and uphold 50 years of *Roe v. Wade* precedent in the upcoming case of *Dobbs v. Jackson Women's Health Organization*.
- seek out opportunities to develop amicus briefs related to abortion in the upcoming cases;
- support and lead research, education, advocacy, intervention, prevention, and program development efforts that seek to advance behavioral health equity and reproductive justice, increase understanding of the role social determinants play in shaping behavioral health outcomes, and prevent deleterious behavioral health impacts of reproductive inequity in various populations.

## 2. Upcoming Council Events

CLT received an update on upcoming Council events, such as Town Hall events and upcoming Caucus Meetings.

### February 22<sup>nd</sup>, 2022 CLT Virtual Meeting

**Present:** *Eric Butter, PhD (Chair), Randy White, PhD (Past Chair), David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS, Arlene Noriega, Le Ondra Clark Harvey, PhD, Jean Carter, PhD, , Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), Arthur C. Evans, PhD (APA CEO)*

**Not Present:** *Noelle La Fefforge, PhD*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance), Jim Diaz-Granados (Deputy Chief Executive Office), Maysa Ackbar (DEI), Jared Skillings (Chief of BPA)*

## 1. Review of Culture Check from EDI Ambassadors

CLT received a review of the 2021 Council Culture Check from the EDI Ambassadors.

## 2. CLT Action Items

CLT voted to approve recommendation for the following items for Council:

### A. *Psychology's Role in Advancing Population Health*

#### **Policy Statement on Psychology's Role in Advancing Population Health**

A population health approach focuses on improving the health, health equity, safety, and wellbeing of entire populations, including individuals within those populations. This approach is supported by a multidisciplinary science base from psychology as well as sociology, cultural

anthropology, medicine, economics, education, and other disciplines. Population health aims to address the cultural, economic, systemic, historical, environmental, and occupational contexts that influence health status, wellbeing, and functioning across the lifespan. Its ultimate goal is equitable human flourishing.

Consistent with a social-ecological framework (see Fig. 1 in Appendix), APA affirms that an individual's health cannot be considered in isolation from the relationships, communities, and societies to which they belong. There are major influencers and social determinants of health outside of the traditional healthcare system that include, but are not limited to, education, work and work setting, environment, legal and regulatory frameworks, income, racism and discrimination of other historically minoritized groups, social connectedness, and stigma; these often exist systemically and structurally, outside of individuals. To advance population health, a biopsychosocial perspective is important across the lifespan, and across the communities and settings where people live, work, learn, and play.

The term "population health" may have different connotations in various contexts, but for its own activities, APA recognizes population health as a multi-tiered approach that includes: 1) universal provision of preventative tools and health promotion for all people, families, and communities; 2) monitoring, anticipatory guidance, and early intervention for those with risk factors for physical, mental health, and substance-related conditions; and 3) psychosocial and mental health/substance use care for those experiencing illness and/or escalating physical health and mental distress. (See Fig. 2 in Appendix.)

Many of today's key population health issues - including vaccination, climate change, addiction, violence, and trauma - involve important psychological components. The expertise that psychology brings to these challenges should continue to be recognized and promoted. Psychological scientists, educators, consultants, practitioners, and trainees are encouraged to be engaged in the design, implementation, operation, and evaluation of new and existing population health models. It is crucial for such models to be grounded in, and to promote, human rights and ethics. Because the pace of change in society is so rapid, it is important to continually evaluate the effectiveness, cost-effectiveness, efficiency, and impact of these models.

APA calls on the discipline and profession of psychology and all psychologists and trainees to support a population health approach. APA calls upon its members, committees, divisions, and boards to enact the following principles as a "lens" through which APA's strategies and activities for health promotion can be viewed:

*(1) Work within and across diverse systems to advance population health.*

Psychologists can be essential partners in the development, promotion, and dissemination of science-based solutions to advance population health, but we cannot do it alone. Population health science and its applications continue to develop through the efforts of multiple disciplines. As such, it is important for psychologists to work collaboratively with partners across diverse systems and settings.

To have the greatest impact, it is important for psychologists to develop a deep understanding of the systems and settings in which they work. This is essential to working as part of a team, fostering inclusion, and developing successful population-level interventions. Psychologists are encouraged

to understand the cultural, financial, and operational models within the systems and settings in which they operate, especially the written policies, unwritten procedures, and organizational politics that guide decisions regarding strategy, priorities, and allocation of resources that affect health.

Society's understanding of "health" should include traditional healthcare systems and expand beyond them. As an example, psychologists and trainees can cooperatively partner with community leaders, local institutions, schools, employers, and others, that – when properly empowered – play a pivotal role in identifying and shaping solutions to unique challenges for that community, setting, and culture. Such solutions must be tailored, and culturally and linguistically aligned with the specific needs and available resources of the community. It is also crucial to address social determinants of health - safety, housing, access to quality education, economic stability, healthy neighborhoods and workplaces, healthy food, and social connectedness. Non-traditional sources of service delivery can be engaged, such as community agencies and faith-based organizations as well as the communication outlets (i.e. social media platforms, printed publications, and broadcast news media) preferred by communities.

Financial incentives supporting psychologists' involvement in population health efforts should be explored in order to increase access to research monies, education and training, community engagement, workplace and industry initiatives, and professional services within healthcare and hospital settings, independent practice, and all settings within and outside of the traditional healthcare system that can promote population health. To be effective with varied and distinct settings and communities, it is crucial for licensed psychologists, master's-level practitioners, and trainees to have and to maintain competence in treating diverse populations.

*(2) Work "upstream" by promoting prevention and early intervention strategies.*

Prevention and early intervention are crucial aspects of a population health approach. In collaboration with others, psychologists contribute to the development, dissemination, and implementation of science-based models of prevention and early intervention, as well as validated tools to screen and monitor unmet health needs. Early-intervention methods are known to improve resilience and coping, stress mitigation, and adaptation. These methods also offer financial and practical benefits to families, employers, health systems, payors, and others; people or communities at risk can receive assistance before escalating into a crisis. As an example, APA can advocate for innovative population-focused initiatives, such as annual mental/behavioral wellness checks.

Psychologists are encouraged to advocate for systemic changes that support prevention and early intervention. This can include increasing attention on mental/behavioral health within healthcare, universities, schools, workplaces, and other settings; practice-based research; applied interventions to facilitate the utility and sustainability of population health models; and routine engagement with communities and people with lived experience. APA should also explore a broader range of billing codes and value-based incentives within and outside of the healthcare system that are more flexible than those currently available; new financial incentives may facilitate innovative evaluation and treatment methods, as well as health promotion, health equity, and social determinants of health.

*(3) Educate psychologists and community partners on population health.*

Advancing a population health approach requires investment in education of psychologists and trainees in all settings, specialties, and communities. It is important for the psychology workforce to understand population health concepts and community-engagement strategies. This requires incorporation of population health competencies into the identity and functions of the discipline and profession of psychology. It is important to consider how population health can be included in post-secondary educational contexts. For example, instruction in multi-level research could include community examples drawn from studies of health and well-being.

Interprofessional education for the health and mental/behavioral health workforce is essential to building collaborations focused on health and wellness. Psychologists can support and work alongside other professionals - for example, by serving on integrated teams for clinical care or in a consultative role within an organization to address issues such as change management, workplace bullying, implicit bias, or wellness promotion.

Through EDI (equity, diversity, inclusion) -centered education about population health, psychologists can proactively work in partnership with local, state, and national experts, community leaders, and the broader public. In many underserved populations, broader societal issues, such as systemic racism, sexism, homophobia, etc., as well as poverty, discrimination, and poor social determinants of health are key stressors. Through education-focused initiatives, psychologists can be prepared to collaborate within communities and systems to help define, measure, and achieve better health outcomes. For example, embedding population health interventions in occupational settings can improve equitable recruitment and retention strategies, decent and dignified work environments, access to healthcare, worker protections and safety, and healthy lifestyles, among others.

*(4) Enlist a diverse array of community partners.*

Collaboration with a broad array of national, state, and local stakeholders is crucial to effectively implement a population health approach. Partnerships may include health care allies such as professional health care associations, hospitals and other healthcare services, indigenous and tribal healthcare authorities, and community mental health organizations. It may also include partners outside of traditional healthcare settings, such as a broad array of community-based institutions and organizations such as neighborhood, civic, and faith-based organizations; employers; schools and educational institutions; local businesses and business associations; non-profit organizations; government (federal, state, and local); law enforcement; media outlets; and others.

Psychologists can expand our efforts to promote population health by seeking partnership and leadership opportunities in local, state, or national coalitions or boards, community organizations, government entities, and international organizations. It is important to learn from population health strategies of other countries and international communities (e.g., United Nations, World Health Organization) so that efforts by psychological scientists and applied, health, clinical, and other psychologists can create linkages between new and existing population health efforts within the United States and around the world.



## Appendix

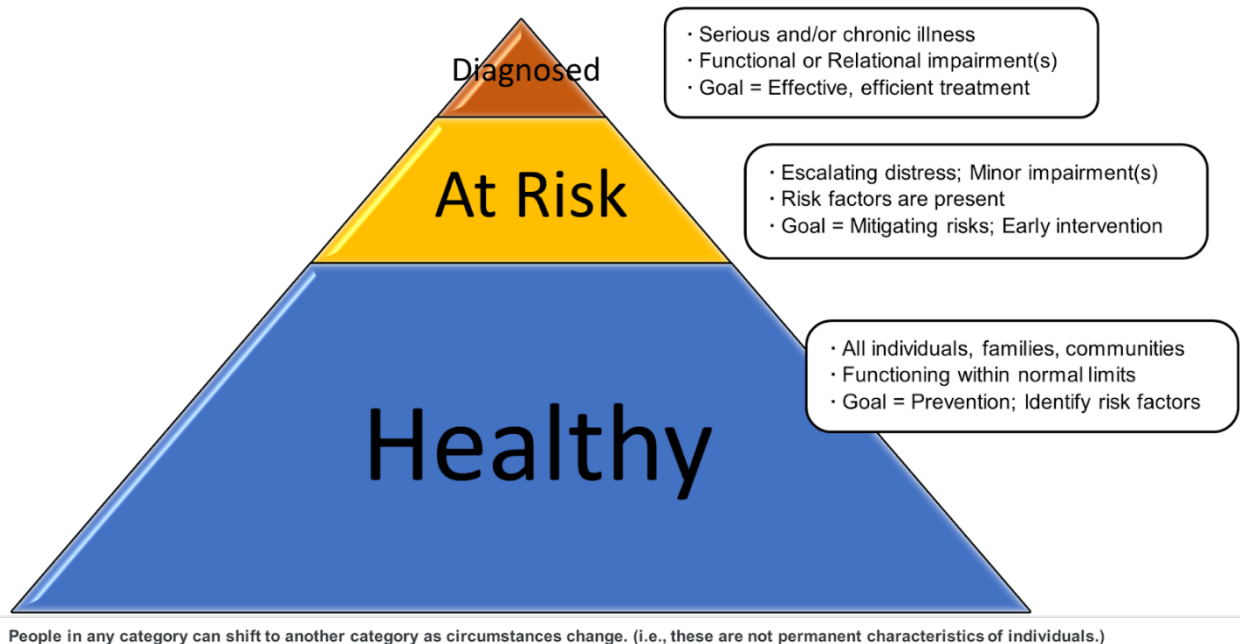
**Figure 1: Social-Ecological Framework**



Retrieved from: <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

**Fig. 2 – Biopsychosocial Population Health Pyramid**

## Population Health Approach



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*B. Guidelines on Assessment and Intervention with Persons with Disabilities* with an expiration date of December 31, 2032

*C. Removal of Felony Question on APA Membership Questionnaire*

WHEREAS nearly 7 million people in the U.S. are under correctional supervision (meaning incarcerated, on probation/parole, etc.) ([Bureau of Justice Statistics, 2021](#));

WHEREAS the number of people who have a criminal history is about the same as the number of people with a college degree ([Brennan Center for Justice, 2015](#));

WHEREAS research finds racial disparities ([Schleiden et al., 2020](#)) and disability-related disparities (García-Largo et al., 2020) in those who are likely to be arrested and involved in the criminal legal system;

WHEREAS imposing hurdles for formerly justice-involved individuals violates the spirit of the APA Equity, Diversity, and Inclusion Framework (APA, 2021a), as diversifying the lived experiences of professionals furthers the actualization of dismantling racism within APA and expands epistemological perspectives;

WHEREAS individuals who have been incarcerated experience unparalleled health and economic disparities ([Feingold, 2021](#));

WHEREAS “Ban the Box” efforts to remove felony questions from applications can be used to combat discrimination and “advance broader socioeconomic equality” ([Augustine et al., 2020](#); [Sugie et al., 2020](#));

WHEREAS researchers have argued that “requiring a disclosure of one’s criminal history may be more security theater than an actual security measure. As such, required criminal history disclosure may not serve its intended purpose and yet serves a substantial barrier to justice-involved individuals’ opportunities to obtain higher education, and subsequently, opportunities in professional psychology” (Wilcox & Taylor, in press);

WHEREAS the APA policy is discordant with similar associations and a historical push among social justice organizations to “Ban the Box”;

WHEREAS an equivalent felony status question is not included in membership applications for the Association for Psychological Science, American Counseling Association, National Association of Social Workers, Correctional Education Association, Association of Public Safety Communications Officials, or, to our knowledge, any divisions of APA or regional APA associations;

WHEREAS the current APA membership application asks applicants to respond to, “Have you at any time been convicted of felony” and then explain an affirmative answer;

WHEREAS affirmative answers to the felony status question then undergo review by the APA Ethics Committee, which will contact applicants “within four weeks of receipt” with additional requirements, which delays application review and imposes significant burdens;

WHEREAS criminal record history disclosures result in significant impacts including additional time and financial burdens, loss of hope or apathy in the application process, potential re-traumatization, and attrition from the process of joining the field of professional psychology (Wilcox & Taylor, in press);

WHEREAS the review process prevents prospective APA members from receiving timely membership approval, causing them to be deemed ineligible for awards, nominations for governance positions, and other opportunities that might require prompt APA membership acceptance;

WHEREAS research on employment and college admission applications suggests that people with criminal histories often discontinue their application when confronted with questions similar to those on the APA application ([Center for Community Alternatives, 2015](#); [Scott-Clayton, 2017](#));

WHEREAS, according to the APA Ethics Office, up to 85% of individuals who check the application box regarding past behaviors (a broader category that encompasses not only self-reporting felonies) do not respond to the contact letter from APA and discontinue seeking membership;

WHEREAS, as noted by the APA Ethics Office, most individuals who report prior felonies are undergraduates and the felony status question has already been removed from undergraduate student applications as part of an APA pilot program announced to Council in 2019;

BE IT RESOLVED that APA rescind all policies and procedures that require that applicants for membership indicate whether they have previously been convicted of a felony;

BE IT FURTHER RESOLVED that Association Rule 10-4.1 be changed in the following manner, with the bolded/ stricken-out text removed:

"All applicants for Associate member, Graduate Student member or Member status shall indicate whether or not they have previously been rejected for membership in the Association or had membership voided or have previously been ~~convicted of a felony or~~ sanctioned by any professional ethics body, licensing board, other regulatory body or any professional or scientific organization."

### **3. Council Preparation**

CLT discussed the upcoming Council meeting.

## **CLT Meeting Minutes**

**March 22<sup>nd</sup>, 2022**

**Present:** *Eric Butter, PhD (Chair), Randy White, PhD (Past Chair), Arlene Noriega, Noelle La Fefforge, PhD, Jean Carter, PhD, David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS, Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), Arthur C. Evans, PhD (APA CEO)*

**Not Present:** *Le Ondra Clark Harvey, PhD*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance, Jim Diaz-Granados (Deputy Chief Executive Office)*

**1. Approve February Virtual Meeting Minutes**

CLT voted to approve February Virtual Meeting Minutes.

**2. Ombud Update**

CLT reviewed the status of the work completed to prepare for an Ombud position and discussed the work they will need to complete to prepare.

**3. Pro/Con Update**

CLT reviewed the pro/con process for the upcoming call for volunteers following the February Council Meeting.

**4. CLT Call for Nominations**

CLT was informed that they will be asked to complete a diversity matrix in preparation for the upcoming CLT call for nominations.

**5. Council Effectiveness and CLT Evaluation Task Force Update**

CLT was given an update on the status of the work of the task forces from the members of CLT that serve on each task force.

**6. Policy and Planning Board Re-Envisioning Council Update**

CLT was given an update on the Policy and Planning Board's proposal to re-envision Council.

## **CLT Meeting Minutes**

**April 26th, 2022**

**Present:** *Eric Butter, PhD (Chair), Randy White, PhD (Past Chair), Arlene Noriega, Noelle La Lefforge, PhD, David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS, Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), Arthur C. Evans, PhD (APA CEO)*

**Not Present:** *Le Ondra Clark Harvey, PhD; Jean Carter, PhD*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance, Jim Diaz-Granados (Deputy Chief Executive Office), Maysa Ackbar, PhD (Chief Diversity Officer), Vanessa Hintz, PhD (Senior Director of EDI Engagement and Outreach), Trivan Parker (Senior Director EDI Planning and Integration)*

1. CLT voted to approve March Virtual Meeting Minutes.
2. CLT voted to approve changes made to the CLT handbook.
3. CLT was provided an update on the EDI Action Plan by Dr. Maysa Akbar and Dr. Vanessa Hintz.
4. CLT was informed that they will be asked to complete a diversity matrix in preparation for the upcoming CLT call for nominations.
5. Dave Carver provided information on the Ombud position for Council.

**June 14th, 2022**

**CLT Virtual Meeting**

**Present:** *Eric Butter, PhD (Chair), Randy White, PhD (Past Chair), Noelle La Lefforge, PhD, Jean Carter, PhD, Le Ondra Clark Harvey, PhD, , Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS*

**Not Present:** *Arthur C. Evans, PhD (APA CEO), Arlene Noriega, PhD*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance), Jared Skillings, PhD (Chief of Professional Practice), Amanda Clinton (Senior Director, International Affairs), Gabe Twose (Manager of Global Programs and Partnerships), Clinton Anderson (Deputy Chief of Psychology in Public Interest), Bob Walsh (Senior Director of Administration and Graduate Programs)*

1. CLT voted to recommend Council approve the Guideline Extension Requests

That Council 1) extends the expiration date for the *Principles for Quality Undergraduate Education in Psychology* to February 28 of 2023 and 2) extends the expiration date for the *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* and the *Guidelines for the Use of Nonhuman Animals in Behavioral Projects in Schools (K-12)* to December 31, 2024.

2. CLT voted to recommend Council approve the *Extension Request for the CLT Evaluation Task Force*

The Council of Representatives votes to approve an extension to the CLT Evaluation Task Force working timeline to August of 2023.

3. CLT voted to recommend Council approve the *Guidelines for Equitable Treatment of Graduate Students in Psychology Training Programs* with an expiration date of December 31, 2032.

4. CLT voted to recommend Council approve the *Renewal of Recognition of Rehabilitation Psychology as a Specialty in Professional Psychology*

That Council approves the continued recognition of Rehabilitation Psychology as a specialty in professional psychology for a period of seven years.

5. CLT voted to recommend Council approve the *Renewal of Recognition of Clinical Psychology as a Specialty in Professional Psychology*

That Council approve the continued recognition of Clinical Psychology as a specialty in professional psychology for a period of seven years.

6. CLT voted to recommend Council approve the *Renewal of Recognition of Psychoanalytic and Psychodynamic Psychology (formerly Psychoanalysis) as a Specialty in Professional Psychology*

That Council approve the continued recognition of Psychoanalytic and Psychodynamic Psychology as a specialty in professional psychology for a period of seven years.

7. CLT voted to recommend Council approve the *Guidelines for Psychological Practice with Women with Serious Mental Illness* with an expiration date of December 31, 2032.

8. CLT voted to recommend that Council approves the Amendments to Association Rule 90-2:  
Committee on International Relations in Psychology

That Council approves amending the following Association Rules (bracketed/strikethrough material to be deleted; underlined material to be added):

## **90-2. COMMITTEE ~~[ON INTERNATIONAL RELATIONS IN PSYCHOLOGY]~~ FOR GLOBAL PSYCHOLOGY**

**90-2.1** There shall be a Committee ~~[on International Relations in Psychology]~~ for Global Psychology whose responsibility shall be, generally, to increase contacts of all kinds between psychologists in the United States and their colleagues abroad and, specifically, to (a) encourage and support the free circulation of psychologists and of psychological ideas and information; (b) promote and assist attendance at international meetings and conferences; (c) promote exposure to world psychological literature; (d) support programs of international exchange of psychologists at all levels of academic and professional training; (e) promote inclusion of an international perspective in the teaching of psychology at all educational levels; (f) increase sensitivity to cultural and linguistic variance at all levels of academic and professional training; (g) encourage the advancement of psychological knowledge that is relevant to international affairs and to encourage the application of that knowledge to the formulation of policy in international affairs; (h) monitor within the international context and take action in cases involving infringements of the rights of psychologists or abuse of psychological knowledge and techniques wherever these may occur, consistent with APA's Ethical Principles of Psychologists and with the Resolution Concerning Professional Ethics in Psychology (1976) of the International Union of Psychological Science, and apply psychological knowledge to the alleviation of psychological suffering attendant upon abuses of human rights; (i) initiate and maintain communication with international and regional organizations of psychologists, and with other national societies of psychology; and (j) assess and report on the potential effects of APA's plans, programs, and operations on psychologists in other countries and on other national and international associations of psychologists.

While issues of urgency may occasionally arise that require ad hoc actions and decisions of international importance, under normal circumstances APA boards, committees, divisions, and Council should be encouraged to communicate and consult with the Committee ~~[on International Relations in Psychology]~~ for Global Psychology before final action is taken. Such a procedure helps to ensure that an analysis of the potential short- and long-term international consequences of proposed actions and positions occurs before final decisions are made.

The Committee shall consist of eleven members, nine to be elected, each for a term of three years, and two to serve ex officio. Ex officio members shall include the APA chief staff officer, and one designee of the United States National Committee/International Union of Psychological Science (USNC/IUPsyS),



provided this individual is an APA member. Members of the Committee may be APA Members or international affiliate members. At least one member [~~of the Committee on International Relations in Psychology~~] shall be an early career psychologist.

The Committee shall report to Council through the Board of Directors.

9. CLT voted to recommend that Council receive the UN Report from the Council on International Relation

10. CLT voted to recommend Council approve the *Resolution on Excessive Force Against People of Color and Other Marginalized Communities in the United States*

**APA RESOLUTION ON PSYCHOLOGY'S ROLE IN ADDRESSING THE IMPACT OF, AND CHANGE REQUIRED WITH POLICE USE OF EXCESSIVE FORCE AGAINST PEOPLE OF COLOR AND OTHER MARGINALIZED COMMUNITIES IN THE UNITED STATES**

The purpose of the *Resolution on the Impact of, and Change Required with Police use of Excessive Force Against People of Color and Other Marginalized Communities* is tied directly to psychology's significant potential to contribute to the dismantling of racism and the promotion of racial equity, by helping to remediate conditions and situations that engage individual, systemic, and institutional sources of racism. This resolution commits APA as an institution towards advocating for and seeking change that will reduce disparities in policing and end the use of excessive force against communities of color, most directly Black communities, but also in interactions with other marginalized communities within the United States [Latinx people; Asian-American and Pacific Islander (AAPI) people; Middle Eastern and North African (MENA) people; Native Americans and other Indigenous peoples; LGBTQIA+ people, immigrants; and people with disabilities]. Its overarching goal is to promote the safety, health, well-being, and fulfillment of the human rights of those community members who are most vulnerable - Black and other people of color, and members of other marginalized communities who are affected by excessive use of force - and those who work in law enforcement.

With this resolution, we address those conditions and situations that operate within law enforcement and policing organizations at the federal, state, and local level, that directly and indirectly contribute to the challenges excessive force leads to with communities of color and other marginalized identities. APA specifically offers psychology's assistance in efforts to dismantle racism within law enforcement operations and organizations, and in their interactions with the communities they work within, by addressing the practices that perpetuate a continued reliance on excessive force. The Resolution, while not exhaustive in terms of addressing the entire gamut of needed police-related reforms, reflects APA's focused policy response and practice recommendations to foster the dismantling of racism and the pursuit of racial equity by ending excessive force, thereby enhancing safety and well-being among individuals and the communities that police are sworn to protect; and in ensuring a safer engagement by police and their communities – one that will foster greater safety and consideration for both police and members of their communities

With the recent historic passage of important anti-racist and equity focused resolutions, the American Psychological Association (APA) has explicitly rejected racism and racist ideologies as they are observed and expressed in the United States (US) and internationally (APA, 2021d; APA, 2021b; APA, 2021c ). APA has acknowledged that American psychology, including APA itself, has been complicit in actions that have perpetuated racism. Furthermore, APA has resolved to align its ethics, governance, and programmatic activities with human rights principles and practices (APA 2021e, APA, 2021b), and has emphasized the necessity for acknowledging and addressing racism and racial equity. Within the framework of these policies, APA has sought to promote its leadership in psychological science and practice towards the collaborative efforts that are necessary to address how racism has impacted

important social institutions, and consequently, the health and well-being of individuals and communities.

Foundational to this mandate, APA recognizes that law enforcement organizations, and police officers themselves, provide an important function within our society in addressing crime and safety for the public. There is a longstanding and constructive relationship that exists between psychology as a professional discipline, individual psychologists, and law enforcement; this includes psychologists advising and consulting to police organizations and their members, providing psychological services to police (and other public safety officers) in response to the stressors incurred by their professional demands, and collaboration within the justice system to insure a rational and reasoned, scientifically informed approach to protecting the human rights of persons navigating the justice system when facing criminal and civil charges. The solidity of this relationship between police and psychologists forms the basis upon which this resolution is undertaken.

APA further acknowledges that within this relationship, many police organizations and officials across the US have been, and remain committed to, working directly to address the implications of a history of racism and discrimination on the profession and its actions in the communities served. It is through this collaboration and commitment already present that APA seeks to promote a more active and direct engagement with an issue that is deeply challenging at this point in time.

The widely publicized use of excessive force against Black men, women, children, and youth by some law enforcement officers has placed into sharp focus the long term discriminatory treatment of people of color and other minoritized populations in the US (APA, 2021f). Extended nationwide protests and social uprisings that have been sparked by recent police killings reflect generations of frustration and resentment that have been building since the beginning of policing in this country. This is a resentment that began within the context of slavery and has maintained throughout the Jim Crow era to today, against those laws, policies, and practices that harm people of color and other marginalized communities directly. Further, there is sustained resentment in communities of color in the US toward the failures of many of the efforts to reform policing practices, across all levels of policing in this country. And despite the efforts toward improvement and change taken to date, there remains in the opinion of many living within communities of color and marginalized identity in the US a belief that the continued failure to correct fundamental racial inequities and mistreatment of minoritized populations is a direct result of an explicit choice by police organizations. A choice that has hampered explicitly a capacity for trust and respect, and which has in turn entrenched failures at communication and collaboration necessary to rectify that situation.

One area of specific demand for APA's investment and collaboration is the challenge that exists with incidents of excessive use of force<sup>1</sup> by police towards people of color and other marginalized communities<sup>2</sup> in the US, and how this has led, at both the community and societal level, to a low perceived legitimacy of policing and its actions. This failure of trust has served to complicate and even negate efforts made across communities in the US by both individuals and varied political structures towards promoting safety and a shared investment for all citizens. It has led to anger, frustration, and demoralization, for both police officers and their fellow community members.

Ending the occurrences of abusive interactions by members of police organizations towards people of color and other minoritized populations and communities is a critical societal problem of urgent concern to scientific and professional psychology. The effects of these abusive interactions have led to a long

history of trauma and poor relationships regarding policing and public safety in many communities of color in the United States, most directly affecting Black and Brown communities. Such abusive incidents have contributed to ongoing social injustice, rooted in racism, bias and discrimination, that has fostered years of pernicious impact on individuals, families and populations, changing the course of health, well-being and lifetime opportunities for present and future generations (Bačák & Apel, 2020; Del Toro et al, 2019; Geller et al, 2014).

## **HISTORY OF POLICING AND REFORM EFFORTS**

Although a comprehensive review of the history of policing in the US is beyond the scope of this resolution, a brief review of the literature indicates law enforcement organizations were used to exercise social control over enslaved agricultural laborers in the South, and immigrants and industrial laborers in the North (Chism, 2014; Hassett-Walker, 2021a, 2021b; Potter, 2013; Reichel, 1988). The historic connection of the police with social oppression and systemic racism that remains within the US, and the disparate impact of police use of force on people of color and other marginalized communities, has prevented the police as a social institution from gaining trust and legitimacy among communities most often impacted. The problem of trust and legitimacy persists notwithstanding the increased professionalism of the police and concurrent efforts to reform (La Vigne, Fontaine, & Dwivedi, 2017; Tyler, Goff, and MacCoun, 2015).

While acknowledging the need for change, continued disparities in police use of force, have led many communities and experts in policing to call for policing to move away from a model of control and coercion to one of consensus and community trust (American Public Health Association, 2018; President's Task Force on 21<sup>st</sup> Century Policing, 2015). Psychology and psychologists from a number of areas of research and practice have been a part of this dialog, in response to the important roles they play in responding to and collaborating with those addressing the need for change and improved collaboration in policing (Bowleg et al., 2021; Society of Industrial and Organizational Psychology, 2020; Tyler, Goff, & MacCoun, 2015; [Young, 2019](#)).

Increasing the diversity of police personnel has been advocated as one way to achieve reform. For many years, including up to the present day, and consistent with how institutions in the US have been constructed in response to deeply entrenched segregation that was promoted by laws and customs across the country, the ranks of many police forces were entirely comprised of White persons. Some remain so, in fact. This has been due to both the underlying disparities that were historically built into policing and other occupational structures in the United States, and the disproportionate attrition rates for minority candidates and recruits in many areas of the country (as one example, please see the considerations identified in the city of Chicago regarding minority recruitment and hiring as reflected in Ferguson & Witzburg, 2021). While many police forces have worked to increase diversity through recruitment, police officers from minoritized populations and communities still remain seriously under-represented in many departments across this country (U.S. Department of Justice and U.S. EEOC, 2016).

Another vehicle for effecting police reform, particularly as it relates to the lethal use of excessive force, has been the court system. In some jurisdictions, police officers charged for their use of lethal excessive force have been prosecuted under state homicide statutes. Other cases have been litigated under federal civil rights and hate crime related laws. The US Department of Justice Office of Civil Rights has statutory authority to pursue criminal charges for violations of civil rights and to sue police agencies for pattern-or-practice violations, and to negotiate consent decrees to institute reforms. As of 2017, four

independent studies have produced evidence that reforms tied to US Department of Justice Civil Rights Division's agreements with specific police departments have succeeded in establishing more effective constitutional policing practices and improved police-community relations (US Department of Justice Civil Rights Division, 2017). Although a highly uneven process, and one that is not without its own challenges, use of the court system in the US, which itself has a long history of injustice regarding people of color and other marginalized populations in this country, has been viewed as an important setting for more judiciously dealing with excessive use of force by police officers and organizations. Federal law also permits individuals to sue if police use of force violates one's civil rights. Such claims are evaluated against a standard of objective reasonableness under the Fourth Amendment ban on unreasonable searches and seizures (*Graham v. Connor*, 1989; Ross, 2002). Such lawsuits against police have, in practice, provided limited opportunities to victims seeking redress for the use of unreasonable force, because of the judicially-established doctrine that protects government officials from liability under federal law for constitutional violations, so long as they did not violate "clearly established laws" (Schweikert, 2020).

Each of these efforts and options discussed above have shown a variable responsiveness to community demands for reform of the use of excessive force and remain an area where significant collaboration can occur through psychological consultation. It is in fact the continued development of strategies drawing from what has been learned through these experiences to date where psychology can provide its greatest engagement and consultation. Through a mutual effort engaged between policing and the social, behavioral, and organizational sciences that psychologists bring to the table, new efforts towards guiding decision making across the many levels of collaboration that are needed to bring forth change can take place.

### **THE INTERSECTION OF RACE, POVERTY, AND POLICE USE OF EXCESSIVE FORCE**

Communities characterized by concentrated poverty and racial segregation are frequently subjected to aggressive policing strategies, including drug and gang suppression efforts, higher levels of police discrimination and misconduct, particularly towards young men, and under-responsive policing when community members do report crime and security needs (Foster, 2020; Kubrin, 2010; La Vigne et al., 2017; Fontaine et al., 2019). Extant research indicates that the majority of acts involving police use of excessive force occur in marginalized and under-resourced communities where systemic racism and other forms of discriminatory power imbalances have long been present (Feldman et al., 2019; Gee & Ford, 2011). Evidence about disparate police use of force against people of color and other marginalized communities has been found across the literature addressing these issues, specifically: (a) evidence from surveys or other sources of evidence (e.g., body camera footage) on individuals' contact with police; (b) evidence from systematic identification of cases of police-involved incidents, e.g., fatal encounters; and (c) evidence from studies of community-level variables, e.g., studies using police agency data.

Police-civilian contact. In the 2018 Police-Public Contact Survey (PPCS; U.S. Bureau of Justice Statistics, 2018; Harrell & Davis, 2020), while racial/ethnic groups were *less* likely to report any contact with police compared to non-Hispanic Whites, they were *more* likely to report contact where interactions included threats or use of force. Hispanics were more likely than non-Hispanic Whites to perceive threats and use of force as not necessary, and Blacks were more likely than Whites to perceive threats or use of force as excessive (Harrell & Davis, 2020). In a survey of police-public encounters, DeVylder, Frey, Cogburn, Wilcox, Sharpe, Oh, Nam, and Link (2017a) found that racial/ethnic minorities, and particularly males of

color and other minoritized identities, in addition to transgender respondents and younger adults, were at higher risk of police victimization. Further, one study of body camera footage found that Black drivers received ruder and more disrespectful treatment from officers during traffic stops in comparison to their White counterparts (Voigt et al., 2017).

Police-involved deaths. Data has established that excessive police use of force is a significant cause of death for individuals of color (Edwards, Lee & Esposito, 2019). Specifically, Black men have been killed at nearly three times the rate of White men; and Black women, American Indian/Alaska Native women and men, and Latinx men are also more likely to be killed by police than their White counterparts (Edwards, Lee & Esposito, 2019). Analyses from another database of police-involved deaths found that neighborhoods where residents were poorer and more likely to be people of color had among the highest rates of police-involved deaths, with the risk of police-involved death being higher for non-Hispanic Blacks residing in the whitest neighborhoods (Feldman et al., 2019).

The Ruderman Family Foundation study of 2013-2015 media reports of police use of force estimated that individuals with disabilities represent one third to one half of all people killed by law enforcement officers (Perry & Carter-Long, 2016). Relevant to this, the Centers for Disease Control and Prevention (2018) estimated that individuals with disabilities represent a quarter of the population and are thus the largest minoritized group in the United States. Individuals with intellectual and neurodevelopmental disabilities, who identify intersectionally with other minoritized identities (e.g., people of color, members of indigenous communities, and those who are LGBTQ+), are victims of negative police interactions at higher rates than their counterparts without disabilities (The Arc, 2021), leaving them more vulnerable to both negative outcomes and potential death due to excessive force.,

Police department records. The Center for Policing Equity has reported that while police employed force in less than 2 percent of all police-community interactions in the 12 cities analyzed, Black community members experienced rates of use of force 3.6 times higher than White counterparts, and 2.5 times higher than the overall rate in the communities studied (Goff et al., 2016). Jacobs and O'Brien (1998) found higher rates of Black citizens killed by police in cities with a significant Black community or recent growth in their Black population.

While likely an underestimate of the actual events that have occurred, these findings together highlight directly the particular vulnerability seen within the Black community to the impact of excessive police use of force and its reverberations. This is a vulnerability that further shared with other minoritized communities, including women intersectionally, and those who are Native and Indigenous, Latinx, and/or disabled. This is further magnified by the failure of many US police organizations to share information with the Federal Bureau of Investigation (FBI), both in the past when requested and since 2019, following the launching of the National Use-of-Force Collection program (Jackman, 2021). Only 44% of local, state, and federal policing organizations have shared information; while an improvement, this has led to a continued and seriously problematic lack of actual data that can guide both collaborative efforts at change, and address the extent and full nature of the challenge.

## **EFFECTS OF EXPOSURE TO POLICE VIOLENCE AND USE OF EXCESSIVE FORCE ON INDIVIDUAL HEALTH AND WELL-BEING**

Exposure to police violence<sup>3</sup> and use of excessive force have both immediate and long-term effects on the health and well-being of individuals throughout their lives. Police victimization has been found

associated with suicidality (DeVylder, Frey, Cogburn, Wilcox, Sharpe, Oh, Nam, & Link, 2017a), and psychological distress and depression (DeVylder, Oh, Nam, Sharpe, Lehman, & Link, 2017b). Studies have found that contact with the police, especially if perceived as being unsatisfactory or unfair, is associated with greater stress, and poorer health and indices of well-being (Baćak & Apel, 2020; Del Toro et al., 2019; Geller et al., 2014).

Police use of force has historically had a pernicious impact on the well-being of people of color and other marginalized persons, who remain more likely to be the targets of these practices (Edwards, Lee, & Esposito, 2019; Hall, Hall & Perry, 2016). Black adults are significantly negatively affected by police killings of Black victims (Bor, Venkataramani, Williams, & Tsai, 2018) and the experience of proximity to police killings of unarmed victims of color has a substantial negative influence on well-being.

Excessive force by police has been found to have a demonstrable and devastating impact not only on the well-being of adults but also on children. Children and adolescents who observe the use of physical force by police or who are themselves victimized by police often experience life-altering, negative effect on their well-being, that potentially continues into adulthood. Del Toro et al. (2019) found that stress mediated the relationship between being stopped by the police and later delinquency among a sample of mostly Black and Latino boys. Black and Latinx high school students showed negative academic and psychological effects associated with proximity to police killings of minority victims (Ang, 2021). As an adaptive response to these negative interactions, young people may perceive authority negatively, have distrust in authorities to provide safety, and develop attitudes that support personal use of violence and resistance to police authority (Fine et al., 2021; Slocum & Wiley, 2018; Smith Lee & Robinson, 2019). This has been particularly a concern with regard to incidents taking place at schools.

Even in the absence of physical force, marginalized populations who feel victimized by police through episodes of harassment, aggressive interrogation, and even community-based negative police-initiated interactions have reported increased rates of mental health symptoms, including higher rates of depression, substance use, and other manifestations of emotional distress (Baćak & Apel, 2020; Mann-Jackson et al., 2018; Nelson, 2018). Such police practices are highly associated with cumulative stress, including race-based traumatic stress, in community members who are directly impacted. Race-based cumulative stress is a well-known social determinant linked to poor health outcomes (Aymer, 2016; Kauff, Wolfer, & Hewstone, 2017).

A factor that contributes to the negative impact of police use of force on vulnerable populations is that police officers are often called to respond to matters outside the scope of their public safety mission, training, and expertise, such as responding to mental health, substance abuse, behavioral health emergencies and to family crises and interpersonal disputes (Steadman & Morrisette, 2016). These are often situations that reflect community-based trauma and challenge, during which undue force may be used. While recognizing that relying on law enforcement in such circumstances emanates from the lack of public funding of agencies and trained providers who are generally better qualified to address significant emotional, behavioral, and psychosocial needs (Steadman & Morrisette, 2016), it is also the case that efforts at training police to be responsive to these situations cannot effectively reproduce what engagement by trained mental health resources is able to provide. One of the ways that has been shown to be successful at addressing this vulnerability is the use of crisis intervention and mental health response teams.

Individuals made vulnerable by societal forces, especially people of color, and intersectionally those who are LGBTQ+, disabled, or living with low socioeconomic status and/or poverty, face challenges and barriers to accessing care at community mental health centers, behavioral and substance use treatment programs, inpatient psychiatric units, and shelters serving those without homes or victims of interpersonal violence. As a result, behaviors that would otherwise be addressed in these settings are often required to be dealt with by the police (Hales & Higgins, 2016). These serve as problematized settings for difficult interactions, that may more likely increase both negative responses by those who have been marginalized, and potentially impulsive and deadly responses in return from those sent to attempt to stabilize the situation. This extends the cycle of trauma and despair that alienates communities from trust of police, while further impacting the stigma that underlies expectations regarding persons of color and marginalized intersectional identities. The trauma that occurs runs both ways: police who are poorly trained to address these challenges are often left with significant trauma and negative self-efficacy, contributing to their own vulnerability to mental health concerns.

### **USE-OF-FORCE STANDARDS AND TRAINING**

Police officers “are members of quasi-military organizations, called upon for duty at all times, armed at almost all times, and exercising the most awesome and dangerous power that a democratic state possesses with respect to its residents—the power to use lawful force to arrest and detain them” (see *Policemen’s Benevolent Association of New Jersey v. Township of Washington*, 1988, p. 91). Police use of force is regulated by constitutional law, state law, administrative law, and departmental policies and procedures, including training requirements. In general, the use-of-force by law enforcement officers is justified and permissible only under specific, limited circumstances, such as self-defense or defense of another individual or group (National Institute of Justice, 2020).

Most law enforcement agencies have policies on use-of-force that delineate a use-of-force continuum of actions, moving from lower to higher levels of force, that an officer may take to resolve a situation. Although the frequency and nature of police training varies considerably by agency size and other factors, police officers are trained to respond to situations with the appropriate level of force (Bureau of Justice Statistics, 2020). However, there are no universal standards for the use-of-force continuum and how officers should apply it (National Institute of Justice, 2009). The degree of specificity and strictness of use-of-force policies vary greatly across agencies and jurisdictions (Obasogie & Newman, 2017). One study of police use-of-force policies in the US found that police departments with policies containing a greater number of specific limits on use of force experienced fewer citizen deaths caused by police (Sinyangwe, 2016). Even though the US Constitution does not grant the federal government power to regulate policing in this country, Congress may exercise its powers to *encourage* states to adopt policing policies that put specific limits on use of force, including by using federal funds to incentivize change.

Use-of-force training includes education on the applicable federal and state laws governing use of force, skills training in weapon use, and tactics for employing reasonable (lethal and non-lethal) force (Federal Law Enforcement Training Centers, n.d.). This is an area where psychologist engagement can be particularly helpful, by assisting in both examinations of the factors that contribute to how use of force decisions are made, and how to also assess where errors in decision making occur as a result of internal and external experiences. Such consultation can increase responsiveness to the underlying vulnerabilities that do exist towards problematic, potentially racist choices, and how they can be more clearly and successfully confronted to alter their likelihood.



Problematically, Stoughton (2014) has observed that police culture and training within the US encourages the development of a warrior mindset and mentality in which police officers “are taught they live in an intensely hostile world, a world that is quite literally gunning for them” (p. 227). This has been identified as one contribution to a tendency for police officers to perceive threat from the initiation of an interaction, particularly with minoritized groups, and therefore respond with excessive force, leading to negative outcomes that are more potentially violent than the situation warrants. Consistent with calls for law enforcement to move away from a model of control and coercion and toward a model of consensus and community trust, there have also been calls for the police to move away from the warrior mindset to a guardian mindset (McLean et al., 2020).

In 2019, major law enforcement organizations, in partnership with the Federal Bureau of Investigation, developed the National Use-of-Force Data Collection to provide a mechanism for law enforcement agencies to report their officers’ use-of-force incidents for the purpose of compiling national statistics. However, participation of law enforcement agencies is entirely voluntary (Federal Bureau of Investigation, 2021); and as discussed above, remains at a level currently hampering the ability to collect needed national data. It is exactly this type of data that is necessary for building effective means of understanding where direct consultation and guidance from psychologists to police organizations could be engaged and utilized.

**WHEREAS** the International Bill of Human Rights establishes the obligation of nation-states to respect, protect and fulfill human rights (APA, 2021e; cite from UNOHCHR);

**WHEREAS** the APA supports and prioritizes social justice and human and civil rights to reduce bias, stigma, and discrimination (APA, 2021a);

**WHEREAS** the enduring, insidious, and pervasive nature of racism in the United States often operates outside of the conscious awareness of its targets, perpetrators, and beneficiaries, has had an incalculable, negative toll on the basic human rights to survival, security, health, well-being, and societal participation of generations of people in the United States and across the globe (Alvarez et al., 2016; APA, 2012; 2019), and underlies racial disparities in the distribution of a shockingly broad array of basic human necessities, including housing, health care, economic security, education, and employment (Lee et al., 2020; Williams & Collins, 2001);

**WHEREAS** throughout the long history of law enforcement in the United States, some police have been used to protect and advance the interests of the hegemonic political and cultural segments of a White society that empowered and legitimized them, while many Blacks and other disadvantaged groups have been disproportionately subjected to police brutality in the normal course of daily life (Hassett-Walker, 2021a, 2021b; Potter, 2013; Reichel, 1988), as well as to aggressive dispersion tactics during peaceful protests and sit-ins (Nodjimbadem, 2020);

**WHEREAS** notwithstanding some critical analyses of policing that conclude the institution’s central role in the structures of systemic racism renders it fundamentally flawed and demands it be re-envisioned (e.g., Hasbrouck, 2020), policing remains a sanctioned institution in United States society, and there are significant efforts to address racism and its impact in policing (U.S. Department of Justice Civil Rights Division, 2017) and to make changes that remove its significant influence on policing decisions;

**WHEREAS** some analysts see policing as “moving away from a focus on what is legal or effective in crime control and toward a concern for how the actions of the police influence public trust and confidence in the police (Tyler, Goff, & MacCoun, 2015; President’s Task Force..., 2015) and areas of research and practice in psychology can contribute to constructive change (Tyler, Goff, & MacCoun, 2015; APA, 2020);

**WHEREAS** both direct exposure and geographic proximity to police use of force are associated with poorer health and indices of well-being (Bačák & Apel, 2020; Bor, Venkataramani, Williams, & Tsai, 2018; Del Toro et al., 2019; Geller et al., 2014), including suicidality (DeVylder, Frey, Cogburn, Wilcox, Sharpe, Oh, Nam, & Link, 2017a), psychological distress and depression (DeVylder, Oh, Nam, Sharpe, Lehman, & Link, 2017b), delinquency (Del Toro et al., 2019), and academic underachievement (Ang, 2021);

**WHEREAS** a lack of accurate data exists on police use of force across United States communities and its association with race, ethnicity, gender, mental illness and other disabilities, LGBTQ+ identity, immigrant, refugee, and asylum-seeking status and other factors (Shane, 2018);

**WHEREAS** in studies of individuals’ contacts with police (DeVylder et al., 2017b; Harrell & Davis, 2020), of police-involved deaths (Edwards, Lee & Esposito, 2019; Feldman et al., 2019; Perry & Carter-Long, 2016), and of law enforcement crime reports (Fontaine et al., 2019; Foster, 2020; Goff et al., 2016; Jacobs & O’Brien, 1998; Kubrin, 2010; La Vigne et al., 2017), people of color, particularly those who are Black, and other marginalized communities [Latinx people; Asian-American and Pacific Islander (AAPI) people; Middle Eastern and North African (MENA) people; Native Americans and other Indigenous peoples; LGBTQIA+, immigrants; and people with disabilities], have been shown consistently to be at high risk of police use of force ranging from threats to death;

**WHEREAS** some analysts have suggested that people with disabilities are overrepresented among those killed by law enforcement and that disability has a more important relationship to police use-of-force incidents than has been acknowledged (Perry & Carter-Long, 2016)

**WHEREAS** in the absence of accessible and appropriate mental health services, treatment programs, and community-based supports, police are too often called upon to intervene in behavioral health and nonviolent interpersonal crises (Steadman & Morrisette, 2016), and where such encounters may escalate to a point where police believe that use of force is warranted;

**WHEREAS** some law enforcement have utilized psychological research and expertise to assist police officers in learning how to approach and interact with individuals with various mental health problems and disabilities (Iacobucci, 2014; Tucker et al, 2011), and are in a position to do similarly with regard to working with communities of color and those who are marginalized;

**WHEREAS** the racial disparity in police threats and uses of force, detentions, interrogations, arrests, criminal convictions, sentencing, and incarceration (Fryer, 2018; Goff et al., 2016; Lee et al., 2020; Pierson et al., 2020; Scales, 2020) “encourages large swaths of American society to see themselves as existing within the law’s aegis but outside its protection” (Bell, 2017, p. 2054);

**WHEREAS** the violence that people of color and other marginalized populations and communities have encountered at the hands of police has resulted in a “stigma of lawlessness,” (Hinds, 1979, p. 9) that stains the reputation of all police officers and stimulates the development of a loss of respect for or trust in legal institutions (Tyler, Goff, & MacCoun, 2015; Wood et al., 2021);

**WHEREAS** police use-of-force training has been shown to be most effective when it reinforces policies that “include rules that establish force continuums and require officers to intervene and prevent other officers from using excessive force” (Obasogie & Newman, 2017, p. 281);

**WHEREAS** the nature of police work is often traumatic, it can have profound health effects on police officers, in a manner that is shared by persons with whom they interact, including higher rates of suicide, cardiovascular disease, sleep disorders, hypertension, glucose intolerance, depression, and lower life expectancy for male police officers (Violanti, 2011);

**WHEREAS** Congress may exercise its powers to encourage states to adopt policing policies and establish national policing standards;

**THEREFORE, BE IT RESOLVED** that the APA reaffirms “its denunciation of racism” in all forms for its destructive psychological, social, educational, and economic effects on human rights and human welfare throughout the lifespan” (APA, 2021a, 2021b, 2021d, 2021f);

**THEREFORE, BE IT RESOLVED** that the APA affirms basic human rights and liberties including access to health, education, and economic opportunities and opposes statutes, laws, and ordinances that contribute to the criminalization of poverty (e.g., subsidy restrictions, bonding requirements, foreclosure rules) (APA, 2021a; APA, 2021e; APA, 2021f; Herring et al., 2020), that further stigma and discrimination, which contribute to a devaluing and disengagement from communities by those who are required to protect them;

**THEREFORE, BE IT RESOLVED** that the APA calls for respecting, protecting, and fulfilling human rights to be the foundation for police use of force (APA 2021e);

**THEREFORE, BE IT RESOLVED** that the APA acknowledges the history of racism in policing and the important societal need for law enforcement to engage with this history, acknowledge its impact on policing, and work collaboratively with all the communities they serve to gain legitimacy and trust, including particularly people of color and other marginalized communities;

**THEREFORE, BE IT RESOLVED** that APA opposes police use of excessive force and other police misconduct against people of color and other marginalized people, including, but not limited to, verbal intimidation and/or violence specifically intended, or reasonably understood, to dehumanize an individual or group (APA, 2021e) and recommends revision of any police department policy, general order, or directive that legitimizes the inappropriate and/or discriminatory use of force and/or instrumental brutality and violence (APA, 2021f);

**THEREFORE, BE IT RESOLVED** that the APA will advocate for the development, implementation, and evaluation of empirically rooted, culturally informed policies, programs, and practices that eliminate the use of excessive force by police against people of color and other marginalized communities as well as other forms of misconduct and discrimination (APA, 2021e; APA, 2021f);

**THEREFORE, BE IT RESOLVED** that the APA will advocate for law enforcement standards and practices within police departments to reduce the detrimental impact of police misconduct and use of excessive force, and to promote a healthy relationship between police officers and their communities (Iacobucci, 2014);

**THEREFORE, BE IT RESOLVED** that the APA supports research and subsequent program development in collaboration with police and communities in the following areas:

- Policing strategies sought by specific communities, particularly communities of color;
- Police-civilian relations in the aftermath of police-inflicted trauma to develop interventions that promote repair;
- Police functions that may be more effectively carried out by others;
- Strategies for increasing police officer intervention with other police officers to prevent mistakes and in response to witnessing peer-officer misconduct;
- Validation of assessment tools to support improved police selection and interventions to address bias and use of excessive force;
- Training that encompasses implicit bias, cultural humility, and anti-racism;
- Training that engages de-escalation strategies when interacting with individuals with developmental disabilities, mental health disorders, substance use disorders, and in communities that have been historically traumatized by interaction with law enforcement;
- Strategies for promoting repair and establishing legitimacy between police and historically marginalized communities;
- Strategies examining best practices for crowd control and increasing the use of less-lethal practices against protestors;
- Mandated federal reporting of use of force statistics by United States police agencies;
- Community policing practices such as community engagement or collaborative problem-solving with community members;
- Strategies for and engagement in necessary collaborations with educational systems on how to more effectively and safely work with students and educators within schools and other learning settings to reduce traumatic and dehumanizing approaches to intervention;
- Demilitarization of police tactics, including modes of transportation and crowd and situation management, within communities of color and increased use of community focused efforts for engaging in such management of events and situations of concern;

**THEREFORE, BE IT RESOLVED** that the APA will continue to advocate for the funding of community-based human services to address unmet needs for persons with behavioral health treatment needs, including the impacts of police use of excessive force and community violence among Blacks, other people of color, and other disadvantaged/marginalized groups;

**THEREFORE, BE IT RESOLVED** that, consistent with an understanding of and support for collective action (e.g., van Zomeren & Iyer, 2009), APA calls for increased collaboration and potential partnerships among law enforcement agencies, police unions, community members and their organizations, and psychologists (and other social scientists) as part of multi-disciplinary teams in the community (APA, 2018; Power, 2018), in order to better protect police officers' health and safety on the job and to better equip them with the tools and resources to de-escalate threats presented by mental health and substance use-related crises (Iacobucci, 2014);

**THEREFORE, BE IT RESOLVED** that the APA recommends the expansion of basic police training to include training on how to intervene with individuals with disabilities (including mental health, behavioral, neuro-divergent, and physical differences), as well as children, youth, adults, and older adults;

**THEREFORE, BE IT RESOLVED** that APA advocates for policies that address research and training for law enforcement personnel to promote the eradication of practices that result in the diversion of persons from low socioeconomic backgrounds, including from non-marginalized communities, and persons with mental health, behavioral and substance use issues, into the criminal justice system;

**THEREFORE, BE IT RESOLVED** that the APA recommends that police departments and their municipal administrators partner with mental health and other human services organizations to determine the best use of local behavioral health resources with the goal of maintaining the safety of all community members, including such practices as establishing referral networks in their communities to assist in dealing with individuals in crisis, and to consider methods of utilizing culturally and linguistically competent professionals to assist in public interactions;

**THEREFORE, BE IT RESOLVED** that the APA recommends all law enforcement agencies adopt policies that both incentivize and require all officers to accurately and promptly report all relevant incidents of use of force (Oversight Hearing on Police Use of Force and Community Relations, 2020);

**THEREFORE, BE IT RESOLVED** that APA encourages use-of-force policies and training that establish meaningful restrictions on how and when police use force against civilians; require the use of de-escalation techniques, when possible; require fellow officers to intervene to stop another officer from using excessive force; and require comprehensive reporting of uses and threats of force;

**THEREFORE, BE IT RESOLVED** that the APA urges Congress to establish and incentivize states through federal funding mechanisms to implement a federal standard that police officers (a) use force *only when reasonable and necessary* and only as a last resort after exhausting reasonable options, (b) use, when appropriate, de-escalation techniques; (c) intervene when witnessing the use of excessive force by others; (d) never use force as a punitive measure, as a means of retaliation against individuals who only verbally confront officers, or against individuals who pose a danger only to themselves; and (e) accurately report all uses of force (Oversight Hearing on Police Use of Force and Community Relations, 2020);

**THEREFORE, BE IT RESOLVED** that APA supports federal, state, and local mandates for the reporting of use of force statistics by police agencies;

**THEREFORE, BE IT RESOLVED** that the APA recommends use-of-force training include de-escalation practices, skills for intervening with other officers using excessive force, and programs that promote officer wellness;

**THEREFORE, BE IT RESOLVED** that the APA calls for the creation of robust and genuinely independent entities (e.g., civilian police complaint boards) to investigate police uses of force resulting in injury, death, or disability;

**THEREFORE, BE IT RESOLVED** that the APA reaffirms its support for the health and well-being of police officers and recommends further research on the causes of, as well as appropriate treatments for, mental health and general medical conditions that disproportionately impact those in law enforcement; and

**THEREFORE, BE IT RESOLVED** that the APA recommends, when appropriate, police agencies always actively seek to recruit and hire police personnel from within the communities they serve.

#### **FOOTNOTES:**

<sup>1</sup> The US Bureau of Justice Statistics (2021) defines police use-of-force as “the amount of effort required by law enforcement to gain compliance from an unwilling subject” and police use of excessive force as “the application of force beyond what is reasonably believed to be necessary to gain compliance from a subject in any given incident.” Throughout this resolution, the term “force” is defined as “physical effort to control, restrain, or overcome the resistance of another,” (ASCIA et al., 2020) and includes both deadly force (any use of force that creates a substantial risk of death or serious bodily injury) and non-deadly or less-lethal force (any use of force other than that which is considered deadly force that involves physical effort to control, restrain, or overcome the resistance of another). Force does not include verbal commands or other nonphysical de-escalation techniques (ASCIA et al., 2020).

<sup>2</sup>The term “marginalized” refers to any group of persons that the dominant societal group has historically disadvantaged based on socially constructed, perceived differences from and smaller numbers than the dominant societal group.

<sup>3</sup>APA defines “police violence” according to the Police Violence Classification Matrix (PVCN) proposed by Corey and Stewart (2015). This matrix distinguishes between legitimate and illegitimate uses of force by police, recognizing that there are times when use of force is both necessary and justified as well as times when police engage in aggression and violent behavior that cannot be justified under the law. The PVCN allows for delineating the complex factors (e.g., inadequate training, policy, individual motivations) that may lead to violent police behavior.

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2. CLT agreed to discuss the APAGS Student Seat on Selected Boards and Committees item when it was in final form at their July meeting.







July 19<sup>th</sup>, 2022

## CLT Virtual Meeting

**Present:** *Eric Butter, PhD (Chair), Arlene Noriega, Noelle La Fefforge, PhD, Jean Carter, PhD, Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), Arthur C. Evans, PhD (APA CEO), David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS*

**Not Present:** *Randy White, PhD*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance), Jim Diaz-Granados (Deputy Chief Executive Office)*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance), Cathi Grus, PhD*

1. CLT voted to recommend Council approve the *Amendments to Association Rules Related to President-Elect, Recording Secretary and Treasurer Elections*

That Council approves amending APA's Association Rule 110-7 and 110-8 as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

### **110-7. GUIDELINES FOR THE CONDUCT OF PRESIDENT-ELECT NOMINATIONS AND ELECTIONS**

3. Call to membership of potential presidential nominees. An annual announcement on APA's website will invite presidential nominees to submit a brief statement (50 words or less) to accompany the President-Elect nomination ballot. The deadline for submission of such statements is close of business on [~~January~~] February 15.

### **110-8. PRESIDENT-ELECT ELECTION**

**110-8.1** The election of APA President-elect is conducted by the Election Committee.

**110-8.2** Candidates are nominated by Fellows, Members, Associate members with voting privileges, and Graduate Student members with voting privileges. Nominations are made by preferential ballots, and up to five names may be listed in rank order. Nomination ballots are sent on or about [~~February 1~~] March 1. The balloting period closes within 45 days. Only APA members are eligible for nomination.

**110-8.3** The APA President-elect shall be elected by Fellows, Members, and those Associate members and Graduate Student members who have been granted voting privileges. The election ballot shall be preferential and shall list five candidates. Final election ballots shall be sent on or about [~~September 15~~] August 1. The balloting period shall close within 45 days. Each candidate is invited to submit a statement, to be sent with the election ballot, of no more than 1,000 words, stating his or her opinion of issues facing psychology and of the role APA should play regarding these issues.

**110-8.4** Results are reported to the Board of Directors. Tallied results are reported to Council no more than 30 days after the ballot closes. Election results are published on APA's website.

## MAIN MOTION II

That the Board recommends that Council approves amending APA's Association Rule 110-9 as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

### 110-9. RECORDING SECRETARY AND TREASURER ELECTION

**10-9.1** Nominations are solicited from the voting Members of the Association. The slate is determined by the Board of Directors. There shall be at least two nominees on the final election ballot for Recording Secretary and Treasurer. Only APA ~~[m]~~ Members are eligible for nomination.

**110-9.2** Members of the immediately previous Council shall elect the Recording Secretary and the Treasurer. ~~[The elections for APA Recording Secretary and Treasurer are conducted by an independent audit firm.]~~ Preferential ballots are used.

1. **110-9.3** Results, with the final tally of votes cast, are reported to Council within 30 days.
2. CLT voted to recommend Council approve *Psychology Week*  
  
That Council approves that the third week of April be proclaimed Psychology Week, an annual celebration of psychology that includes "Psychology Day," recognized by the United Nations community and certain other institutions.
3. CLT voted to recommend Council receive the *Health Equity Report*.
4. CLT voted to recommend Council approve the *APAGS Seat on Selected Boards and Committees*

That Council approves forwarding to the Membership for a vote the following amendments to the APA Bylaws (bracketed/strikethrough material to be deleted; underlined material to be added):

## ARTICLE XI

### Boards and Committees

2. The Membership Board shall consist of no fewer than eight Members one of which should be a Graduate Student member, and one Affiliate of the Association. At least two of the members shall be Fellows of the Association. The remaining members shall be selected to represent the diverse membership of the Association. Members of the Board shall serve for staggered terms of three years each, except when filling a vacancy on the Board. The Board shall have responsibility for the oversight of membership recruitment and retention activities for the Association. The Board shall have the authority to elect qualified persons to initial Member, Associate member or Graduate Student member status. The Membership Board is responsible for establishing and regulating the APA criteria that the Fellows Committee uses to review and to recommend member nominees for election to Fellow status. The Board shall receive nominations from the Fellows Committee and shall forward recommendations without alterations or comments to the Board of Directors.

4. The Board of Convention Affairs shall consist of not fewer than six Members and one Graduate Student member of the Association, three or four to be elected every other year for a term of not

less than four years. The President may each year appoint to this Board one or more Members of the Association for terms of one to four years at his/her discretion. It shall be the responsibility of this Board to recommend policies and procedures to be followed in planning the Annual Convention, to coordinate the programs of Divisions and other organized groups within the Association, and to arrange for programs of general interest at the time of the Annual Convention.

7. The Policy and Planning Board shall consist of not fewer than nine Members and one Graduate Student member of the Association, three or four of whom shall be elected each year and each of whom shall serve for an initial term of not less than three years. The Policy and Planning Board shall be selected to represent the range of active interests within the Association. No person shall be eligible to serve more than two consecutive terms. The Policy and Planning Board's function shall be the consideration of current and long-range policy. As a continuing body, it shall recommend to the Members, Board of Directors, and Council such changes in existing policy and such extensions or restrictions of the functions of the Association, its Divisions, or State/Provincial/Territorial Psychological Associations as are consonant with the purposes of the Association. The Policy and Planning Board shall report annually by publication to the membership. It shall review the structure and function of the Association as a whole in every fifth year and shall make recommendations by written report to Council and by publication to the Association.

9. The Board of Educational Affairs shall consist of not fewer than [~~twelve~~] thirteen persons, at least eleven of which shall be Members of the Association, one of which may be an APA Teacher Affiliate member, and one Graduate Student member, who shall serve for terms of not less than three years each. It shall have general concern for all educational and training affairs which transcend more than one Division or group of psychologists. Members of the Board of Educational Affairs shall be selected to represent the range of interests characteristic of psychology in all its aspects.

10. The Board of Professional Affairs shall consist of no fewer than nine Members and one Graduate Student member of the Association, who shall serve for terms of three years each, except when filling a vacancy on the Board. The Board of Professional Affairs shall be responsible for developing recommendations for and monitoring the implementation of APA policy, standards and guidelines for the profession of psychology, maintaining relationships with other professional organizations and groups appropriate to its mission, recognizing contributions to the profession of psychology through awards and honors, proposing to the Association ways to enhance the profession of psychology, and fostering the application of psychological knowledge in order to promote public welfare. Insofar as possible, members of the Board of Professional Affairs shall be elected to represent the range of interests characteristic of the profession of psychology.

11. The Board of Scientific Affairs shall consist of not fewer than nine Members and one Graduate Student member of the Association, who shall serve for terms of not less than three years. It shall have general concern for all aspects of psychology as a science, including the continued encouragement, development, and promotion of psychology as a science; scientific aspects of the program at the Annual Convention; and psychology's relations with other scientific bodies. It shall

have particular responsibility for liaison with agencies giving financial support to scientific projects, for awards and honors in recognition of scientific achievement, and for seeking new ways in which the Association can assist scientific activities. Members of the Board of Scientific Affairs shall be selected to represent the range of interests characteristic of psychology in all its aspects.

12. The Board for the Advancement of Psychology in the Public Interest (BAPPI) shall consist of not fewer than ~~[ten]~~eleven members elected for three-year terms. Nine of the members must be Members of the American Psychological Association, and one of the members must be a Graduate Student member of the Association. The ~~[tenth]~~eleventh member shall be a public member appointed by BAPPI for up to a three-year term. The mission of the Board shall be to encourage the generation and application of psychological knowledge on issues important to human well-being. It shall have general concern for those aspects of psychology that involve solutions to the fundamental problems of human justice and that promote equitable and just treatment of all segments of society. BAPPI shall encourage the utilization and dissemination of psychological knowledge to advance equal opportunity and to foster empowerment of those who do not share equitably in society's resources. The Board shall be concerned with increasing scientific understanding and training in regard to those aspects that pertain to, but are not limited to, culture, class, race/ethnicity, gender, sexual orientation, age and disability. The Board shall support improving educational and training opportunities for all persons in psychology and continue the promotion of culturally sensitive models for the delivery of psychological services. The Board shall be sensitive to the entire range of APA activities as they pertain to the mission of this Board and make recommendations regarding ethically and socially responsible actions by APA when appropriate. The composition of the Board shall reflect diversity in terms of ethnic minorities, gender, sexual orientation, disabilities and religion, as well as the range of interests characteristic of psychology in all its aspects.

## MAIN MOTION II

That Council approves the following amendments to the APA Association Rules (bracketed/strikethrough material to be deleted; underlined material to be added):

### 10-2. MEMBERSHIP BOARD

**10-2.1** The Membership Board shall consist of no fewer than eight members one of which should be a Graduate Student member, and one affiliate of the Association, three of whom shall be elected each year for a term of three years. At least one member of the board shall be an early career psychologist.

### 70. POLICY AND PLANNING BOARD

**70-1.1** The Policy and Planning Board shall consist of not fewer than nine Members and one Graduate Student member of the Association. At least one member of the Policy and Planning Board shall be an early career psychologist.

## **120-1. BOARD OF EDUCATIONAL AFFAIRS**

**120-1.1** The Board of Educational Affairs shall consist of not fewer than ~~[twelve]~~ thirteen persons, at least twelve of which shall be [m]Members of the Association, one of which may be an APA Teacher Affiliate member, and one Graduate Student member, four or five to be elected each year for a term of three years. At least one member of BEA shall be an early career psychologist. Each of three seats on BEA shall be filled by nominees from among the constituencies of Science, Practice, and Public Interest, respectively, in a manner that is consistent with APA procedures for the election of standing board members. Nominations for slates will be solicited from the appropriate APA governance groups (BSA, BPA, BAPPI). These positions shall be for staggered three-year terms, with one of these three positions being filled each year. Each year the constituency group whose seat would be vacated shall be requested to provide a pool of at least five nominees for a three-year term. All other seats shall be filled according to Association Rule 110.15 in a manner to represent the Board of Educational Affairs' commitment to each level of education and training in psychology, from pre-college and undergraduate through postdoctoral. All ~~[twelve]~~ thirteen members are fully participating, voting members of the Board of Educational Affairs.

## **130-1. BOARD OF PROFESSIONAL AFFAIRS**

**130-1.1** The Board of Professional Affairs shall consist of ~~[thirteen]~~ fourteen members, including ~~[twelve]~~ thirteen APA members, four or five to be elected each year for staggered terms of three years, and one ex-officio member. The Council of Executives of State, Provincial and Territorial Psychological Associations (CESPPA) Representative to the Board of Professional Affairs shall serve as an ex-officio member. At least one member of the Board of Professional Affairs shall be an early career psychologist, and at least one member of the Board of Professional Affairs shall be a Graduate Student member.

## **140-1. BOARD OF SCIENTIFIC AFFAIRS**

**140-1.1** The Board of Scientific Affairs shall consist of ~~[nine]~~ ten members, three or four to be elected each year for a term of three years. At least one member of the Board of Scientific Affairs shall be an early career psychologist, and at least one member of the Board of Scientific Affairs shall be a Graduate Student member.

## **150-1. BOARD FOR THE ADVANCEMENT OF PSYCHOLOGY IN THE PUBLIC INTEREST**

**150-1.1** The Board for the Advancement of Psychology in the Public Interest shall consist of ~~[ten]~~ eleven members for staggered terms of three years each. Ten ~~[Nine]~~ of the members must be members of the American Psychological Association elected by the Council of Representatives. At least one member of the Board for Advancement of Psychology in the Public

Interest shall be an early career psychologist, and at least one member shall be a Graduate Student member. The [~~tenth~~] eleventh member shall be a public member appointed by BAPPI for up to a three-year term.

#### **180-1. BOARD OF CONVENTION AFFAIRS**

**180-1.1** The Board of Convention Affairs shall consist of [~~six~~] seven elected members, three or four to be elected every other year for a term of four years, plus such other members that may be appointed by the APA President at his or her discretion for terms from one to four years. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member.

*The above amendments will become effective if the Bylaw amendments are approved by the membership.*

### **MAIN MOTION III**

That Council approves the following amendments to the APA Association Rules (bracketed/strikethrough material to be deleted; underlined material to be added):

#### **90-2. COMMITTEE ON INTERNATIONAL RELATIONS IN PSYCHOLOGY**

**90-2.1** The Committee shall consist of [~~eleven~~] twelve members, [~~nine~~] ten to be elected, each for a term of three years, and two to serve ex officio. Ex officio members shall include the APA chief staff officer, and one designee of the United States National Committee/International Union of Psychological Science (USNC/Biopsy's), provided this individual is an APA member. At least one member of the Committee on International Relations in Psychology shall be an early career psychologist, and at least one member shall be a Graduate Student member.

#### **130-4. COMMITTEE ON PROFESSIONAL PRACTICE AND STANDARDS**

The Committee shall consist of [~~nine~~] ten members, including a member from the Board of Professional Affairs, [~~eight~~] nine of whom shall be elected for staggered terms of three years, and one member (from the Board) shall be appointed for a term of up to two years. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member. The Committee shall report to Council through the Board of Professional Affairs.

#### **130-5. COMMITTEE ON RURAL HEALTH**

There shall be a Committee on Rural Health whose mission shall be to address the full breadth of issues affecting the health of persons living in rural and frontier America. The APA Rural Health Committee shall consist of [~~eight(8)~~] nine members each of whom shall serve a staggered term of three (3) years. At least one member of the Committee shall be an early

career psychologist, and at least one member of the Committee shall be a Graduate Student member. All members of the committee shall be APA members and reflect rural, gender, ethnic minority, sexual orientation and age diversity. The members shall be chosen by the APA Council of Representatives through the nomination process described in Association Rule 110-15. Committee members shall be limited to two successive terms of service and may not further succeed themselves without a break in service. The committee shall meet twice a year. The activity of the Committee will encompass the interests of all APA Directorates and communication will be maintained with all Boards, Committees, and Divisions with an interest in these issues. The Committee will identify, study, and attempt to ameliorate health and mental health problems that may yield to the special knowledge and competence of psychologists. The Committee will identify and develop programs to meet the needs of residents in these areas. Linkages of psychologists with other health providers in these areas will be promoted to enhance the assessment and treatment of health problems with a behavioral component. The Committee on Rural Health shall report to the Council of Representatives and the Board of Directors through the Board of Professional Affairs.

#### **140-4. COMMITTEE ON ANIMAL RESEARCH AND ETHICS**

**140-4.1** There shall be a Committee on Animal Research and Ethics whose responsibility it shall be to (a) safeguard responsible research with animals, other than humans, and establish and maintain cooperative relations with organizations sharing common interests, (b) disseminate in cooperation with other organizations accurate information about such research, (c) review the ethics of such research and recommend guidelines for its ethical conduct, and (d) disseminate, in cooperation with other organizations, guidelines for protecting the welfare of animals, other than humans, that are used in research, teaching, and practical applications, and to consult on the implementation of these guidelines. The Committee shall consist of [~~six~~] seven members, two or three of whom shall be elected each year for a term of three years. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member. The Committee shall report to Council through the Board of Scientific Affairs.

#### **140-6. COMMITTEE ON HUMAN RESEARCH**

**140-6.1** The Committee shall consist of [~~six~~] seven members elected by the Board of Scientific Affairs. Each year, two or three members will be elected for a term of three years. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member. The Committee shall report to Council through the Board of Scientific Affairs.

#### **150-2. COMMITTEE ON WOMEN IN PSYCHOLOGY**

**150-2.1** The Committee shall consist of [~~six~~] seven members who are elected for staggered terms of three years. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member.

It shall report to Council through the Board for the Advancement of Psychology in the Public Interest.

#### **150-4. COMMITTEE ON SEXUAL ORIENTATION AND GENDER DIVERSITY**

**150-4.1** The Committee shall consist of [~~six~~] seven members to be appointed for staggered terms of three years. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member. It shall report to Council through the Board for the Advancement of Psychology in the Public Interest.

#### **150-5. COMMITTEE ON DISABILITY ISSUES IN PSYCHOLOGY**

**150-5.1** The Committee shall consist of [~~six~~] seven APA members to be appointed for staggered terms of three years. Members should have expertise in one or more of the missions listed above. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member. The Committee shall report to Council through the Board for the Advancement of Psychology in the Public Interest.

#### **150-6. COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES**

**150-6.1** The Committee shall consist of [~~six~~] seven members who are elected for staggered terms of three years. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member. It shall report to Council through the Board for the Advancement of Psychology in the Public Interest.

#### **150-8 COMMITTEE ON SOCIOECONOMIC STATUS**

**150-8.1** The Committee shall consist of [~~six~~] seven members to be appointed for staggered terms of three years. Three of the six committee members will be representatives from the Education, Science and Practice constituencies of APA. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member. The Committee shall report to Council through the Board for the Advancement of Psychology in the Public Interest.

#### **150-7. COMMITTEE ON AGING**

**150-7.1** The Committee shall consist of [~~six~~] seven members, to be appointed for staggered terms of 3 years. All of the above areas of expertise should be represented on the Committee. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member. The Committee on Aging shall report to Council through the Board for the Advancement of Psychology in the Public Interest.

#### **160-1. COMMITTEE ON ETHNIC MINORITY AFFAIRS**



**160-1.1** The Committee on Ethnic Minority Affairs shall consist of [~~six~~] seven members of the Association who shall serve for terms of not less than three years each. At least one member of the Committee shall be an early career psychologist, and at least one member of the Committee shall be a Graduate Student member. The Committee shall have general concern for those aspects of psychology which concern ethnic minorities (American Indian/Alaska Native, Asian/Pacific American, Black and Hispanic). The Committee shall serve as the primary resource to the Board for the Advancement of Psychology in the Public Interest on ethnic minority concerns.

*The above amendments will become effective at the close of the Council meeting*

5. CLT voted to recommend Council approve the *Resolution of the American Psychological Association Relating to the Death Penalty for Persons ages 18 through 20, also known as late adolescent class*

That Council adopts as APA policy the following *Resolution on the Imposition of Death as a Penalty for Persons Aged 18 Through 20, Also Known As the Late Adolescent Class*:

WHEREAS APA is the leading scientific and professional organization representing psychology in the United States; with more than 133,000 researchers, educators, clinicians, consultants, at all stages of their careers, as well as students among its members.

WHEREAS APA is dedicated to fairness, inclusion, diversity, and to the improvement of the human condition overall, as individuals and as a society, through the development and application of the psychological sciences.

WHEREAS APA is aware of the U.S. Supreme Court (SCOTUS) decision in *Roper v. Simmons* (543 U.S. 551, 568 2005) and notes that the APA *amicus curiae* brief submitted in this case was relied upon and cited often and favorably by SCOTUS in arriving at this landmark decision.

WHEREAS in this same *Roper* decision, SCOTUS reiterated and reinforced that death as a penalty must be limited to those persons who commit a narrow category of the most serious crimes and whose extreme culpability makes them eligible to be sentenced to death, as the most severe of punishments and most extreme application of the authority of the state (*Roper v. Simmons*, 2005).

WHEREAS in deciding *Roper v. Simmons*, SCOTUS held that adolescents involved in the criminal justice system and under 18 years of age are categorically less culpable than the average criminal, and subsequently ruled that application of death as a penalty to persons under 18 at the time of the offense is unconstitutional.

WHEREAS the conclusion of lesser culpability was based upon three primary findings by the *Roper* court: First, juveniles possess a lack of maturity and an underdeveloped sense of responsibility; second, adolescents who are involved in the criminal justice system are more vulnerable/susceptible to negative influences, such as peer pressure and other outside pressures; and third, the character of adolescents is not as fully formed as that of adults.

WHEREAS APA concludes, based on the current state of the psychological and related developmental sciences, that although the principal reason these three primary findings by the *Roper* court are true and accurate is the level of maturity (or immaturity) of major brain systems at age 17, there is no neuroscientific bright line regarding brain development that

indicates the brains of 18- to 20-year-olds differ in any substantive way from those of 17-year-olds (e.g., Bigler, 2021; Casey, Simmons, Somerville, & Baskin-Sommers, 2022; Gur, 2021).

WHEREAS assuming the commission of a crime by a member of the late adolescent class that qualifies as a statutorily defined death-eligible offense, the same youthful and immature characteristics that apply to categorically exempt 16- and 17-year-olds are similarly present in 18- to 20- year olds, rendering them less culpable and less susceptible to any deterrent value of the death penalty, thus failing to further the penological goals of retribution and deterrence.

WHEREAS neuroscientific research demonstrates brain development at age 17 has not become static and there is significant, ongoing brain development in the “late adolescent class” (Somerville, 2016). While some research on continued neurobiological development after 17 was published prior to the *Roper* decision, the question of whether members of the late adolescent class (ages 18 to 20) should be eligible for death as a penalty was not before SCOTUS at the time of the *Roper* decision and thus was not considered.

WHEREAS federal law previously officially recognized the “developmental period of childhood and adolescence” as extending past the age of 17 in binding legislation as early as 2000, extending by law the developmental period of childhood and adolescence to encompass the period up to age 22 (PUBLIC LAW 106–402—OCT. 30, 2000 114 STAT. 1683, the Developmental Disabilities Assistance and Bill of Rights Act of 2000).

WHEREAS as of 2013, the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–5; American Psychiatric Association, 2013) eliminated the age-18 cutoff for the expression and diagnosis of some developmental disorders, recognizing that the developmental period extends to age 18 and beyond.

WHEREAS consistent with this recognition of the extended nature of the developmental period, in 2021, the 12th edition of the American Association of Intellectual and Developmental Disabilities (AAIDD) Manual increased the age of onset criterion for the diagnosis of intellectual disability (a neurodevelopmental disorder) from age 18 to age 22 (AAIDD, 2021).

WHEREAS much more extensive research has been conducted in developmental science in the years since several of these notable policy changes were enacted, and since the *Roper* decision, that significantly adds to the quantity and quality of existing scientific knowledge.

WHEREAS developmental neuroscience, including research on both the structure and function of brain development, establishes that significant maturation of the brain continues through at least age 20 (e.g., Bigler, 2021; Gur, 2021; McCaffrey & Reynolds, 2021;

Somerville, 2016), especially in the key brain systems implicated in a person's capacity to evaluate behavioral options, make rational decisions about behavior, meaningfully consider the consequences of acting and not acting in a particular way, and to act deliberately in stressful or highly charged emotional environments, as well as continued development of personality traits (e.g., emotional stability and conscientiousness) and what is popularly known as "character" (e.g., Casey, Simmons, Somerville, & Baskin-Sommers, 2022; Casey, Taylor-Thompson, Rubien-Thomas, Robbins, & Baskin-Sommers, 2020; Harden & Tucker-Drob, 2011; McCaffrey & Reynolds, 2021; Roberts et al., 2006; Steinberg et al., 2018).

WHEREAS these brain regions are often referred to as executive control systems and include (but not exclusively) the prefrontal cortex and its connections throughout the brain. There is significant development of these brain systems that continues beyond the age of 20 (e.g., Somerville, 2016).

WHEREAS in the context of capital cases where death is a potential penalty, which typically involve crimes that have occurred in situations of high emotional arousal, it is especially noteworthy that current developmental science documents that during emotionally arousing situations, this late adolescent class responds more like younger adolescents than like adults (Figner et al., 2009; Cohen et al., 2016; Steinberg et al., 2008; Icenogle et al., 2019) though — like younger adolescents — show cognitive capacity similar to adults when not under pressure or heightened emotional arousal (Figner et al., 2009; Icenogle et al., 2019; Steinberg et al., 2008).

WHEREAS in considering youth who display more extreme behaviors (e.g., callousness, low empathy), there is emerging empirical evidence of change in the developmental course of these traits, even without intervention. Although a small group of youth show persistently high trajectories of extreme behaviors, the majority who initially show extreme behaviors exhibit decreasing patterns during development (Baskin-Sommers et al., 2015; Hawes et al., 2014).

WHEREAS the fact that neurobiological development in key brain systems associated with behavioral and emotional control continue after the age of 18, determining whether the nature of the crimes committed by members of the late adolescent class and the level of culpability that should be ascribed to them truly constitutes the "worst of the worst" is

inherently unreliable. Given the continued psychological development of these group members, predictions about their rehabilitation potential and likely future actions are equally unreliable. There is clear evidence of prolonged development far beyond the age of 17 and into the mid-20s, so that the psychological capacity of members of the late adolescent class to exercise a mature sense of responsibility, and to resist outside pressures is still very much in process (Steinberg et al., 2018). The significant structural and functional changes in the brain at this time corroborate these findings (e.g., Somerville, 2016).

WHEREAS it is clear the brains of 18- to 20-year-olds are continuing to develop in key brain systems related to higher-order executive functions and self-control, such as planning

ahead, weighing consequences of behavior, and emotional regulation. Their brain development cannot be distinguished reliably from that of 17-year-olds with regard to these key brain systems (Cohen et al., 2016).

WHEREAS numerous lawmakers, governmental officials, and regulators have recognized multiple ages as demarcation points for independent decision-making and access to forms of employment, positions of authority and public trust, independent decision-making for various lifestyle, medical, and recreational events, and there are currently more than 3,000 laws and government regulations restricting the behavior and actions of persons under the age of 21 years in force in the United States (e.g., see review by Meggitt, 2021) that prohibit those under age 21 from engaging in such diverse activities as: legalized purchases of alcoholic beverages, legalized purchases of marijuana, legalized purchases of tobacco products (19 states); obtaining work as a Federal Marshall, FBI agent, or armed Treasury agent; to engage in blasting or the use of explosives, including operating a fireworks display; to obtain a license to carry a concealed handgun; to obtain a credit card without a cosigner; to act as a foster parent; to serve in the State legislature (32 states); to obtain various professional licenses; nine states require all persons under 21 to wear a helmet when riding a motorcycle; as examples among the more than 3,000 such laws. Such legislative and regulatory precedents also make it reasonable to make distinctions related to crime and punishment in the 18- to 20-year-old population; indeed, some states do so now with regard to retaining juvenile jurisdiction, as well as variables such as inmate housing as a function of age and sentencing restrictions and review. As of this writing in July of 2022, this trend is continuing with more states and local jurisdictions increasing the minimum age to purchase tobacco and also firearms from 18 to 21 years. Much of this restrictive legislation and regulations consider the issues of decision-making in highly stressful and extremely arousing circumstances (sometimes referred to as issues of decision-making during hot-versus-cold cognition) but other laws appropriately grant increasing rights to this age group when evaluating the maturity required to make careful/considered choices such as about personal health care, voting, and other matters that need not to be made, and typically are not made, rashly in emotionally volatile circumstances as are the criminal actions that make such youth currently eligible for death as a penalty.

WHEREAS the Society for Black Neuropsychology, the Hispanic Neuropsychological Society, and the Asian Neuropsychological Association have concluded that racial factors significantly influence criminal justice system decision-making, resulting in disparate conviction rates, wrongful convictions, and levels of punishment (Ghandnoosh, 2015; Gross, Possley, & Stephens, 2017; Mitchell & MacKenzie, 2004; Nellis, 2016; Rucker & Richeson, 2021; Sentencing Project, 2013; Spohn, 2017; Sweeney & Haney, 1992) across common racial groupings in the United States. Racial factors also affect the system of death sentencing in the United States, where Black persons are perceived as more “deathworthy,” evaluated more unfavorably by capital jurors, and are more likely to be sentenced to death and to be executed than their White counterparts, especially when their victims were White (Baldus, Woodworth, Zuckerman, & Weiner, 1998; Beckett & Evans, 2016; Eberhardt, et al., 2006;

Keil & Vito, 2006; Lyman, Baumgartner, & Pierce, in press-2022; Lynch & Haney, 2011; Phillips & Marceau, 2020), contributing to minorities' overrepresentation on death row. For example, as recently as 2014, the proportion of Black people on death row was more than three times the proportion of Black people in the national population (Ford, 2014); current statistics demonstrating continued over-representation also can be found at the Death Penalty Information Center website, <https://deathpenaltyinfo.org/>; as well as individual states' websites, such as the Texas Departmental of Criminal Justice website, where, as of July 1 of 2022, 45.7% of all death row inmates were designated as "Black" ([http://www.tdcj.texas.gov/death\\_row/dr\\_gender\\_racial\\_stats.html](http://www.tdcj.texas.gov/death_row/dr_gender_racial_stats.html)), while in 2020, only 12.2% of the general population of Texas is designated as Black.

WHEREAS Black youth are punished more harshly than Whites (Morris & Perry, 2016) and significantly more likely to be perceived incorrectly as older and more responsible (Goff, et al., 2014), and therefore more likely to be treated as if they were adults in criminal proceedings in general. In combination, these race-based differences in treatment impact members of the late adolescent class, placing Black youth more at risk of facing and receiving the death penalty compared with their White peers. In fact, a recent analysis shows that non-White (Black, Hispanic, and "Other") members of the late adolescent class (20 years old or younger at the time of their crime) represent approximately two-thirds of persons in that age group who are sentenced to death, as opposed to a little more than half of non-Whites who were 21 years or older who received death sentences. Moreover, since *Roper*, the racial disproportion in the 18-to 20-year-old late adolescent class has increased, with more than three-quarters of the non-White members of the late adolescent class sentenced to death as opposed to 20% of Whites (Baumgartner, 2022), clearly demonstrating the disproportionately biasing effects, as a function of age, of minority racial status on the LAC when death is sought as a penalty.

WHEREAS in addition to the strong biasing effect of gender of the defendant on whether prosecutors seek death as a penalty (e.g., Shatz & Shatz, 2011), victim race and gender also affect who is sentenced to death (e.g., Baumgartner, Grigg, & Mastro, 2015; Baumgartner, Johnson, Wilson, & Whitehead, 2016; Pierce, Radelet, & Sharp, 2017).

WHEREAS psychological science research also indicates that members of the LGBTQ+ community and those with nontraditional sexual orientations are dealt with more harshly in their interactions with the criminal justice system, including harsher sentencing (Movement Advancement Project, 2016; Nadal, 2021).

WHEREAS historically, SCOTUS has emphasized death as a penalty should be reserved for persons whose crimes and culpability represent the "worst of the worst" (e.g., *Roper v. Simmons*, 543 U.S. 551, 568 2005; *Kennedy v. Louisiana*, 554 U.S. 407, 420, 2008; *California v. Brown*, 479 U.S. 538, 541, 1987) and, given its extreme severity and finality, that the penalty of death is qualitatively different from any other sentence (e.g., *Woodson v. North Carolina*, 428 U.S. 280, 305, 1976; *Lockett v. Ohio*, 438 U.S. 586, 604, 1978). SCOTUS has

repeatedly acknowledged that this qualitative difference between death and other penalties calls for a greater degree of reliability when the death sentence is imposed (*California v. Brown*, 479 U.S. 538, 541, 1987).

WHEREAS a review of the scientific literature as noted above indicates that death as a penalty for the late adolescent class is typically based on unreliable determinations of members' current culpability status and even more unreliable predictions of their future potential.

THEREFORE, BE IT RESOLVED that based upon the rationale of the *Roper* decision and currently available science, APA concludes the same prohibitions that have been applied to application of the penalty of death for persons who commit a serious crime at ages 17 and younger should apply to persons ages 18 through 20. The same scientific and societal reasons as given by the *Roper* court in banning death as a penalty for those under the age of 18 apply to the late adolescent class.

THEREFORE, BE IT RESOLVED that it is clear death as a penalty is not applied equally and fairly among members of the late adolescent class. In addition, extraneous factors such as race, ethnicity, and gender (of both the defendant and the victim) influence the discretionary decisions of prosecutors to seek and their success in obtaining death verdicts for defendants who are members of the late adolescent class. When considered in conjunction with neuroscientific evidence of the degree of continuing development of key brain systems that remains to be accomplished in the late adolescent class, these and other status variables act to create biases and prejudices that lead to a higher probability of error by triers of fact in death penalty cases. In combination, these factors render the application of the death penalty to members of the late adolescent class inherently more unreliable and morally abhorrent in a developed society that is concerned with equality, generally and specifically, in legal justice for all.

THEREFORE, BE IT RESOLVED that APA calls upon the courts and the state and federal legislative bodies of the United States to ban the application of death as a criminal penalty where the offense is alleged to have been committed by a person under 21 years of age.

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#### 6. CLT voted to recommend Council approve the *Racial Equity Plan*

That Council receives the Report on Psychology's Role in Dismantling Racism: Racial Equity Action Plan and charges the APA CEO with implementation of the priority actions outlined in the 3 report.

**July 26th, 2022**

**CLT Virtual Meeting**

**Present:** *Eric Butter, PhD (Chair), Arlene Noriega, Noelle La Fefforge, PhD, Jean Carter, PhD, Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), Arthur C. Evans, PhD (APA CEO), David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS, Randy White, PhD*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance, Jim Diaz-Granados (Deputy Chief Executive Office)*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance),*

- I. Prepare for Caucus Meetings  
CLT discussed the upcoming Caucus meetings and whom from CLT would attend.
- II. Prepare for August Council Meetings  
CLT discussed items upcoming in the August Council Meeting.

## **CLT Meeting Minutes**

**August 23, 2022**

**Present:** *Eric Butter, PhD (Chair), Arlene Noriega, Noelle La Lefforge, PhD, David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS, Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), Le Ondra Clark Harvey, PhD; Jean Carter, PhD*

**Not Present:** *Randy White, PhD (Past Chair), Arthur C. Evans, PhD (APA CEO)*

**Staff Present:** *Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance),*

1. CLT debriefed from the August Council Meeting.
2. CLT discussed the needed Pro/Con statements from the previous Council meeting.
3. CLT discussed the process for moving forward to fill the vacant ECP seat.

## **CLT Meeting Minutes**

**September 27, 2022**

**Present:** *Eric Butter, PhD (Chair), Arlene Noriega, Noelle La Lefforge, PhD, David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS, Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), Le Ondra Clark Harvey, PhD; Jean Carter, PhD : Randy White, PhD (Past Chair), Arthur C. Evans, PhD (APA CEO)*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance),*

1. CLT finalized the Pro/Con statements needed to be written from previous Council meetings.
2. CLT discussed the process for moving forward to fill the vacant ECP seat.
3. CLT set the date for the 2023 CLT retreat.
4. CLT reviewed the items that will be coming forward for February 2023 Council.

## **CLT Meeting Minutes**

**October 25, 2022**

**Present:** *Eric Butter, PhD (Chair), Arlene Noriega, Noelle La Lefforge, PhD, David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS, Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), Le Ondra Clark Harvey, PhD; Jean Carter, PhD, Arthur C. Evans, PhD (APA CEO)*

**Not Present:** *Randy White, PhD (Past Chair)*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance)*

1. CLT was provided an update on the vacant ECP position on CLT.
2. CLT reviewed the calendar of meetings for the upcoming year.
3. CLT was provided an update on the Council New Member Orientation Process.



## **CLT Meeting Minutes**

**November 22, 2022**

**Present:** *Eric Butter, PhD (Chair), Noelle La Lefforge, PhD, David Susman, PhD (Chair-Elect), Tiffany Parisi, MPHS, Bryana French, PhD, Frank C. Worrell, PhD (APA President), Thema Bryant-Davis, PhD (APA President Elect), Le Ondra Clark Harvey, PhD; Jean Carter, PhD, Arthur C. Evans, PhD (APA CEO)*

**Not Present:** *Randy White, PhD (Past Chair), Arlene Noriega, PhD*

**Staff Present:** *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance)*

1. CLT was provided an update on the Council New Member Orientation Process.
2. CLT was provided an update on the vacant ECP position on CLT.
3. CLT had reflection time for those rotating off of CLT this year.