

CLT Virtual Meeting Minutes
January 14, 2025

Present: *Arlene Noriega, PhD (Past-Chair), Noelle La Lefforge, PhD, MHA, ABPP (CLT Chair), Rhonda Allen, PhD (CLT Chair Elect), Debra Kawahara, PhD (APA President), Wendi Williams (APA President-Elect), Natalie Porter, PhD (APA Treasurer), Rachel Fouladi, PhD, Arlene Steinberg, PhD, Sara Buckingham, PhD, Eleanor Gil-Kashiwabara, PsyD, Ana Urena Rosario, MEd, MA,*

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

Staff Present: *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance), Maureen O'Brien (Deputy Chief of Governance and Volunteer Leadership), Maysa Akbar (Chief Diversity Officer), Jim Diaz-Granados, PhD, Sue Orsillo, PhD, Lynn Bufka, PhD*

- A. CLT went through introductions of everyone attending the meeting.
- B. CLT voted to recommend Council approve *NBI #19D/Aug 2024: Election of Recording Secretary and Treasurer by Council*.

That Council approves forwarding to the Membership for a vote the following amendments to Article VIII, Sections 7 and 8 of the APA Bylaws (bracketed/strikethrough material to be deleted):

7. The Recording Secretary shall be a Member of the Association, elected by ~~[the immediately previous]~~ Council following nomination by the Board of Directors, and shall serve for a term of three years, beginning on January 1 of the year following the individual's election, and shall not succeed themselves in this role. The Recording Secretary shall not be eligible to appear as a candidate on the Board member-at-large or Treasurer election ballots for at least one year after the individual's term has expired. The Recording Secretary shall serve as secretary of Council and of the Board of Directors and shall perform such other duties as may be prescribed in these Bylaws. It shall be the duty of the Recording Secretary to keep the records of all meetings of Council and of the Board of Directors; to file and hold subject to call and to direct the publication of such records, reports, and proceedings as are authorized by these Bylaws and by vote of Council or the Board of Directors at any duly constituted meeting; and to perform all other secretarial duties for Council and the Board of Directors as are not delegated to the chief executive officer. In the event that the Treasurer shall not be able to complete a term for any reason, the Recording Secretary is authorized to perform the duties normally assigned to the Treasurer until the individual is replaced under procedures defined in the Association Rules.

8. The Treasurer shall be a Member of the Association, elected by ~~[the immediately previous]~~ Council following nominations by the Board of Directors. The Treasurer shall serve for a term of three years, beginning on January 1 of the year following the individual's election and shall not succeed themselves in the role more than once. The Treasurer shall not be eligible to appear as a candidate on the Board member-at-large or Recording Secretary election ballots for at least one year after the individual's term has expired. The Treasurer shall deliver an audited report for each fiscal year to the Finance Committee and the Board of Directors. The Treasurer shall chair the Finance Committee and serve ex officio, without vote, on the Publications and Communications Board. In the event that the Recording Secretary shall not be able to complete a term for any reason, the Treasurer is authorized to perform the duties normally assigned to the Recording Secretary until the individual is replaced under procedures defined in the Association Rules.

The Bylaw ballot will be sent to the Membership in November 2025 if there is another Bylaw amendment being sent in 2025. Otherwise, the Bylaw ballot will be sent to the Membership in November 2026.

MAIN MOTION II

That Council approves amending Association Rule 110.9 as follows (bracketed/strikethrough material to be deleted):

110-9. RECORDING SECRETARY AND TREASURER ELECTION

110-9.1 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 members are eligible for nomination. Association Rule 110-1.2 provides additional requirements regarding the selection process.

110-9.2 Members of ~~[the immediately previous]~~ Council shall elect the Recording Secretary and the Treasurer. Preferential ballots are used.

110-9.3 Results, with the final tally of votes cast, are reported to Council within 30 days. The above Rule change would become effective if, and when the Bylaw amendment is approved by the Membership.

- C. CLT voted to recommend Council approve *Council Policy Manual: Revisions to Policies Related to Doctoral and Master's Degrees*.

That Council approves the following revisions to the policy on the Doctorate as Minimum Entry Into the Professional Practice of Psychology (bracketed/strikethrough material to be deleted; underlined material to be added):

2006

Doctorate ~~[as Minimum Entry Into the]~~ Required for Professional Practice [of Psychology] as a Psychologist

The American Psychological Association affirms the doctorate as the minimum educational requirement for entry into professional practice as a psychologist.

The American Psychological Association recommends that for admission to licensure applicants demonstrate that they have completed a sequential, organized, supervised professional experience equivalent to two years of full-time training that can be completed prior or subsequent to the granting of the doctoral degree. For applicants prepared for practice in the health services domain of psychology, one of those two years of supervised professional experience shall be a ~~[predoctoral]~~ formal, supervised full (one year) or half time (2 years) internship.

The American Psychological Association affirms that postdoctoral education and training remains an important part of the continuing professional development and credentialing process for professional psychologists. Postdoctoral education and training is a foundation for practice improvement, advanced competence, and inter-jurisdictional mobility.

In adopting the preceding policy statements, the Council supports further development of competency goals and assessment methods in the professional education and training of psychologists.

MAIN MOTION II

That Council approves the following revisions to the Policy on Challenges to the Doctoral Standard for Psychology (bracketed/strikethrough material to be deleted; underlined material to be added):

2002

Policy on challenges to the doctoral standard for ~~[psychology]~~ psychologists

1. Uphold use of the title "psychologist" by only those with a doctoral degree in the field of psychology.

2. Encouragement and assistance to State, Provincial, and Territorial Psychological Associations (SPTAs) and state licensing boards [~~to move to single level doctoral licensure~~]choosing to update jurisdictional licensing regulations.

3. Active consulting to SPTAs in states that have dual level licensure or choose to implement dual level licensure.

4. Encourage the recognition of individuals holding terminal master's degrees in psychology under existing or new state statutes, provided that such statutes [~~do not recognize, regulate or govern the title or practice of psychology~~] define an appropriate scope of practice consistent with APA policies, and do not use the term "psychologist[cal]" in defining the title [or scope of practice] for such persons.

5. Continue convening [~~exploratory~~] meetings focusing on issues involving education, training and credentialing[~~, at the Consolidated meetings~~] with the Board of Directors, [~~Committee for the Advancement of Professional Practice,~~] Board of Professional Affairs, Board of Educational Affairs, American Psychological Association of Graduate Students, the Association of State and Provincial Psychology Boards and other relevant groups.

D. CLT voted to recommend Council approve *NBI #19B/Aug 2024: Resolution on the Protection of Neural Data.*

That Council adopts as APA policy the following Resolution on the Protection of Neural and Cognitive Data:

Resolution on the Protection of Neural and Cognitive Data

The intersection of human behavior and technology is experiencing rapid transformation as new forms of direct-to-consumer software and wearable devices collect expanding amounts of data. For example, a smart watch may collect biometric data like heart rate and rhythm to draw inferences about a person's sleep quality and subsequent cognitive status, while a virtual reality system may collect information about eye movement and pupillary response to draw conclusions about a person's ability to remain focused on a particular task or their reaction to specific stimuli. Among newer technological developments, a specially designed headband or headphones might collect neurophysiological data (i.e., EEG) for use in a non-invasive brain-computer interface (Jones, 2024). A high-tech pair of glasses (Heath, 2024; Meta, 2024; Stein, 2024) might collect eye gaze and pupillary responses to gather information (a) about where a person's attention is focused (e.g., Salvi et al., 2015; Servais et al., 2023a, 2023b) in order to present specific stimuli on an augmented reality screen on the glasses or via sound, or (b) about how a person's mind reacts to specific stimuli presented in the glasses (Castillon et al., 2024; Chartier et al., 2024; Nahari et al., 2019). Decades of research in cognitive psychology and cognitive neuroscience suggest that these data, when taken together, can provide insights into a person's mental state (Bixler & D'mello, 2016; D'mello et al., 2013), neural and cognitive processes (Haji-Abolhassani & Clark, 2014; Hutt et al., 2024), psychological health (Akshay et al., 2023; Asha et al., 2024; Jyotsna et al., 2023; Kroger et al., 2020), and subconscious and unexpressed thoughts or intentions (Bednarik et al., 2012; Konkoly et al., 2024; Salvi et al., 2015; Servais et al., 2023a, 2023b); they can even determine a person's identity (Kohler et al., 2020). These data can also be used to inform models of artificial intelligence (AI), and the various technologies that utilize AI (Asha et al., 2024), including in ways that can enable AI to close the loop between *measured* neural data and *interventions* into neural and cognitive processes (Abiri et al., 2019; Horowitz et al., 2023; Molina-Cantero et al., 2021), potentially altering a person's mental state before they are even aware that the intervention is happening (Cassano & Vahedifard, 2022; Kim et al., 2024; McKendrick et al., 2015; Stewen, 2023). While the interface between these types of data and AI has enormous potential to benefit humanity and improve human quality of life, APA believes this type of data is highly sensitive and individuals should have a basic right to their mental privacy.

For the purposes of this resolution, “protection of neural and cognitive data” refers to a person’s right to safeguard against the uninformed collection and potential misuse of the person’s biometric and neural information commonly used to infer underlying cognitive processes or as markers directly leading to a mental or behavioral health status or diagnosis. This type of data, able to be measured from wearable technology, may include brain electroencephalography (EEG), pupillometry, eye movement and eye gaze patterns, galvanic skin responses, and heart rate measurements, though is not limited to these examples. Any type of data measurable from wearable or portable devices that can be used to infer mental states, events or processes that would traditionally be considered private to the person (i.e., subject to the person’s discretion to disclose through speaking, language or other form of intentional communication) would fall into this category of protection. People should have the right to control their neural and cognitive data and the information about their mental states and processes that can be derived from it, as well as to consciously choose which aspects of their mental world or existence they would like to disclose to others (Paz, 2021). Historically, humans have used their language capability for this, deciding what to overtly speak, type, write or communicate and what to keep mentally private. Being able to consciously control which aspects of one’s internal thoughts, feelings, and rich mental life get put out into the world is a fundamental human right—the right to mental privacy.

The collection of these deeply intimate data raises concerns about the mental privacy of users whose data are collected, as well as ethical uses of these data. Legislatures in some states, including Colorado and California, have begun to enact laws protecting the privacy of these data from unwarranted disclosure (Witley, 2024). Psychologists, as experts in the fields of cognitive psychology, neuroscience, and cognitive and behavioral health, have a particular interest in outlining clear guardrails for the responsible collection and ethical use of these types of data. In the areas of clinical psychological practice and human subjects research (Cockerton et al., 2024), these types of data are currently protected under HIPAA protections and the Belmont principles used by Institutional Review Boards (IRBs), respectively. Moreover, these protections, as well as the Standards in the APA Code of Ethics, provide clear guidelines for obtaining consent and ensuring confidentiality in clinical psychological practice and human subjects research. The concern is that everyday device technology use involving the types of data referred to in the previous paragraphs fall outside of these established protections.

WHEREAS, recent technological innovations and legislative efforts raised the importance of establishing new standards for the protection of mental data, recognizing the sensitive nature of such information and the potential risks associated with its misuse;

WHEREAS, the American Psychological Association (APA) is committed to upholding the highest ethical standards in the collection, storage, and use of neural and biometric data commonly used as markers for a mental or behavioral health status or diagnosis;

WHEREAS, the APA recognizes the importance of staying abreast of technological developments and ensuring that its policies and practices align with current legal standards and ethical considerations for the use of these data in research and treatment;

THEREFORE, BE IT RESOLVED that the APA Council of Representatives:

1. Endorses the principle that mental privacy must be considered among other privacy protections.
2. Commits to reviewing and updating APA policies and guidelines to ensure they reflect the highest standards for the protection of mental privacy.

3. Commits to keep APA members informed about legal and ethical issues related to mental privacy and to incorporate best practices in their professional activities.
4. Supports ongoing research and dialogue within the psychological community to address emerging challenges and opportunities related to mental privacy protections.
5. Advocates for the development of legislation that provides comprehensive mental privacy protections.

BE IT FURTHER RESOLVED that the APA will:

1. Establish a working group of behavioral health, cognitive psychology, neuroscience and AI experts to monitor and advise APA and APA Services on policy developments that may require legislative and regulatory response.
2. Collaborate with other professional organizations, policymakers, and stakeholders to promote the ethical use of mental data and robust protection of mental privacy.
3. Consider the creation of resources and training for APA members on best practices for mental privacy protection.

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E. CLT voted that the *Competency Framework for Master's and Doctoral Degree Education and Training in Health Service Psychology* is in final form and will be placed on the Council agenda.

F. CLT voted to recommend that Council approve the *Guidelines on Trauma Competencies for Education and Training*.

That Council adopts as APA Policy the *Guidelines on Trauma Competencies for Education and Training* and approves December 2035 as the expiration date.

G. CLT reviewed the Council New Member Orientation Plans.

H. CLT discussed the Caucus Coordination among CLT and the BOD.

I. CLT reviewed their roles and responsibilities.

CLT Virtual Meeting Minutes
January 28, 2025

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Visitors: Lindsay Patterson, David Good-Cross, PhD, Frank C. Worrell, PhD

A. CLT voted to recommend Council approve *The Policy Statement on Ageism*.

Consistent with the American Psychological Association's mission to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives, this policy statement affirms APA's support of the healthy aging of all individuals. For this statement, an older person is referred to as a person 65 years or older (NIH, 2025).

With a growing number of individuals living longer and the population of adults 65 years and older, there is a need for psychologists to become more knowledgeable about how to address healthy aging and the behavioral health needs of the older population appropriately. Likewise, policymakers, educators, researchers, and health care providers should become better versed in the aspects of healthy aging as well as anti-aging attitudes. Furthermore, they should unite in their support to promote access to behavioral and physical health care as well as educational services for older adults and their families. This resolution addresses three key topics: supporting healthy aging, meeting the behavioral health needs of older adults, and breaking down barriers and anti-aging biases.

FEBRUARY 2025

WHEREAS Ageism is a set of beliefs, attitudes, acts, and social institutions that discriminate against individuals or groups based on their chronological age (Butler, 1969).

WHEREAS The National Institute on Aging describes older adults as people age 65 or older;

WHEREAS The National Poll on Aging indicates that 93% of Americans aged 50-80 reported experiencing at least one ageist message (Allen et al., 2022); and

WHEREAS Ageism has been recognized as a global public health issue by the World Health Organization (WHO, 2021); and

WHEREAS a trauma-informed approach recognizes trauma symptoms in older adults such as loss of family, friends or community, injury or illness, disability or financial distress and acknowledges the role trauma may play in an individual's life (O'Malley et al., 2023); and

WHEREAS individuals who are 65 years old and over and are from historically marginalized communities face increased discrimination and trauma (Ng & Lim-Soh, 2020); and

WHEREAS LGBTQIA+ individuals who are over 65 years old face discrimination in addition to the regular progress of aging such as increased discrimination and trauma (Chan et al., 2023);

WHEREAS individuals over 65 are particularly vulnerable during natural disasters due to immobility issues and may require behavioral health interventions during times of natural disasters; (Cherry et al., 2023).

WHEREAS training is needed to increase the number of psychologists entering the field of geropsychology and ensure an educated workforce to address the needs of older adults (Ma et al., 2023). By 2030, the United States will need approximately 5,790 more geropsychologists to meet the needs of its older adults. According to a 2024 APA survey, only 1% of psychologists self-reported being geropsychologists (APA, 2022).

WHEREAS research on ageism and brain health exists, additional research is still needed, as there is much research still lacking on understanding ageism, and economic impact and health outcomes nationally and internationally related to ageism; (Lin et al., 2024; WHO, 2021); and

WHEREAS the demand for psychologists who have a good understanding of aging and later life issues will increase as the older population grows (Carpenter, et al., 2022, Karel et al., 2012); and

WHEREAS there exist many inaccurate stereotypes of older adults. For example, age always results in dementia or decline in general ability or older adults are unemployable due to their inefficiency. This can contribute to negative biases and impact psychological and health services. Providers may be less willing to work with older adults or not have the confidence that psychotherapy will work with this population (Ayalon & Tesch-Romer, 2018, Bodner et al., 2018, Whitbourne & Martins, 2020) and access to medical and life-saving care and resources may be determined strictly by age (WHO, 2021); and

THEREFORE BE IT RESOLVED THAT the American Psychological Association discourages any form of discrimination against any population, namely the older adult population; and

THEREFORE BE IT RESOLVED THAT psychologists can play a vital role in helping address the mental and behavioral health needs of older adults. The specific needs of older adults include: social connections to reduce social isolation and loneliness and suicide risk (Van Orden, Areán, & Conwell, 2021), and mental stimulation to help reduce the risk of cognitive decline. Psychologists possess foundational knowledge about theories in psychological science that offer key insights (Lind, Poon, & Birdsall, 2022; Woodhead & Yochim, 2022); and

THEREFORE BE IT RESOLVED THAT the American Psychological Association supports and encourages the use of the APA's Multicultural Guidelines, the APA's Guidelines on Psychological Practice with Older Adults, APA Race and Ethnicity Guidelines, and the Accessibility and Inclusion Maturity Model (AIMM) which serve as a framework for psychologists to provide culturally competent services, encompassing practice, research, consultation and education; and

THEREFORE BE IT RESOLVED THAT the American Psychological Association advocates for federal and state funding for research to understand better health needs of the older community and brain health, including research on topics such as training curricula, and community -based initiatives that strive to improve health and wellness and better understand the effects of trauma in later life and

THEREFORE BE IT RESOLVED THAT the American Psychological Association encourages graduate psychology programs and continuing education programs to rigorously train psychology

students, psychologists, and other public health providers in evidence-based programs that address older adults' health and well-being; and

THEREFORE BE IT RESOLVED THAT the American Psychological Association advocates for state and federal funding to promote mental and behavioral health for older adults such as health screenings for all populations, treatment of trauma, and access to health care and strengths-based approaches to wellness particularly among vulnerable and at-risk populations with intersection identities

THEREFORE BE IT RESOLVED that the American Psychological Association actively explore new partnerships and coalitions to advance the stature of psychological science in policy solutions for older adults;

THEREFORE BE IT RESOLVED the American Psychological Association encourages psychologists to work with older adults; and to train psychology students, psychologists, and other public health providers in evidence-based methods to provide for the treatment for the aging population.

THEREFORE BE IT RESOLVED the American Psychological Association encourages psychologists to increase their knowledge and skills when working with older adults through training, consultation, and continuing education to support the psychological well-being of older adults.

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B. CLT voted to recommend Council approve *Professional Practice Guidelines on Measurement-Based Care*.

The Council adopts as APA policy the proposed *Professional Practice Guidelines on Measurement Based Care* and approves January 2034 as the expiration date for the guidelines.

C. CLT voted to recommend Council approve the *Proposed Rule Changes for the Committee on Global Perspectives*.

That Council approves the following amendment to Association Rule 90-2.1 (bracketed material to be deleted; underlined material be added):

90-2.1 There shall be a Committee 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 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 ~~[twelve]~~ **eight** members, ~~[ten]~~ **seven** to be elected, each for a term of three years, and **one** ~~[two]~~ to serve ex officio. **The non-voting** ex officio member[s] shall ~~be~~ **include** the APA chief staff officer **or the chief staff officer's designee** ~~[, and one designee of the United States National Committee/International Union of Psychological Science (USNC/BIOPSY's), provided this individual is an APA member]~~. Members of the Committee may be APA Members or international affiliate members. At least one member shall be an early career psychologist, and at least one member shall be a Graduate Student member. The Committee shall report to Council through the Board of Directors

- D. CLT voted to recommend Council approve the *substitute motion for NBI 19E: Statement in Opposition to the Implementation of the EPPP Part 2/Advocating for EPPP Reform*.

That Council authorize the APA Board of Directors to establish an expert panel **(consistent with the diversity matrix, particularly in terms of diversity in identity and experience representation, and ensuring adequate representation of members with an established history of advocacy on this topic)** of **approximately** seven members, including **at least one representative from** APAGS, BEA, BPA, **CPTA**, and **at least three** Council of Representatives to develop an APA position statement regarding equity, fairness, and transparency in psychology licensure examinations. The expert panel should consider the perspectives of those who are unlicensed, pre-licensed post-doctoral fellows, graduate students, people of color, and those who have failed and needed to retake the psychology licensing exam, as well as those who could not retake the exam beyond the number of attempts stipulated by some State/Provincial Licensing Boards.

- E. CLT voted to recommend Council approve *Revised Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults*.

That Council adopt as APA Policy the *Revised Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults* and approves December 31, 2035 as expiration date for the Guideline.

- F. CLT voted to recommend Council approve the *Report and Recommendations from the Real Estate Work Group*.

That Council is asked to authorize the CEO and Board of Directors to take any necessary steps to either 1) sell 10 G Street, NE, as soon as possible in 2025, or 2) in the event that sale is considered disadvantageous, investigate and implement other options for divestiture of the building, subject to whichever scenario minimizes the combined impact of negative reputational harm to APA and projected negative cashflow to APA in the FY2025-2030 timeframe.

G. CLT voted to recommend Council approve the *APA Policy Statement on Family Caregiving*.

That Council adopts as APA policy following the APA Caregiving Policy Statement:

WHEREAS over fifty million Americans, or 1 in 5 households, provide unpaid help to adults with health needs. On average, caregivers are 49.4 years old with a median age of 51.0 years, and most family caregivers are women. Over 3 million caregivers of adults with health needs in the U.S. are youth caregivers under the age of 18 (National Alliance for Caregiving [NAC] and AARP, 2020).

WHEREAS the need for family caregivers is expected to continue increasing due to the aging population and an escalating rate of chronic, debilitating health conditions (Schulz & Eden, 2016; Stone, 2015). However, the number of available family caregivers may decrease in the upcoming decades due to fewer available adult children, increased participation of women in the workforce, and other sociodemographic trends (AARP Research, 2023; Gaugler & Kane, 2021).

WHEREAS six in ten employed caregivers work full-time and another 15 percent work between 30 and 39 hours per week. About half of these working family caregivers report difficulties managing work schedules with caregiving responsibilities or are forced to use personal leave time to provide caregiving or take time off to provide caregiving (NAC & AARP, 2020).

WHEREAS lesbian, gay, bisexual, transgendered, and questioning/queer (LGBTQ+) older adults are more likely to become caregivers than their non-LGBTQ+ peers and to provide care to families of origin or families of choice (Family Caregivers Online, 2024) and LGBTQ+ caregivers more often feel discriminated against at work due to caregiving than caregiver groups.

WHEREAS the family caregiver population is becoming increasingly racially and ethnically diverse, consistent with overall demographic trends (National Academies of Sciences, Engineering, and Medicine, 2016), the availability of resources and support, nature of demands, and resulting outcomes are shaped by unique social and environmental contexts in which caregiving occurs (Whitney et al., 2023).

WHEREAS the intersectionality of caregiving, sociocultural factors, health care systems' factors, and care needs change across time, continued longitudinal research is needed on the reciprocal relationships between caregiver and care recipient due to significant changes in the physical and/or mental health status of one member impacting the other (Gallagher-Thompson, et al., 2020).

WHEREAS family members are the primary source of care for persons with dementia in rural areas and often care for multiple people simultaneously, gaps exist in support and service provision. Available services do not always meet families' needs and expectations (Roberto et al., 2022).

WHEREAS almost 5.5 million caregivers assist re-entering service members and care for Veterans, and 96% of those caregivers are women; 70% provide care to a spouse or partner; and provide care for an average of 10 years (VA Health Systems Research, Caregivers and Family Support, n.d.).

WHEREAS caregiving has significant consequences for the mental and behavioral health of family caregivers, including higher levels of stress and distress, depression, and emotional problems, than their non-caregiving counterparts (Haley et al., 2020; Schulz et al., 2020; NAC & AARP, 2020), and caregivers of people with dementia are more likely to experience more

symptoms of depression and anxiety than non-dementia caregivers (The Alzheimer' Association, 2024; Ma et al., 2018; Sheehan et al, 2021).

WHEREAS evidence-based practice and health promotion programs are making a positive difference for the aging population, providing much-needed support, skills, and community connections that can help ease the caregiving journey (The Alzheimer's Association, 2024).

THEREFORE BE IT RESOLVED THAT APA supports the mission and focus of the National Institute on Aging, which has and continues to provide vital funding support for caregiving research and training programs across disease contexts.

THEREFORE BE IT RESOLVED THAT APA encourages research on a) how factors of diversity, including age, race/ethnicity, gender, sexual orientation, disability, socioeconomic status, place and culture, family structure, and immigration status affect the caregiving experience, b) on the best mechanism to translate findings into effective services, and c) on how to evaluate services that are developed at the community level.

THEREFORE BE IT RESOLVED THAT APA supports the National Alzheimer's Project Act (Office of the Assistant Secretary for Planning and Evaluation, 2021) and annual updates via the National Alzheimer's Plan and the instrumental increase in Alzheimer's research funding that has resulted in the last decade, which has been instrumental in advancing the design, testing, and dissemination/implementation of evidence-based psychological treatments/interventions with family caregivers.

THEREFORE BE IT RESOLVED THAT APA continues to train psychologists as policy advocates and facilitates opportunities to advocate for policies supporting family caregivers at the local, state, and federal levels. to advance strategies at the local, state, and federal levels to recognize, assist, include, support, and engage family caregivers of older adults as well as grandparents who are caregivers (The Recognize, Include, Support, and Engage [RAISE] Act Family Caregiving Advisory Council & The Advisory Council to Support Grandparents Raising Grandchildren, 2022).

THEREFORE BE IT RESOLVED THAT APA supports federal and state legislation that elevates and supports family care of people living with chronic conditions and to align the critical work of psychologists in the delivery and dissemination of evidence-based supports for dementia caregivers.

THEREFORE BE IT RESOLVED THAT APA continues to serve as a leader in raising awareness about the critical role that family caregivers play in our society and to inform and advocate for psychological research, interventions, services, and supports that promote optimal health, well-being, and quality of life for family caregivers and their care recipients.

THEREFORE BE IT RESOLVED THAT APA Services encourages the use of and will update as needed the *APA Family Caregivers Briefcase for Psychologists*, as well as the *APA Race and Ethnicity Guidelines*, as resources for considering how they might assist diverse professionals, family caregivers, and care recipients through individual and organizational practice, research, teaching, and community service.

THEREFORE, BE IT RESOLVED THAT APA promotes the latest evidence-based psychological treatments/interventions for family caregivers, emphasizing community-based treatment approaches and approaches suited to health care settings.

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- H. CLT voted to recommend Council approve the *Resolution on Protecting Psychological Test Security, Test Validity and Public Safety*.

That the APA Council of Representatives adopts as APA policy the *APA Resolution on Protecting Psychological Test Security, Test Validity, and Public Safety*.

WHEREAS the American Psychological Association (APA)'s mission includes promoting the application of psychological science and knowledge to benefit society and improve lives; and

WHEREAS the integrity of psychological tests is an integral part of conducting psychological evaluations that directly contributes to protecting public safety; and

WHEREAS "test security" means protection of the content and key operational characteristics of a test, including test materials, test data, raw data, audio and video recordings, laboratory test results, protocols, technical manuals, testing cards, plates or other stimuli, computerized reports, electronic software, publisher databases, and any other resources derived or used in psychological assessments, and is best protected when disseminated to other psychologists and other experts properly trained in test administration and interpretation who have a legal and ethical obligation to protect the integrity of test scores so that they are valid for their intended use; and

WHEREAS "test materials" refer to manuals, instruments, protocols and test questions or stimuli and exclude "test data;" and

WHEREAS "test data" means raw scores, responses to test questions or stimuli, and psychologists' notes and recordings concerning statements made and behavior exhibited during an examination, and includes those portions of test materials that include examinees' responses; and

WHEREAS "test results" refers to documents produced after the administration of psychological tests and assessments including scaled scores, test reports, and testing summaries, analysis, and interpretations; and

WHEREAS the APA has a long history of seeking to protect the integrity of psychological test materials (APA, 1997); and

WHEREAS APA's *Ethical Principles of Psychologists and Code of Conduct*, referred to as the *APA Ethics Code*, states that "Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code" (APA, 2017); and

WHEREAS APA's *Guidelines for Psychological Assessment and Evaluation*, asks psychologists to "guard against reports generated by untrained individuals who could misunderstand or misuse this information in such a way that could harm a client, a recipient of test results such as an employer, a court, or a health care system or test publisher. Copyrights on proprietary assessment material are designed to be unavailable to individuals without proper training and ethical obligations to maintain security" (APA Task Force on Psychological Assessment and Evaluation Guidelines, 2020); and

WHEREAS APA's *Standards for Educational and Psychological Testing* explains the procedures by which testing materials must be protected to ensure valid results and decrease the likelihood of test contamination (AERA, et al., 2014); and

WHEREAS failure to protect both the scientific integrity of test materials and the practitioner's own professional responsibility to uphold their current and future safeguard will result in fewer psychologists agreeing to complete psychological evaluations, resulting in reduced access to services and further narrowing the pool of linguistically and culturally competent providers

available to serve under-resourced, historically under-represented, and justice-involved populations; and

WHEREAS tests used in psychological assessments and evaluations contribute to high-stakes decisions, including forensic decisions (e.g., child custody disputes and competency to stand trial), educational decisions (e.g., identification of educational disabilities or qualifying for educational programs, accommodations, or interventions), occupational decisions (e.g., preemployment evaluations and fitness for duty evaluations), medical and health-related decisions (e.g., presurgical evaluations), and clinical decisions (e.g., diagnostic decisions; qualification for programs, supports, and accommodations; social security eligibility; and treatment recommendations); and

WHEREAS coaching individuals to perform in specific ways on tests or to appear more or less impaired (Boone, et al., 2024; Essig, Mittenberg, Petersen, Strauman, & Cooper, 2001) decreases the validity of test results, contaminates test data, and compromises public safety; and

WHEREAS some jurisdictions have attempted to remove or nullify language protective of maintaining test security; and

WHEREAS some jurisdictions use judicial protective orders to attempt to maintain psychological test security; and

WHEREAS once test items are compromised, generating replacement items expends extraordinary time and financial resources thereby adding financial burdens on psychologists and the clients they serve through increased costs associated with test development; and

WHEREAS maintaining and supporting psychological test security protects the public and the reputation of the psychology profession;

THEREFORE, BE IT RESOLVED that APA affirms the importance of protecting public safety, well-being, and equitable access to psychological services by maintaining the security of psychological test materials and test data when they contain test questions or test materials.

BE IT FURTHER RESOLVED that APA supports state and federal statutes, regulations, and policies that enhance test security.

BE IT FURTHER RESOLVED that APA supports development of model language as a resource in drafting judicial protective orders in psychological test security cases.

BE IT FURTHER RESOLVED that APA's position is that fair and reasonable transparency and access to psychological test data and test materials in legal proceedings is best achieved and scientific validity best preserved when psychologists share test materials and test data with other psychologists and other experts properly trained in test administration and interpretation who have a legal and ethical obligation to protect test data and test materials.

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- I. CLT voted to recommend Council approve *Guidelines for Psychological Practice in Health Care Delivery Systems*.

That Council adopts as APA policy the Guidelines for Psychological Practice in Health Care Delivery Systems and approves December 31, 2035, as the expiration date for the Guidelines.

- J. CLT voted to recommend Council approve the substitute motion for the *Election of Recording Secretary/Treasurer*.

SUBSTITUTE MOTION II

(as recommended by the movers of Council New Business Item #19D/Aug 2024)

That Council approves forwarding to the Membership for a vote the following amendments to Article VIII, Sections 7 and 8 of the APA Bylaws (bracketed/strikethrough material to be deleted):

7. The Recording Secretary shall be a Member of the Association, elected by ~~[the immediately previous]~~ Council following nomination by the Board of Directors, and shall serve for a term of three years, beginning on January 1 of the year following the individual's election, and shall not succeed themselves in this role. The Recording Secretary shall not be eligible to appear as a candidate on the Board member-at-large or Treasurer election ballots for at least one year after the individual's term has expired. The Recording Secretary shall serve as secretary of Council and of the Board of Directors and shall perform such other duties as may be prescribed in these Bylaws. It shall be the duty of the Recording Secretary to keep the records of all meetings of Council and of the Board of Directors; to file and hold subject to call and to direct the publication of such records, reports, and proceedings as are authorized by these Bylaws and by vote of Council or the Board of Directors at any duly constituted meeting; and to perform all other secretarial duties for Council and the Board of Directors as are not delegated to the chief executive officer. In the event that the Treasurer shall not be able to complete a term for any reason, the Recording Secretary is authorized to perform the duties normally assigned to the Treasurer until the individual is replaced under procedures defined in the Association Rules.

8. The Treasurer shall be a Member of the Association, elected by ~~[the immediately previous]~~ Council following nominations by the Board of Directors. The Treasurer shall serve for a term of three years, beginning on January 1 of the year following the individual's election and shall not succeed themselves in the role more than once. The Treasurer shall not be eligible to appear as a candidate on the Board member-at-large or Recording Secretary election ballots for at least one year after the individual's term has expired. The Treasurer shall deliver an audited report for each fiscal year to the Finance Committee and the Board of Directors. The Treasurer shall chair the Finance Committee and serve ex officio, without vote, on the Publications and

Communications Board. In the event that the Recording Secretary shall not be able to complete a term for any reason, the Treasurer is authorized to perform the duties normally assigned to the Recording Secretary until the individual is replaced under procedures defined in the Association Rules.

The Bylaw ballot will be sent to the Membership in November 2025.

MAIN MOTION II

That Council approves amending Association Rule 110.9 as follows (bracketed/strikethrough material to be deleted):

110-9. RECORDING SECRETARY AND TREASURER ELECTION

110-9.1 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 members are eligible for nomination. Association Rule 110-1.2 provides additional requirements regarding the selection process.

110-9.2 Members of ~~[the immediately previous]~~ Council shall elect the Recording Secretary and the Treasurer. Preferential ballots are used.

110-9.3 Results, with the final tally of votes cast, are reported to Council within 30 days.

The above Rule change would become effective if, and when the Bylaw amendment is approved by the Membership

K. CLT voted to have an additional, optional meeting on February 4th, 2025.

DRAFT

**CLT Virtual Meeting Minutes
February 4, 2025**

Present: *Arlene Noriega, PhD (Past-Chair), Noelle La Lefforge, PhD, MHA, ABPP (CLT Chair), Rhonda Allen, PhD (CLT Chair Elect), Debra Kawahara, PhD (APA President), Wendi Williams (APA President-Elect), Natalie Porter, PhD (APA Treasurer), Rachel Fouladi, PhD, Arlene Steinberg, PhD, Sara Buckingham, PhD, Ana Urena Roasrio, MEd, MA, Arthur C. Evans, PhD (APA CEO)*

Not Present: *Eleanor Gil-Kashiwabara, PsyD*

Staff Present: *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance), Maureen O'Brien (Deputy Chief of Governance and Volunteer Leadership), Michelle Aslan,*

- A. CLT discussed the NBI on the Delegation of Authority, and an upcoming Council Policy Forum regarding the NBI.
- B. CLT voted to cancel their meeting on February 11, 2025.

CLT/Board Joint Meeting Minutes
February 20, 2025

Present: *Arlene Noriega, PhD (Past-Chair), Noelle La Lefforge, PhD, MHA, ABPP (CLT Chair), Rhonda Allen, PhD (CLT Chair Elect), Debra Kawahara, PhD (APA President), Wendi Williams (APA President-Elect), Natalie Porter, PhD (APA Treasurer), Arlene Steinberg, PhD, Sara Buckingham, PhD, Ana Urena Roasrio, MEd, MA, Arthur C. Evans, PhD (APA CEO)*

Not Present: *Rachel Fouladi, PhD Eleanor Gil-Kashiwabara, PsyD*

Staff Present: *Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance), Maureen O'Brien (Deputy Chief of Governance and Volunteer Leadership), Michelle Aslan*

- A. CLT discussed Council agenda item #4, Amendments to Policies Related to the Doctoral Degree Requirement for Professional Practice of Psychology. Several amendments were considered by CLT to the two main motions but ultimately CLT agreed to retain its January 14, 2025 recommendation that approve *Council Policy Manual: Revisions to Policies Related to Doctoral and Master's Degrees* as it appears in the Council agenda.
- B. CLT reviewed items on the Council agenda and discussed the possible additional of several new business items to the Council agenda.

CLT Virtual Meeting Minutes

February 25, 2025

Present: *Arlene Noriega, PhD (Past-Chair), Noelle La Lefforge, PhD, MHA, ABPP (CLT Chair), Rhonda Allen, PhD (CLT Chair Elect), Debra Kawahara, PhD (APA President), Wendi Williams (APA President-Elect), Natalie Porter, PhD (APA Treasurer), Rachel Fouladi, PhD, Arlene Steinberg, PhD, Sara Buckingham, PhD, Ana Urena Roasrio, MEd, MA, Arthur C. Evans, PhD (APA CEO)*

Not Present: *Eleanor Gil-Kashiwabara, PsyD*

Staff Present: *Abby Green (Staff Liaison), Deanne Ottaviano (Chief of OGC), Amber Roopan (Associate Chief, Governance), Maureen O'Brien (Deputy Chief of Governance and Volunteer Leadership), Katherine McGuire*

- A. CLT reviewed the progress of the work of groups that report to them. Groups included the Council Liaison Oversight Committee, and the Diversity Impact Statement Committee.
- B. CLT reviewed the priorities of CLT for the rest of 2025. The priorities included; the NBI Process, the CLT NBI Rubric, CE Credits for Council Meeting, updating the CLT and Council member handbook, and the policy forum.
- C. CLT discussed the February Council Meeting.