

BOARD OF DIRECTORS

June 6-8, 2014

APPROVED MINUTES

Present: Nadine J. Kaslow, PhD; Barry S. Anton, PhD; Donald N. Bersoff, PhD, JD; Jennifer F. Kelly, PhD; Bonnie Markham, PhD, PsyD; Norman B. Anderson, PhD; Linda F. Campbell, PhD; Louise A. Douce, PhD; Jennifer Doran, MA; Josephine D. Johnson, PhD; Susan H. McDaniel, PhD; Diana L. Prescott, PhD; William J. Strickland, PhD

Absent: None.

I. MINUTES OF THE MEETING

A.(1) The Board voted to approve the minutes of its February 19 & 20, 2014, meeting.

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

A.(2) At the Board's June meeting, the item "Inclusion of Early Career Psychologists on Boards and Committees" was postponed to a future conference call of the Board.

On its June 17, 2014, conference call, the Board voted to recommend that Council approve the following motion:

Each board and committee shall have at least one member who is an early career psychologist. Early career psychologists (ECP) are defined as being within ten years of receipt of the doctoral degree. When needed to ensure a board or committee has at least one early career psychologist, those boards and committees whose members are elected by Council should submit a slate comprised solely of early career psychologists; those committees whose members are appointed should appoint an early career psychologist to the committee. The following boards and committees are excluded from the requirement because their membership criteria, based on specific requirements, do not allow for a slate comprised solely of early career psychologists: the Publications and Communications Board, the Commission on Accreditation, the Committee on Structure and Function of Council, the Finance Committee, Teachers of Psychology in Secondary Schools, and Psychology Teachers at Community Colleges.

Council requests that relevant Association Rule changes for the boards and committees to which the motion applies be brought back to Council for action at its February 2015 meeting.

B.(3) The Board voted to recommend that Council approve the following motion:

Council supports the inclusion on boards and committees of psychologists who have not previously served on a board, committee, or Council, and therefore requests that board and committee election slates include an asterisk (*) by each nominee (with the nominee's permission) who has not previously served on a board, committee or Council.

An evaluation will be done three years after implementation (2017) to determine the effectiveness of these procedures.

C.(4) The Board voted to approve that beginning in 2015 1) the current dues rates for members, associate members, student affiliates, international affiliates, and Canadian Psychological Association members be extended; and 2) the annual dues increase based on the Consumer Price Index (CPI) be discontinued for all dues categories.

The Board voted to reject the following motion:

That the Board of Directors approves a \$2 decrease in dues for High School Teacher and Community College Teacher Affiliate (\$50 to \$48) in 2015-2017. An evaluation of the impact of the lower dues rates on dues revenue and retention rates will be conducted for consideration of dues rates in 2018.

D. In executive session, the Board voted to appoint Sharon L. Bowman, PhD, and Ann Davis, PhD, MPH, to serve on the Committee on Division/APA Relations from January 1, 2015, to December 31, 2017.

E. In executive session, the Board voted to approve the board and committee election slates.

F. In executive session, the Board voted to approve expanding the History Oversight Committee to include one additional member nominated by Division 26, Society for the History of Psychology.

G. In executive session, the Board received as information the preliminary decisions regarding Fellow nominees considered for election commencing September 2014.

H. On April 18, 2014, the Board received by email an update from Chief Executive Officer Norman B. Anderson, PhD, on the selection of an outside membership consultant contracted to conduct a review of the Association's current membership marketing program and a timeline for the review process.

III. ETHICS

A. In executive session, the Board took action on two Ethics cases.

IV. BOARD OF DIRECTORS

A.(5) The Board voted to recommend that Council adopt as APA policy the following Resolution on Interrogations of Criminal Suspects that draws attention to the problem of false confessions and wrongful convictions, and includes recommendations for the practices that can be employed to reduce the frequency of false confessions and wrongful conviction:

Resolution on Interrogations of Criminal Suspects

WHEREAS law enforcement officers, upon gaining a confession from a criminal suspect, often close their investigation, deem the crime solved, and sometimes overlook exculpatory evidence or other possible leads—even in cases in which the confession is internally inconsistent, contradicted by external evidence, or the product of coercive interrogation (Leo & Ofshe, 1998; Drizin & Leo, 2004; Findley & Scott, 2006; Hirsch, 2007; Kassin & Gudjonsson, 2004);

WHEREAS prosecutors, upon learning of a suspect's confession, tend to charge suspects with the highest number and types of offenses, set bail higher, and are far less likely to initiate or accept a plea bargain to a reduced charge (Leo & Ofshe, 1998; Drizin & Leo, 2004; but see Redlich, 2010);

WHEREAS many adults with mental disabilities and younger adolescents are limited in their understanding of the Constitutional rights to silence and to counsel, lack the capacity to weigh the consequences of a rights waiver, and are more likely to waive their rights (Cooper & Zapf, 2008; Rogers et al., 2007a; Clare & Gudjonsson, 1991; Everington & Fulero, 1999; Fulero & Everington, 1995; O'Connell, Garmoe & Goldstein, 2005; Abramovitch, Higgins-Biss & Biss, 1993; Abramovitch, Peterson-Badali & Rohan, 1995; Colwell, Cruise, Guy et al., 2005; Goldstein, Condie, Kalbeitz et al., 2003; Grisso, 1980, 1981; Redlich, Silverman & Steiner, 2003; Viljoen, Klaver & Roesch, 2005; Viljoen & Roesch, 2005; Wall & Furlong, 1985; Clare & Gudjonsson, 1995; Everington & Fulero, 1999; O'Connell, Garmoe & Goldstein, 2005; Goldstein, Condie, Kalbeitz et al., 2005; Redlich, Silverman & Steiner, 2003; Singh & Gudjonsson, 1992); a pattern that also afflicts ordinary adults who are under stress (Rogers, Gillard, Wooley, & Fiduccia, 2011; Scherr & Madon, 2013);

WHEREAS interrogations that are excessive in length, include the presentation of false evidence, or include implicit or explicit promises of leniency increase anxiety, create an incentive to escape the situation, mislead the suspect into believing that a confession is in one's best interests, and thereby increase the risk of false confessions (Drizin & Leo, 2004; Horselenberg, Merkelbach, & Josephs, 2003; Kassin & Kiechel, 1996; Kassin & McNall, 1991; Klaver et al., 2008; Leo & Ofshe, 1998; Ofshe & Leo, 1997a, 1997b; Nash & Wade, 2009; Perillo & Kassin, 2011; Redlich & Goodman, 2003; Russano et al., 2005; Swanner, Beike, & Cole, 2010; White, 2001);

WHEREAS innocent persons have falsely confessed to committing offenses of which they have been accused only later to be exonerated (Drizin & Leo, 2004; Gudjonsson, 1992, 2003; Kassin, 1997; Kassin & Gudjonsson, 2004; Lassiter, 2004; Lassiter & Meissner, 2010; Leo & Ofshe, 1998; Garrett, 2008; Scheck, Neufeld, & Dwyer, 2000; <http://www.innocenceproject.org/>);

WHEREAS confessions are particularly potent forms of evidence that jurors and others do not fully discount—even when they are judged to be coerced (Kassin & Neumann, 1997; Kassin & Sukel, 1997; Lassiter & Geers, 2004; Leo & Ofshe, 1998; Drizin & Leo, 2004; Kassin & Wrightsman, 1980; Neuschatz et al., 2008; Redlich, Gheiti, & Quas, 2008; Redlich, Quas, & Gheiti, 2008); Wallace & Kassin, 2012);

WHEREAS jurors and other triers of fact have difficulty distinguishing true and false confessions (Kassin, Norwick, & Meissner, 2005; Honts, Kassin, & Craig, in press) and whereas false confessions are highly counterintuitive (Leo & Liu, 2009; Levine, Kim, & Blair, 2010) and in part because these statements, & Blair, 2010) and in part because these statements, as seen in the confessions of defendants who were ultimately exonerated, typically contain vivid and accurate details about the offense and victim, facts that were not in the public domain, as well as other indicia of credibility (e.g., statements of motivation, apologies and remorse, corrected errors),

indicating that the innocent confessor obtained the information from leading questions or other secondary sources of information (Garrett, 2010; Appleby, Hasel, & Kassin, 2008; Kassin, 2006; Leo, 2008; Leo & Ofshe, 1998, Ofshe & Leo 1997a, 1997b);

WHEREAS videotaping of interrogations in their entirety provides an objective and accurate audio-visual record of the interrogation, provides a vehicle by which to resolve disputes about the source of non-public details in a suspect's confession, and has the potential to deter interrogators from using inappropriate tactics and deter defense attorneys from making frivolous claims of police coercion (American Bar Association, 2004; Boetig, Vinson, & Weidel, 2006; Cassell, 1996a, 1996b; Drizin & Colgan, 2004; Geller, 1994; Gudjonsson, 2003; Kassin et al., 2010; Leo, 1996c; Slobogin, 2003; Sullivan, 2004; The Justice Project, 2007);

WHEREAS interrogations video recorded from a "neutral" camera perspective—one focusing attention equally on suspects and interrogators—produce less prejudiced judgments or interpretations of suspects' statements and behaviors than the more typical "suspect-focus" camera perspective that directs greater attention onto suspects than interrogators (Landström, Roos af Hjelmsäter, Granhag, 2007; Lassiter, 2002, 2010; Lassiter, Diamond, Schmidt, & Elek, 2007; Lassiter, Geers, Handley, Weiland, & Munhall, 2002; Lassiter, Geers, Munhall, Handley, & Beers, 2001; Lassiter, Ware, Lindberg, & Ratcliff, 2010;

WHEREAS, the findings set forth in this resolution regarding the phenomenon of false confessions are the product of established research methods that are widely accepted in the field of psychology, as evidenced by the AP-LS scientific review paper (Kassin et al., 2010) peer reviewed journals, and books that are cited in the resolution and its supporting references; and

WHEREAS, as a scientific and educational organization, the American Psychological Association's mission is in part to promote the application of sound research findings to advance the public welfare;

THEREFORE, BE IT RESOLVED that the American Psychological Association recommends that all custodial interviews and interrogations of felony suspects be video recorded in their entirety and with a "neutral" camera angle that focuses equally on the suspect and interrogator;

BE IT FURTHER RESOLVED that APA recommends, recognizing that the risk of false confession is increased with extended interrogation times, that law enforcement agencies consider placing limits on the length of time that suspects are interrogated;

BE IT FURTHER RESOLVED that APA recommends that law enforcement agencies, prosecutors, and the courts recognize the risks of eliciting a false confession by interrogations that involve the presentation of false evidence;

BE IT FURTHER RESOLVED that APA recommends that police, prosecutors, and the courts recognize the risks of eliciting a false confession that involve minimization "themes" that communicate promises of leniency;

BE IT FURTHER RESOLVED that APA recommends that those who interrogate individuals who are young (with particular attention paid to developmental level and trauma history), cognitively

impaired, those with impaired mental health functioning, or in other ways are vulnerable to manipulation receive special training regarding the risk of eliciting false confessions; and

BE IT FURTHER RESOLVED that APA recommends that particularly vulnerable suspect populations, including youth, persons with developmental disabilities, and persons with mental illness, be provided special and professional protection during interrogations such as being accompanied and advised by an attorney or professional advocate.

References

- Abramovitch, R., Higgins-Biss, K., & Biss, S. (1993). Young persons' comprehension of waivers in criminal proceedings. *Canadian Journal of Criminology*, 35, 309-322.
- Abramovitch, R., Peterson-Badali, M., & Rohan, M. (1995). Young people's understanding and assertion of their rights to silence and legal counsel. *Canadian Journal of Criminology*, 37, 1-18.
- American Bar Association (2004). *Resolution 8A – Videotaping custodial interrogations*. Approved February 9, 2004.
- Appleby, S.C., Hasel, L.E., & Kassin, S.M. (2011). Police-induced confessions: An empirical analysis of their content and impact. *Psychology, Crime and Law*.
- Boetig, B. P., Vinson, D. M., & Weidel, B. R. (2006). Revealing incommunicado. *FBI Law Enforcement Bulletin*, 75 (12), 1-8.
- Cassell, P. G. (1996a). Miranda's social costs: An empirical reassessment. *Northwestern University Law Review*, 90, 387-499.
- Cassell, P. G. (1996b). All benefits, no costs: The grand illusion of Miranda's defenders. *Northwestern University Law Review*, 90, 1084-1124.
- Clare, I., & Gudjonsson, G. H. (1991). Recall and understanding of the caution and rights in police detention among persons of average intellectual ability and persons with a mild mental handicap. *Issues in Criminological and Legal Psychology*, 1, 34-42.
- Clare, I., & Gudjonsson, G. H. (1995). The vulnerability of suspects with intellectual disabilities during police interviews: A review and experimental study of decision-making. *Mental Handicap Research*, 8, 110-128.
- Colwell, L., Cruise, K., Guy, L., McCoy, W., Fernandez, K., & Ross, H. (2005). The influence of psychosocial maturity on male juvenile offenders' comprehension and understanding of the Miranda warning. *Journal of the American Academy of Psychiatry and Law*, 33, 444-454.
- Cooper, V. G., & Zapf, P. A. (2008). Psychiatric patients' comprehension of *Miranda* rights. *Law and Human Behavior*, 32, 390-405.
- Drizin, S. A., & Colgan, B. (2004). Tales from the juvenile confession front: A guide to how standard police interrogation tactics can produce coerced and false confessions from juvenile suspects. In G.D. Lassiter (Ed.), *Interrogations, confessions, and entrapment* (pp. 127-162). New York: Kluwer Academic/Plenum.
- Drizin, S. A., & Leo, R.A. (2004). The problem of false confessions in the post-DNA world. *North Carolina Law Review*, 82, 891-1007.
- Everington, C., & Fulero, S. (1999). Competence to confess: Measuring understanding and Suggestibility of defendants with mental retardation. *Mental Retardation*, 37, 212-220.
- Findley, K. A., & Scott, M. S. (2006). The multiple dimensions of tunnel vision in criminal cases. *Wisconsin Law Review*, 2006, 291-397.

- Fulero, S., & Everington, C. (1995). Assessing competency to waive Miranda rights in defendants with mental retardation. *Law and Human Behavior*, 19, 533-545.
- Garrett, B. (2010). The substance of false confessions. *Stanford Law Review* 62, 1051-1119.
- Garrett, B. (2008). Judging Innocence. *Columbia Law Review*, 108, 55-142.
- Geller, W.A. (1994). Videotaping interrogations and confessions. *FBI Law Enforcement Bulletin*, January 1994.
- Goldstein, N., Condie, L., Kalbeitzner, R., Osman, D., & Geier, J. (2005). Juvenile offenders' Miranda rights comprehension and self-reported likelihood of false confessions. *Assessment*, 10, 359-369.
- Grisso, T. (1980). Juveniles' capacities to waive Miranda rights: An empirical analysis. *California Law Review*, 68, 1134-1166.
- Grisso, T. (1981). *Juveniles' waiver of rights: Legal and psychological competence*. New York: Plenum.
- Gudjonsson, G. H. (1992). *The psychology of interrogations, confessions, and testimony*. London: Wiley.
- Gudjonsson, G. H. (2003). *The psychology of interrogations and confessions: A handbook*. Chichester, England: John Wiley & Sons.
- Horselenberg, R., Merckelbach, H., & Josephs, S. (2003). Individual differences and false confessions: A conceptual replication of Kassin and Kiechel (1996). *Psychology, Crime and Law*, 9, 1-18.
- <http://www.innocenceproject.org/>.
- Kassin, S. M. (1997). The psychology of confession evidence. *American Psychologist*, 52, 221-233.
- Kassin, S. M. (2008). False confessions: Causes, consequences, and implications for reform. *Current Directions in Psychological Science*, 17, 249-253.
- Kassin, S. M. (2006). A critical appraisal of modern police interrogations. In T. Williamson (Ed.), *Investigative interviewing: Rights, research, regulation* (pp. 207-228). Devon, UK: Willan Publishing.
- Kassin, S. M., Drizin, S. A., Grisso, T., Gudjonsson, G. H., Leo, R. A., & Redlich, A. D. (2010). Police-induced confessions: Risk factors and recommendations. *Law and Human Behavior*, 34, 3-38.
- Kassin, S. M., & Gudjonsson, G. H. (2004). The psychology of confession evidence: A review of the literature and issues. *Psychological Science in the Public Interest*, 5, 35-69.
- Kassin, S. M., & Kiechel, K. L. (1996). The social psychology of false confessions: Compliance, internalization, and confabulation. *Psychological Science*, 7, 125-128.
- Kassin, S. M., & McNall, K. (1991). Police interrogations and confessions: Communicating promises and threats by pragmatic implication. *Law and Human Behavior*, 15, 233-251.
- Kassin, S. M., Meissner, C. A., & Norwick, R. J. (2005). "I'd know a false confession if I saw one": A comparative study of college students and police investigators. *Law and Human Behavior*, 29, 211-227.
- Kassin, S. M., & Neumann, K. (1997). On the power of confession evidence: An experimental test of the "fundamental difference" hypothesis. *Law and Human Behavior*, 21, 469-484.
- Kassin, S.M., & Sukel, H. (1997). Coerced confessions and the jury: An experimental test of the "harmless error" rule. *Law and Human Behavior*, 21, 27-46.
- Kassin, S.M., & Wrightsman, L. S. (1980). Prior confessions and mock juror verdicts. *Journal of Applied Social Psychology*, 10, 133-146.

- Klaver, J., Lee, Z., & Rose, V. G. (2008). Effects of personality, interrogation techniques and plausibility in an experimental false confession paradigm. *Legal and Criminological Psychology, 13*, 71-88.
- Landström, S., Roos af Hjelmsäter, E., & Granhag, P. A. (2007). The camera perspective bias: A case study. *Journal of Investigative Psychology and Offender Profiling, 1*, 199-208
- Lassiter, G. D. (2002). Illusory causation in the courtroom. *Current Directions in Psychological Science, 11*, 204-208.
- Lassiter, G. D. (Ed.) (2004). *Interrogations, confessions, and entrapment*. New York: Kluwer Academic.
- Lassiter, G. D. (2010). Psychological science and sound public policy: Video recording of custodial interrogations. *American Psychologist, 65*, 768-779.
- Lassiter, G. D., Diamond, S. S., Schmidt, H. C., & Elek, J. K. (2007). Evaluating videotaped confessions: Expertise provides no defense against the camera-perspective effect. *Psychological Science, 18*, 224-226.
- Lassiter, G. D., & Geers, A. L. (2004). Bias and accuracy in the evaluation of confession evidence. In G. D. Lassiter (Ed.), *Interrogations, Confessions and Entrapment* (pp.197-214). New York: Kluwer/Plenum.
- Lassiter, G. D., Geers, A. L., Handley, I. M., Weiland, P. E., & Munhall, P. J., (2002). Videotaped confessions and interrogations: A change in camera perspective alters verdicts in simulated trials. *Journal of Applied Psychology, 87*, 867-874.
- Lassiter, G. D., Geers, A. L., Munhall, P. J., Handley, I. M., & Beers, M. J. (2001). Videotaped confessions: Is guilt in the eye of the camera? In M. P. Zanna (Ed.), *Advances in experimental social psychology*, (Vol. 33, pp. 189–254). New York: Academic Press.
- Lassiter, G. D., & Meissner, C. A. (Eds.). (2010). *Police interrogations and false confessions: Current research, practice, and policy recommendations*. Washington, DC: American Psychological Association.
- Leo, R. A. (1996c). The impact of Miranda revisited. *The Journal of Criminal Law and Criminology, 86*, 621-692.
- Leo, R. A. (2008). *Police Interrogation and American Justice*. Cambridge, MA: Harvard University Press.
- Leo, R. A., & Ofshe, R. J. (1998). The consequences of false confessions: Deprivations of Liberty and miscarriages of justice in the age of psychological interrogation. *Journal of Criminal Law and Criminology, 88*, 429-496.
- Levine, T. R., Kim, R. K., & Blair, J. P. (2010). (In)accuracy at detecting true and false confessions and denials: An initial test of a projected motive model of veracity judgments. *Human Communication Research, 36*, 81-101.
- Nash, R.A., & Wade, K.A. (2009). Innocent but proven guilty: Using false video evidence to elicit false confessions and create false beliefs. *Applied Cognitive Psychology, 23*, 624-637.
- Neuschatz, J. S., Lawson, D. S., Swanner, J. K., Meissner, C. A., & Neuschatz, J. S. (2008). The effects of accomplice witnesses and jailhouse informants on jury decision making. *Law and Human Behavior, 32*, 137-149.
- O'Connell, M. J., Garmoe, W., & Goldstein, N. E. S. (2005). Miranda comprehension in adults with mental retardation and the effects of feedback style on suggestibility. *Law and Human Behavior, 29*, 359-369.
- Ofshe, R. J., & Leo, R.A. (1997a). The social psychology of police interrogation: The theory and classification of true and false confessions. *Studies in Law, Politics, and Society, 16*, 189-251.

- Ofshe, R. J., & Leo, R. A. (1997b). The decision to confess falsely: Rational choice and irrational action. *Denver University Law Review*, 74, 979-1122.
- Perillo, J. T., & Kassin, S. M. (2011). Inside interrogation: The lie, the bluff, and false confessions. *Law and Human Behavior*, 35, 327-337.
- Ratcliff, J.J., Lassiter, G. D., Jager, V. M., Lindberg, M. J., Elek, J. K., & Hasinski, A. E. (2010). The hidden consequences of racial salience in videotaped interrogations and confessions. *Psychology, Public Policy, and Law*, 16, 200-218.
- Redlich, A. D. (2010). False confessions and false guilty pleas. In G. D. Lassiter & C. A. Meissner (Eds.), *Police Interrogations and confessions: Current research, practice and policy recommendations* (pp. 49-66). Washington, DC: American Psychological Association.
- Redlich, A. D., Gheiti, S., & Quas, J. A. (2008). Perceptions of children during a police interview: A comparison of suspects and alleged victims. *Journal of Applied Social Psychology*, 38, 705-735.
- Redlich, A. D., & Goodman, G. S. (2003). Taking responsibility for an act not committed: Influence of age and suggestibility. *Law and Human Behavior*, 27, 141-156.
- Redlich, A. D., Quas, J. A., & Gheiti, S. (2008). Perceptions of children during a police interview: Guilt, confessions, and interview fairness. *Psychology, Crime, and Law*.
- Redlich, A. D., Silverman, M., & Steiner, H. (2003). Pre-adjudicative and adjudicative competence in juveniles and young adults. *Behavioral Sciences and the Law*, 21, 393-410.
- Rogers, R., Harrison, K., Hazelwood, L., & Sewell, K., (2007a). Knowing and intelligent: A study of Miranda warnings in mentally disordered defendants. *Law and Human Behavior*, 31, 401-418.
- Russano, M. B., Meissner, C. A., Narchet, F. M., & Kassin, S. M. (2005). Investigating true and false confessions within a novel experimental paradigm. *Psychological Science*, 16, 481-486.
- Scheck, B., Neufeld, P., & Dwyer, J. (2000). *Actual innocence*. Garden City, NY: Doubleday.
- Singh, K., & Gudjonsson, G. (1992). Interrogative suggestibility among adolescent boys and its relationship to intelligence, memory, and cognitive set. *Journal of Adolescence*, 15, 155-161.
- Slobogin, C. (2003). *Ohio State Journal of Criminal Law*, 1, 309-322.
- Sullivan, T. P. (2004). *Police experiences with recording custodial interrogations*. Chicago: Northwestern University Law School, Center on Wrongful Convictions.
- Swanner, J. K., Beike, D. R., & Cole, A. T. (in press). Snitching, lies and computer crashes: An experimental investigation of secondary confessions. *Law and Human Behavior*.
- The Justice Project (2007). *Electronic recording of custodial interrogations: A policy review*. Washington, DC: The Justice Project.
- Viljoen, J., & Roesch, R. (2005). Competence to waive interrogation rights and adjudicative competence in adolescent defendants: Cognitive development, attorney contact, and psychological symptoms. *Law and Human Behavior*, 29, 723-742.
- Viljoen, J., Klaver, J., & Roesch, R. (2005). Legal decisions of preadolescent and adolescent defendants: Predictors of confessions, pleas, communication with attorneys, and appeals. *Law and Human Behavior*, 29, 253-277.
- Wall, S., & Furlong, J. (1985). Comprehension of Miranda rights by urban adolescents with law related education. *Psychological Reports*, 56, 359-372.
- White, W. S. (2001). *Miranda's waning protections: Police interrogation practices after Dickerson*. Ann Arbor: University of Michigan Press.

B.(6) The Board voted to approve the expenditure of \$65,000 for President-Elect Anton's presidential activities as follows: \$55,000 for the International Summit on Integrated Health Care; \$10,000 for the Global Summit on Psychology and Ethics. Dr. Anton recused from voting on this matter.

C.(7) The item "Diversity Training in 2015" was discussed by the Board at its June meeting and action on the item was postponed to a future conference call of the Board. The Board discussed the item again on its July 1, 2014, call. After polling the Board on email regarding its preferred topic, the following motion was recommended by the Board:

That Council approves Sizeism and Body Image as the topic for the 2015 diversity training for Council and boards and committees.

V. DIVISIONS AND STATE AND PROVINCIAL AND TERRITORIAL ASSOCIATIONS

A. At its March 22, 2014, meeting, during the Spring Consolidated Meetings, the Board discussed and received input from the APA Fellows Committee on an issue raised on the division officers' listserv on whether division fellows can call themselves "APA Fellows" without being elected to APA Fellow status by the APA Council of Representatives. The Board provided the following response to the division officers' listserv: "The APA Board of Directors encourages all divisions to elect their division fellows through the official APA Fellows process. Any APA member who is not an existing APA Fellow who is named a Fellow by their division outside of the official APA Fellows election process may not use the title APA Fellow."

VI. ORGANIZATION OF THE APA

A.(7A) The item "Implementation Work Group (IWG) Bylaw and Association Rule Amendments to Implement Motions Approved by Council at Its February 2014 meeting" was postponed to a future call of the Board.

On its July 20, 2014, conference call, the Board voted to recommend that, assuming that Council approves changes to its structure, the Bylaw amendments related to changes to the composition of and eligibility criteria for the Board be held until the Council restructure amendment Bylaws language is ready. In doing so, the two amendments can be sent together so that members receive both as a single package in 2015. The Board postponed to its August 5 meeting action on the three main motions of the agenda item.

B.(7B) At the Board's June meeting, the item "IWG Leadership Pipeline & Development Program Report" was postponed to a future call of the Board.

On its June 17, 2014, conference call, the Board voted to recommend that Council approve the following motion:

That Council receives the Implementation Work Group Leadership Pipeline and Development Program Report and forwards it to the Board of Directors for review of specific costs and approval of the initial size of the program depending upon funding and priorities.

C.(7C) At the Board's June meeting, the item "IWG Technology Report" was postponed to a future conference call of the Board.

On its July 20, 2014, conference call, the Board voted to recommend that Council approve the following motion:

That Council receives the Implementation Work Group Technology Report and forwards it to the CEO to develop a plan for implementation with associated costs and a method for member engagement to be brought back to Council in February 2015.

D.(7D) At the Board's June meeting, the Board voted to recommend that Council approve the following motion:

That Council asks that staff bring back relevant Bylaws and Association Rule changes in February 2015 to reconfigure the Council as provided below.

Council shall be comprised of 137 members as follows:

1 representative from each division (54)

1 representative from each state/province/territory (60)

9 members-at-large elected by and from the voting Members of the Association

APA President

APA President-elect

APA Past President

APA Treasurer

APA Recording Secretary

CEO (without vote)

Early Career Representative (ECP) of CLT

American Psychological Association of Graduate Students (APAGS) Chair

Chair of the Council Leadership Team (CLT)

Chair-Elect of CLT

Past Chair of CLT

3 members-at-large of the CLT

The following shall apply to the new Council:

- Each division and state/province/territory shall have one representative beginning in 2017; therefore, the apportionment ballot will no longer be needed beginning in 2015.
- Council members-at-large shall be elected by and from the voting Members of the Association from slates of at least two candidates.
- The Needs Assessment, Slating and Campaigns Committee (NASCC) shall conduct an annual needs assessment and develops slates for the Council member-at-large seats. The assessment ensures sufficient representation of early career psychologists on Council in order to be able to fill the ECP seat on the CLT.
- Council members-at-large may serve up to two consecutive three-year terms and must take a one-year hiatus before being eligible to return as a member-at-large on Council.
- NASCC shall assist with setting the criteria and procedures for disseminating information about the candidates for members-at-large to the APA membership.

On its June 27, 2014, conference call, the Board voted to rescind the action taken on the composition of Council at its June 6-8, 2014, meeting, and voted to recommend that Council approve the following composition of Council that includes the changes shown below (underlined material to be added):

Council shall be comprised of 137 members as follows:

1 representative from each division (54)

1 representative from each state/province/territory (60)

9 members-at-large elected by and from the voting Members of the Association

APA President

APA President-elect

APA Past President

APA Treasurer

APA Recording Secretary

CEO (without vote)

Early Career Representative (ECP) of CLT

American Psychological Association of Graduate Students (APAGS) Chair

Chair of the Council Leadership Team (CLT)

Chair-Elect of CLT

Past Chair of CLT

3 members-at-large of the CLT

6 Board members-at-large (without vote)

Public Member of the Board (without vote)

APAGS Past Chair (without vote)

E.(18) The Board received as information the most recently updated strategic plan measures. The Board will receive and discuss a complete assessment of progress on the strategic plan measures at its fall 2014 retreat meeting.

F. At its March 21, 2014, meeting, during the Spring Consolidated Meetings, the Board voted to provide full reimbursement for Council members' attendance for the August meeting beginning with the upcoming August 6 & 8, 2014, Council meeting in Washington, DC. This action was taken in response to Council at its February 21-23, 2014, meeting, delegating to the Board of Directors the authority to approve changes to Council's reimbursement policy.

The Board consulted with Archie Turner, APA's Chief Financial Officer, who informed the Board that while it is not best practice to amend an approved operating budget, the \$203,000 of proposed Council reimbursement expenses can be absorbed in the 2014 operating budget without creating a deficit and without threatening the long-term financial health of the Association. He further recommended that the additional expenses be treated as an exception when the three-year rolling average operating margin is calculated at the end of 2014.

The Board's action was based on the recommendation of the Committee on Structure and Function of Council, the feedback from Council members and the input from APA's Chief Financial Officer.

The new Council Reimbursement Policy is as follows:

Council Reimbursement Policy

APA will cover the following expenses for Council members attending any official meeting of Council:

- Cost of round-trip airfare, train fare or mileage and parking if travelling by car*
- Transportation to and from airports; local transportation
- Room charges required for members' attendance at the Council sessions or at additional Council related meetings.
- Meals not already provided by APA
- Baggage fees
- Daily usage fee for the fitness center

** Reimbursement for mileage when travelling by car will not exceed the total cost of round-trip airfare.*

This policy shall be consistent with APA Travel Guidelines for Members and any revisions to those Guidelines.

On its May 15, 2014, conference call, the Board discussed a request that the Board consider APA funding internet service for Council members in August. The Board received input from the Finance Committee and reviewed the costs. Given that a decision had just been made to add the full expenses of all Council members' attendance at the August meeting to the operating budget mid-year, the Board decided not

to add additional funding for internet access in 2014. The Board asked that an item be placed on its December 2014 meeting for consideration of internet funding in 2015.

VII. PUBLICATIONS AND COMMUNICATIONS

No items.

VIII. CONVENTION AFFAIRS

No items.

IX. EDUCATIONAL AFFAIRS

A.(8) The Board voted to recommend that Council approve amending the Association Rules as follows to establish a Committee on Associate and Baccalaureate Education as a replacement for the Psychology Teachers at Community Colleges Committee (bracketed/strikethrough material to be deleted; underlined material to be added):

50. COUNCIL'S BOARD AND COMMITTEE INFRASTRUCTURE

50-5 LIST OF CONTINUING COMMITTEES

50-5.1 The list below presents APA continuing committees and their reporting lines.

Reporting through the Board of Educational Affairs

Commission on Accreditation

Continuing Education

Education and Training Awards

Committee on Associate and Baccalaureate Education

Committee of Teachers of Psychology in Secondary Schools

~~[Committee of Psychology Teachers at Community Colleges]~~

110. Elections and Appointments

110.14 RULES GOVERNING SIMULTANEOUS SERVICE ON BOARDS AND COMMITTEES

110-14.1 Members shall not serve simultaneously on any of the following governance groups, except as ex-officio (non-voting) members or if other exceptions are provided below.

Committees

Advancement of Professional Practice

Aging

Animal Research and Ethics

Associate and Baccalaureate Education

Children, Youth and Families

Continuing Education

Disability Issues in Psychology

Division/APA Relations

Early Career Psychologists

Ethics

Ethnic Minority Affairs

Fellows

Finance

Human Research

International Relations in Psychology

Legal Issues (ad hoc)

Lesbian, Gay, Bisexual, and Transgender Concerns

Professional Practice and Standards (except that one member is also a member of the Board of Professional Affairs)

Psychology and AIDS (ad hoc)

Rural Health

Socioeconomic Status

Structure and Function of Council

Psychological Tests and Assessment

~~[Psychology Teachers at Community Colleges]~~

Teachers of Psychology in Secondary Schools

Women in Psychology

120. EDUCATIONAL AFFAIRS

~~[120-6 COMMITTEE OF PSYCHOLOGY TEACHERS AT COMMUNITY COLLEGES~~

~~**120-6.1** There shall be an American Psychological Association Committee of Psychology Teachers at Community Colleges whose mission shall be to (a) represent community college psychology teachers; (b) promote, within the 2-year college community, the highest professional standards for teaching of psychology as a scientific discipline with applications to a wide range of human concerns; (c) cultivate a professional identity with the discipline of psychology among psychology teachers at 2-year colleges; (d) develop leadership qualities among psychology teachers at 2-year colleges and increase their participation and representation in professional psychology activities and organizations; (e) establish and maintain communication with all groups involved in the teaching of psychology and with the greater psychological community; (f) encourage psychological research on teaching and learning at 2-year colleges for the purpose of giving students the best possible educational opportunities.~~

~~The voting members of the Committee shall consist of 6 members, who serve three-year terms. All voting members of the Committee must be 2-Year College Teacher Affiliates or members of the Association.~~

~~Each year, a call for nominations for the two open positions that will become vacant in the following year shall be broadly disseminated. Following the call, the Committee shall prepare a slate of candidates for the vacancies and hold an election in which all 2-Year College Teachers who are Members, Associate members or Affiliates of the Association are eligible to vote. Following the election, the results of the election shall be forwarded to the Board of Educational Affairs and the Board of Directors for final approval.~~

~~The Committee shall report to Council through the APA Board of Educational Affairs.]~~

120-6 COMMITTEE ON ASSOCIATE AND BACCALAUREATE EDUCATION

120-6.1 There shall be an American Psychological Association Committee on Associate and Baccalaureate Education whose mission shall be to (a) represent psychology faculty teaching at undergraduate institutions; (b) promote within all undergraduate institutions the highest professional standards for teaching of psychology as a scientific discipline with applications to a wide range of human concerns; (c) develop leadership qualities among psychology faculty at undergraduate institutions and increase their participation and representation in psychology organizations; (d) establish and maintain communication with all groups involved in the teaching of psychology and with the greater psychological community; and (e) encourage scholarship on teaching and learning at all undergraduate institutions for the purpose of giving students the best possible educational opportunities.

The voting members of the Committee shall consist of eight members, who serve staggered three-year terms. All voting members of the Committee must be Community College Teacher

Affiliates or Members of the Association. Four of the eight members will represent psychology faculty at 2-year colleges offering the associate degree, and four members will represent psychology faculty whose primary teaching responsibility is undergraduate coursework at colleges or universities offering the baccalaureate degree in psychology.

Each year, a call for nominations for the positions that will become vacant in the following year shall be broadly disseminated. Following the call, the Committee shall prepare a rank-ordered slate of candidates for the vacancies. The Board of Educational Affairs shall make the appointments. The Committee shall report to Council through the Board of Educational Affairs.

B.(8A) The Board voted to refer the item “Proposal to Establish a New Membership Category for Psychology Baccalaureates” to the outside membership consultant contracted to conduct a review of the Association’s current membership marketing program.

C.(9) The Board voted to recommend that Council adopt as APA policy the *Guidelines for Clinical Supervision in Health Service Psychology*.

D.(10) The Board voted to approve forwarding the revised Criteria for the Recognition of Organizations that Provide Certifications in Specialties and Proficiencies in Professional Psychology for review and comment.

E.(12) The Board voted to recommend that Council approve an extension of recognition of Psychoanalysis in Psychology as a specialty in professional psychology for an additional period of one year to expire in August 2015.

F.(12) The Board voted to recommend that Council approve an extension of recognition of Psychoanalysis in Psychology as a specialty in professional psychology for an additional period of one year to expire in August 2015.

G.(13) The Board voted to approve the continued recognition of Clinical Psychology as a specialty in professional psychology for a period of seven years.

H.(19) The Board received as information an update on revisions to the Petition for the Recognition of Proficiencies in Professional Psychology.

X. PROFESSIONAL AFFAIRS

A.(13A) The Board voted to recommend that Council approve amending the APA Association Rules to remove CAPP from the APA rules with the effective date beginning December 31, 2014 and to amend the APAPO bylaws to allow for the APAPO practice constituents to nominate and elect the elected members of CAPP, to create a voting seat on CAPP for a member of APAGS to be selected by APAGS and to move the description of members constituting CAPP to the APAPO bylaws. (bracketed and strikethrough material to be deleted; underlined material to be added):

APA ASSOCIATION RULE CHANGES

90. CONTINUING COMMITTEES OF THE BOARD OF DIRECTORS

~~[90-2. Committee for the Advancement of Professional Practice]~~

50-5. LIST OF CONTINUING COMMITTEES

50-5.1 The list below presents APA continuing committees and their reporting lines.

Reporting directly to Council

Structure and Function of Council

Reporting through the Board of Directors

Constitutional Issues

International Relations in Psychology

~~[Advancement of Professional Practice]~~

American Psychological Association of Graduate Students

Commission for the Recognition of Specialties and Proficiencies in Professional Psychology

Agenda Planning Group

Division/APA Relations

Early Career Psychologists

Reporting through the Membership Board

Fellows Committee

Reporting through the Publications and Communications Board

Council of Editors

Reporting through the Board of Educational Affairs

Commission on Accreditation

Continuing Education

Education and Training Awards

Committee of Teachers of Psychology in Secondary Schools

Committee of Psychology Teachers at Community Colleges

Reporting through the Board of Professional Affairs

Professional Practice and Standards

Committee on Rural Health

Reporting through the Board of Scientific Affairs

Animal Research and Ethics

Human Research

Psychological Tests and Assessment

Scientific Awards

Reporting through the Board for the Advancement of Psychology in the Public Interest

Women in Psychology

Psychology in the Public Interest Awards

Lesbian, Gay, Bisexual, and Transgender Concerns

Disability Issues in Psychology

Children, Youth, and Families

Ethnic Minority Affairs

Aging

Socioeconomic Status

[Reporting through the Committee for the Advancement of Professional Practice

Committee on Rural Health]

~~[90-2. COMMITTEE FOR THE ADVANCEMENT OF PROFESSIONAL PRACTICE~~

~~**90-2.1** There shall be a Committee for the Advancement of Professional Practice whose responsibility it shall be to (a) be the administrative agent of the Board of Directors exercising general governance supervision over the relevant affairs of the Practice Directorate, (b) recommend to Council through the Board of Directors procedures for the enhancement of human welfare through the professional practice of psychology, (c) identify projects important to the enhancement of human welfare through professional practice of psychology, and (d) recommend to the Board of Directors the needed funding for such projects.~~

~~The Committee for the Advancement of Professional Practice shall consist of nine regular members and up to two special members. The APA Treasurer shall be an ex officio, nonvoting member of the Committee. The Board of Directors may also appoint such liaisons to the Committee for Advancement of Professional Practice as it deems necessary. Regular members shall be psychologists who provide health care services, who are licensed to practice psychology in at least one state, district, province or territory and who pay the annual assessment. In addition to these general qualifications, the regular members of the Committee shall possess~~

~~experience in service delivery and in the governance of state/provincial/territorial and/or national psychological organizations, and will have demonstrated expertise in one or more of the following additional areas of experience: (a) advocacy (legislative or legal), (b) marketing, (c) the training of practicing psychologists, and (d) public information and education. Of the nine regular members, three shall be elected each year to serve a term of three years.~~

~~Each year, a call for nominations for the three positions that will become vacant in the following year shall be broadly disseminated. Following the call, the Committee shall forward a list, organized into three slates of five candidates each, of fifteen persons deemed qualified to the APA Board of Directors, who shall select there from three candidates from each slate to stand for election to the three vacancies on the Committee for the Advancement of Professional Practice. In accordance with established procedure, the Board of Directors' slates of candidates shall then be forwarded to APA Council for inclusion in Council's election of members to APA boards and committees.~~

~~In addition to regular members, the Committee for the Advancement of Professional Practice may appoint up to two special members to serve a term not to exceed two years. These special members need not be psychologists and shall be chosen for their expertise in such matters as marketing, advocacy (legislative and legal), public information and education, or such other areas of competency as shall be relevant to the mission of the Committee. Special members may be reappointed for as many terms as the Committee deems their services to be required.~~

~~The Committee for the Advancement of Professional Practice shall report to Council through the APA Board of Directors.]~~

90-5. COMMISSION FOR THE RECOGNITION OF SPECIALTIES AND PROFICIENCIES IN PROFESSIONAL PSYCHOLOGY

There shall be a Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. The Commission shall (a) facilitate the development, implementation and review of effective and coordinated policies and procedures to improve quality and process in recognition of specialties and proficiencies in professional psychology; (b) review petitions from organizations requesting the Association's recognition of a professional specialty or proficiency, (c) establish mechanisms for the periodic evaluation and renewal of such recognition; and (d) make recommendations regarding consistency in the use of the terms "specialty" and "proficiency" by the Association. The Commission shall select from among recognition petitions it reviews those deemed appropriate to recommend to the Council of Representatives as meriting formal confirmation. Council shall confirm the recognition of a specialty or proficiency in professional psychology only when such recommendation for recognition shall have been placed before it by the Commission following the completion of an evaluation conducted according to the Commission's procedures.

Subject to review by the Board of Directors, the Commission shall have the authority for adopting procedures for reviewing specialty and proficiency petitions. The Commission may

make proposals to the Council of Representatives regarding: (a) the principles that define specialties and proficiencies and the criteria for their recognition, and (b) the processes by which the Association confers and maintains its recognition of specialties and proficiencies.

The Commission shall consist of nine Commissioners serving staggered terms of three years each. Commissioners shall be limited to two successive full terms of service and may not further succeed themselves without a break in such service. With the exception of a Public Commissioner, all Commissioners must be licensed psychologists and members of the Association. Commissioners shall be nominated also in such a fashion that insures representation among them of (a) the broad scope of the practice of professional psychology, its scientific bases, and the Association's commitment to diversity and the public interest, and (b) an array of expertise in such matters as professional education, practitioner credentialing, program accreditation, continuing professional development, the identification of emerging patterns of practice, and legal and regulatory affairs.

Eight of the Commissioners shall be elected by the Council of Representatives from slates prepared by the following: BSA and BAPPI shall prepare nominations for one Commissioner seat each; BEA shall prepare nominations for three Commissioner seats; BPA ~~and CAPP~~ shall ~~jointly~~ prepare nominations for three Commissioner seats. In preparing slates for a vacancy in its reserved seat or seats and following solicitation from the general membership of the Association, each nominating board or committee shall forward to the Commission for transmission to the Board of Directors the names of five qualified and appropriate candidates per vacancy. The Board of Directors shall then compose a final slate of three of the five nominees for that vacancy from each nominating unit to be submitted to the Council of Representatives for election.

The ninth Commission seat shall be reserved for a Public Member who shall not be a psychologist. The Public Member shall be appointed by the Board of Directors.

The Commission shall report to the Council of Representatives through the Board of Directors.

90-6. AGENDA PLANNING GROUP

The Agenda Planning Group shall be composed of the APA President, who shall serve as chair, and the chairs of the Policy and Planning Board, the Board of Professional Affairs, the Board of Scientific Affairs, the Board for the Advancement of Psychology in the Public Interest, the Board of Educational Affairs, ~~[the Committee for the Advancement of Professional Practice,]~~ the Committee on Division/APA Relations, the Committee on Legal Issues, and the Committee on Structure and Function of Council. It shall meet at least twice a year at the close of the Council of Representatives meeting.

The Agenda Planning Group shall have general oversight for the consolidated board and committee meetings. It shall be the responsibility of the Agenda Planning Group to designate items to be included on the cross cutting agendas for the fall and spring consolidated meetings of the boards and committees. The Agenda Planning Group shall encourage boards and

committees to consider items that impact on their constituency directly, that require expertise represented within the board or committee, that may establish a new policy or change a policy of the Association, or that require a special perspective represented by the board or committee. With the oversight of the Committee on Structure and Function of Council, it shall review new business items introduced in Council and make recommendations to the Committee on Structure and Function of Council regarding the referral of items to ensure that issues are considered by the appropriate boards and committees and identify items that have potential technical difficulty.

The Agenda Planning Group shall report to the Council of Representatives through the Board of Directors.

110-14. RULES GOVERNING SIMULTANEOUS SERVICE ON BOARDS AND COMMITTEES

110-14.1 Members shall not serve simultaneously on any of the following governance groups, except as ex-officio (non-voting) members or if other exceptions are provided below.

Boards

Advancement of Psychology in the Public Interest

Convention Affairs

Educational Affairs

Membership

Policy and Planning

Publications and Communications

Professional Affairs (except that one member is also a member
of the Committee on Professional Practice and Standards)

Scientific Affairs

Committees

~~[Advancement of Professional Practice]~~

Aging

Animal Research and Ethics

Children, Youth and Families

Continuing Education

Disability Issues in Psychology

Division/APA Relations

Early Career Psychologists

Ethics

Ethnic Minority Affairs

Fellows

Finance

Human Research

International Relations in Psychology

Legal Issues (ad hoc)

Lesbian, Gay, Bisexual, and Transgender Concerns

Professional Practice and Standards (except that one member is also a member of the Board of Professional Affairs)

Psychology and AIDS (ad hoc)

Rural Health

Socioeconomic Status

Structure and Function of Council

Psychological Tests and Assessment

Psychology Teachers at Community Colleges

Teachers of Psychology in Secondary Schools

Women in Psychology

110-14.2 Members shall not simultaneously run for election (e.g., appear on the board and committee election ballot) for more than one of the following governance groups. In addition, members shall not run for election for one of the following governance groups if the term of service will begin prior to the end of a term the member is currently serving on one of the governance groups listed in Association Rule 110-14.1.

Boards

Advancement of Psychology in the Public Interest

Convention Affairs

Educational Affairs

Membership

Policy and Planning

Publications and Communications

Professional Affairs

Scientific Affairs

Committees

~~[Advancement of Professional Practice]~~

Ethics

Finance

International Relations in Psychology

Rural Health

Structure and Function of Council

120-1. BOARD OF EDUCATIONAL AFFAIRS

120-1.1 The Board of Educational Affairs shall consist of not fewer than twelve members, four to be elected each year for a term of three years. 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 appropriate APA governance groups (BSA, ~~CAPP~~/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 members are fully participating, voting members of the Board of Educational Affairs.

120-4. CONTINUING EDUCATION COMMITTEE

120-4.1 There shall be a Continuing Education Committee consisting of no more than fourteen members appointed by the Board of Educational Affairs for staggered terms of three years. The Committee shall report to Council through the Board of Educational Affairs.

120-4.2 The Continuing Education Committee shall have responsibility for developing policy and program recommendations for the Association's continuing education program and for working collaboratively with the APA Office of Continuing Education to implement these policy and program recommendations. The Committee's tasks shall include, but not be limited to (a) developing and delivering continuing education programs and products; (b) providing educational and technical assistance to APA Directorates, Divisions, State/Provincial/Territorial Psychological Associations, and other sponsors; (c) collaborating with organizations that seek to become approved sponsors of continuing education; (d) providing review of all APA approved sponsors and organizations seeking APA sponsor approval; (e) periodically reviewing the Association's sponsor approval guidelines, and (f) identifying, promoting, implementing and evaluating research, development and innovations in continuing education.

120-4.3 The Chair of the Board of Educational Affairs (BEA) shall each year forward to APA's divisions and affiliated state, provincial and territorial psychological associations a general call for nominees to serve on the Committee and shall also direct a formal request for nominee recommendations to the Board of Scientific Affairs, Board for the Advancement of Psychology in the Public Interest, and the Board of Professional Affairs~~, and the Committee for the Advancement of Professional Practice~~. In making its appointments, BEA shall attempt to insure that the membership of the Committee shall represent APA's commitment to honor diversity and as well to ensure the representation of the needs of various groups served by continuing education.

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) members each of whom shall serve a staggered term of three (3) years. 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 ~~[Committee for the Advancement of Professional Practice]~~ Board of Professional Affairs.

190-1.5 The APA shall maintain affiliation as voted by Council with the following organizations, and the representatives shall report through the boards or continuing committees that report through the Board of Directors under which each is listed:

Board of Directors

U.S. National Committee for the International Union of Psychological Science

Commission on Professionals in Science and Technology

Council of Scientific Society Presidents

American Council of Learned Societies

Publications and Communications Board

National Federation of Abstracting and Indexing Services

Board of Educational Affairs

Council on Recognition of Post-Secondary Accreditation (CORPA)

Board of Professional Affairs

Accreditation Council for Services for Mentally Retarded and Other

Developmentally Disabled Persons (The Accreditation Council)

National Commission on Correctional Health Care (NCCHC)

Commission on Accreditation of Rehabilitation Facilities (CARF)

Joint Commission on the Accreditation of Healthcare Organizations, Behavioral Healthcare Professional and Technical Advisory Committee (JCAH-O-BHC PTAC)

Board of Scientific Affairs

American Association for the Advancement of Science (AAAS)

Social Science Research Council

Society for Neuroscience

College on Problems of Drug Dependence

International Test Commission

National Association for Biomedical Research

American Association for Accreditation of Laboratory Animal Care

Committee on International Relations in Psychology

World Federation for Mental Health

U.S. National Committee for the International Union of Psychological Science (USNC/IUPSYS)

[Committee for the Advancement of Professional Practice]

~~Joint Commission on the Accreditation of Healthcare Organizations, Behavioral Healthcare Professional and Technical Advisory Committee (JCAH O-BHC PTAC)]~~

PARALLEL CHANGES TO APAPO BYLAWS

ARTICLE IV

MEMBERS

The Corporation shall have two categories of members. One category of members, who are payers of the practice assessment, shall be known as "Practice Constituents." The second category of members who are payers to the Education Advocacy Trust, shall be known as "Education Constituents." Practice Constituents and Education Constituents shall not have voting rights ~~[other than Practice Constituents in their nomination and election of CAPP as set forth in Article VII.]~~

ARTICE VII

COMMITTEES

Section 3. Committee for the Advancement of Professional Practice (CAPP). There shall be a Committee for the Advancement of Professional Practice (CAPP) whose responsibility it shall be to identify, plan and implement projects important to the protection, defense, and enhancement of professional practice and recommend to the Board of Directors the needed funding for such projects. The elected members of CAPP ~~[Committee for the Advancement of Professional Practice]~~ shall be nominated and elected by Practice Constituents, subject to nomination and election requirements set forth in Rules adopted by the Board of Directors which, among other criteria, shall provide for slates reflecting human diversity and diversity of practice settings and expertise, and provided that one member from the American Psychological Association of Graduate Student Committee (APAGS) shall be a voting member selected by APAGS. ~~[constitute the same individuals who serve on the Committee for the~~

~~Advancement of Professional Practice of the American Psychological Association from time to time.]~~

CAPP shall consist of no less than 9 and no more than 15 elected members. In addition to the elected CAPP members and the APAGS member, CAPP will also consist of up-to 4 appointed members to be appointed by the Committee. The APAPO Treasurer shall be ex officio, nonvoting member of the Committee.

B.(20) The Board received as information an update on the work of various APA offices in educating members about the implementation of the International Classification of Diseases, 10th Edition, Clinical Modification.

C.(21) The Board received as information an update on the development of Clinical Practice Guidelines by APA.

XI. SCIENTIFIC AFFAIRS

No items.

XII. PUBLIC INTEREST

A.(14) The Board voted to recommend that Council adopt as APA policy the following Resolution in Support of the U.N. Convention on the Rights and Dignity of Persons with Disabilities:

APA Resolution in Support of the U.N. Convention on the Rights and Dignity of Persons with Disabilities

WHEREAS all persons with disabilities across the world are born with the right to human dignity and the potential to realize their full capacities (Donnelly, 2013; World Health Organization, 2001);

WHEREAS disabilities are experienced by people of all ages, genders, sexual orientations, races, and socio-economic statuses (Johnson & Woll, 2003);

WHEREAS the disparities experienced by persons with disabilities are further exacerbated by the intersectionality with other diverse identities and minority statuses resulting in millions of adults and children with disabilities living in conditions of poverty, abuse, neglect, and exploitation (Johnson & Woll, 2003; World Health Organization, 2011);

WHEREAS attitudes about people with disabilities are often the most significant barrier keeping disabled persons from performing to their full potential, thereby depriving society of a valuable resource pool (Carpenter & Paetzold, 2013; Chan et al., 2009; Ephraim, MacKenzie, Wegener, Dillingham, & Pezzin, 2006; LaVigna, 1995; Marini & Stebnicki, 2012; Whiteneck et al., 2004; Yunker, 1988);

WHEREAS psychological research has greatly helped to demonstrate the pervasive nature of stigma associated with disability, or other social identities and life circumstances, and the adverse mental health effects of discrimination (Carpenter & Paetzold, 2013; Corrigan, 2014;

Green et al., 2005; Sartorius, 2006; Van Brakel, W. H., 2006; Markowitz, F. E., 1998);

WHEREAS psychological research has shown that a variety of psychological and sociological mechanisms jeopardize relationships between people with and without disabilities, increasing the likelihood of prejudice against individuals with disabilities, along with stereotyping, stigmatization, psychological discomfort, avoidance, and patronization (e.g., Banks & Kaschak, 2003; Fine & Asch, 1988; Katz, Hass, & Bailey, 1988; Longmore & Umansky, 2001; Wright, 1988);

WHEREAS comprehensive individual development (including psychological development) can take place only under conditions that protect human rights (Sano, 2000; UNICEF, 2007; Walker et al., 2007);

WHEREAS the United Nations (U.N.), working with the cooperation of individuals, organizations, and governments produced a *Convention on the Rights and Dignity of Persons with Disabilities* (CRPD) that was adopted by the U.N. General Assembly in December 2006, and is supported by hundreds of disability organizations;

WHEREAS the CRPD is the first treaty to specially address the human rights of people with disabilities, and recognizes and protects the human rights of some 650 million people with disabilities worldwide;

WHEREAS the CRPD has served as a catalyst in the global movement from viewing persons with disabilities as objects of charity and medical treatment toward including disabled individuals as full and equal members of society, with human rights;

WHEREAS it is inherent in the mission of the American Psychological Association (APA) to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives;

WHEREAS the APA opposes prejudice and discrimination based on any demographic characteristics (e.g., age, gender, sexual orientation, race, socio-economic status), including disability, as reflected in its adopted resolutions and guidelines (e.g., Resolution on the Americans with Disabilities Act, 2008; Policy Statement on the Full Participation for Psychologists with Disabilities, 1997; Guidelines for Assessment of and Intervention with Persons with Disabilities, 2011);

THEREFORE BE IT RESOLVED that the American Psychological Association commends the United Nations for directing world attention to persons with disabilities and endorses the U.N. Convention on the Rights and Dignity of Persons with Disabilities (CRPD).

BE IT FURTHER RESOLVED that the American Psychological Association will:

Endorse the purpose and principles that are outlined in the CRPD that promote, protect, and ensure the rights of persons with disabilities subject to the understanding that the CRPD has no effect on U.S. sovereignty, parental rights, or abortion laws;

Encourage the dissemination and application of psychological research and education to

strengthen and inform implementation efforts of the CRPD in countries where it has been ratified;

Encourage the use of psychological research and education to heighten awareness of the impact of stigma and discrimination on persons with disabilities, and the ways in which disability intersects with other minority statuses throughout the global community;

Encourage the inclusion and involvement of persons with disabilities in research, information and technology, public policy, and advocacy; and

Advocate for public policies that support global change toward egalitarian relationships and the elimination of practices and conditions oppressive to persons with disabilities.

REFERENCES

- Banks, M. E. & Kaschak, E. (2003). *Women with visible and invisible disabilities: Multiple intersections, multiple issues, multiple therapies*. New York: Haworth Press.
- Braithwaite, J., Carroll, R., Mont, D. & Peffley, K. (2008). Disability & development in the World Bank: FY2000–2007 SP Discussion Paper 0808. World Bank.
- Carpenter, N. C., & Paetzold, R. L. (2013). An examination of factors influencing responses to requests for disability accommodations. *Rehabilitation Psychologist* 58(1), 18-27.
- Chan, F., Livneh, H., Pruett, S., Wang, C. C., & Zheng, L. X. (2009). Societal attitudes toward disability: Concepts, measurements, and interventions. In F. Chan, E. da Silva Cordoso & J. A. Chronister (Eds.) *Understanding psychosocial adjustment to chronic illness and disability: A handbook for evidence-based practitioners in rehabilitation* (pp. 333-367). New York: Springer.
- Convention on the Rights of Persons with Disabilities (2006). Retrived from <http://www.un.org/disabilities/>.
- Corrigan, P. W. (2014). *The Stigma of Disease and Disability: Understanding the Causes and Overcoming Injustice*. Washington, DC: APA Books.
- Dell Orto, A.E., Power, P.W., (Eds). (2012). The psychological and social impact of illness and disability (6th ed., pp. 79-84). New York, NY: Springer.
- Donnelly, J. (2013). *Universal human rights in theory and practice*: Cornell University Press.
- Fine, M., & Asch, A. (1988). Disability beyond stigma: Social interaction, discrimination, and activism. *Journal of Social Issues*, 44, 3-21.
- Green, S., Davis, C., Karshmer, E., Marsh, P., & Straight, B. (2005). Living stigma: The impact of labeling, stereotyping, separation, status loss, and discrimination in the lives of individuals with disabilities and their families. *Sociological Inquiry*, 75, 197-215.
- Hauser, P. C., Maxwell-McCaw, D. L., Leigh, I.W., & Gutman, V. A. (2000). Internship accessibility issues for deaf and hard-of-hearing applications: No cause for complacency. *Professional Psychology: Research & Practice* 31 (5), 569-574.
- Holland, D. (2008). The current status of disability activism and non-governmental organizations in post-communist Europe: preliminary findings based on reports from the field. *Disability and Society*, 23, 543-555.

- Johnson, J., & Woll, J. (2003). A national disgrace: Health disparities encountered by persons with disabilities. *Disability Studies Quarterly*, 23(1).
- Katz, I., Hass, R. G., & Bailey, J. (1988). Attitudinal ambivalence and behavior toward people with disabilities. In H. E. Yuker (Ed.), *Attitudes toward persons with disabilities* (pp. 47-57). New York: Springer.
- LaVigna, G. W. (1995). Challenging behaviour: A model for breaking the barriers to social and community integration. *Positive Practices* 1, 8-15.
- Longmore, P. K., & Umansky, L. (Eds.). (2001). *The new disability history: American perspectives* [The History of Disability Series]. New York: New York University Press.
- Markowitz, F. E. (1998). The effects of stigma on the psychological well-being and life satisfaction of persons with mental illness. *Journal of Health and Social Behavior*, 39, 335-348.
- Sano, H. O. (2000). Development and Human Rights: The necessary, but partial integration of human rights and development. *Human Rights Quarterly*, 22(3), 734-752.
- Sartorius, N. (2006). Lessons from a 10-year global program against stigma and discrimination because of an illness. *Psychology, Health, and Medicine*, 11, 383-388.
- Tomes, H. (2006). Civil rights for people with disabilities. *Monitor on Psychology*, 36 (6).Retrived from <http://www.apa.org/monitor/jun05/itpi.aspx>.
- UNICEF. (2007). A Human Rights-Based Approach to education for All: A framework for the realization of children's right to education and rights within education. New York, NY:United Nations Children's Fund.
- Van Brakel, W. H. (2006). Measuring health-related stigma: A literature review. *Psychology Health, and Medicine*, 11, 307-334.
- Walker, S. P., Waches, T. D., Gardner, J. M., Lozoff, B., Wasserman, G.A., Pollitt, E., Carter, J. A., and the international Child Development Steering Group (2007). Child development: Risk factors for adverse outcomes in developing countries. *Lancet*, 369, 145-157.
- Whiteneck, G. G., Harrison-Felix, C. L., Mellick, D. C., Brooks, C. A., Charlifue, S. B., & Gerhart, K.A. (2004). Quantifying environmental factors: a measure of physical, attitudinal, service, productivity, and policy barriers. *Journal of Physical Medicine and Rehabilitation*, 85(8), 1324-1335.
- World Health Organization (2001). *International classification of functioning, disability, and health*. Geneva: World Health Organization.
- World Health Organization (2011). *World report on disability: Summary*. Retrieved from http://www.who.int/disabilities/world_report/2011/report/en.
- Wright, B. A. (1983). *Physical disability: A psychosocial approach* (2nd ed). New York: Harper & Row Publishers.
- Wright, B. A. (1988). Attitudes and the fundamental negative bias: Conditions and Corrections. In H.E. Yuker (Ed.), *Attitudes toward persons with disabilities* (pp. 3-21). New York: Springer.
- Yuker, H. E. (1988). *Attitudes towards persons with disabilities*. New York, NY: Springer

B.(15) The Board voted to recommend that Council adopt as APA Policy the APA *Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools*:

Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools

WHEREAS people express and experience great diversity in sexual orientation and gender identity and expression;

WHEREAS communities today are undergoing rapid cultural and political change around the treatment of sexual minorities and gender diversity;

WHEREAS all persons, including those who are sexual or gender minority children and adolescents, or those who are questioning their gender identities or sexual orientations, have the right to equal opportunity and a safe environment within all public educational institutions;

Sexual Orientation and Gender Identity

WHEREAS some adolescents are aware of their attraction to members of the same gender or of their status as lesbian, gay, or bisexual persons by early adolescence (Remafedi, 1987; Savin-Williams, 1990; Slater, 1988; Troiden, 1988); although this awareness may vary by culture and acculturation (Morales, 1990; Rosario, Schrimshaw & Hunter, 2004);

WHEREAS sexual orientation and gender identity are separate, but related, aspects of the human experience (Bockting & Gray, 2004; Chivers & Bailey, 2000; Coleman, Bockting, & Gooren, 1993; Docter & Fleming, 2001; Docter & Prince, 1997);

WHEREAS some adolescents may experience a long period of questioning their sexual orientation or gender identities, experiencing stress, confusion, fluidity or complexity in their feelings and social identities (Hollander, 2000; Remafedi, Resnick, Blum, & Harris, 1992);

WHEREAS there are few resources and supportive adults available and little peer support individually or within student groups for sexual orientation and gender diverse children and adolescents, particularly those residing in rural areas or small towns, (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010; Robinson & Espelage, 2011);

Gender Diversity

WHEREAS a person's gender identity develops in early childhood, and some young children may not identify with the gender assigned to them at birth (Brill & Pepper, 2008; Zucker, 2004);

WHEREAS it may be medically and therapeutically indicated for some transgender and other gender diverse adolescents to transition from one gender to another using any of the following: change of name, pronoun, hairstyle, clothing, pubertal suppression, cross-sex hormone treatment, and surgical treatment (Forcier & Johnson, 2012; Olson, Forbes & Belzer, 2011; Coleman et al. 2011);

Consequences of Stigma and Minority Stress

WHEREAS minority stress is recognized as a primary mechanism through which the notable burden of stigma and discrimination affects minority persons' health and well-being and generates health disparities (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Meyer, 2003; Meyer, Schwartz & Frost, 2008; Mirowsky & Ross, 1989);

WHEREAS many gender and sexual orientation diverse adolescents have reported higher rates of anxiety and depression, low self-esteem, engaging in self-injurious behaviors, suicide, substance use, homelessness, and eating disorders among other adverse outcomes (Gibson, 1989; Gonsiorek, 1988; Harry, 1989; Hetrick & Martin, 1988; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Savin-Williams, 1990; Austin et al., 2009; Corliss, Goodenow, Nichols & Austin, 2011; Gipson, 2002; Grossman & D'Augelli, 2007; Mustanski, Garofalo, & Emerson, 2010; Poteat, Aragon, Espelage, & Koenig, 2009; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Ryan, Huebner, Diaz, & Sanchez, 2009; Schutzmann, Brinkmann, Schacht, & Richter-Appelt, 2009);

WHEREAS many transgender and gender diverse children and adolescents experience elevated rates of depression, anxiety, self-harm, and other health risk behaviors (APA Task Force, 2009; McGuire, Anderson, Toomey, & Russell, 2010; Coleman et al. 2011);

WHEREAS some gender and sexual orientation diverse adolescents are at an increased risk for pregnancy (Goodenow, Szalacha, Robin, & Westheimer, 2008; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Ryan et al., 2010; Saewyc, Poon, Homma, & Skay, 2008; Savin-Williams, 1992);

WHEREAS, some gender and sexual orientation diverse adolescent sub-populations, including young men who have sex with men, homeless adolescents, racial/ethnic minority adolescents, transgender women of color, and adolescents enrolled in alternative schools, are at heightened risk for sexually transmitted infections, including HIV (CDC 2012; Markham et al. 2003), due to complex and interacting factors related to stigma, socioeconomic class and minority stress (Hatzenbuehler, Phelan & Link, 2013; Link & Phelan, 1995; Meyer, 2003; Phelan, Link & Tehranifar, 2010);

WHEREAS some children and adolescents with intersex/DSD¹ conditions report rates of self-harm and suicidality comparable to individuals who have experienced physical or sexual abuse (Shutzmann, Brinkmann, Schacht, & Richter, 2009);

¹ **Intersex** refers to a range of conditions associated with atypical development of physical sex characteristics (American Psychological Association, 2006). Intersex individuals may be born with chromosomes, genitals, and/or gonads that do not fit typical female or male presentations (Organization Intersex International in the United States of America, 2013). Since 2006, the medical and research community has used the term **Disorders of Sex Development**. This term refers to congenital conditions characterized by atypical development of chromosomal, gonadal, or anatomical sex (Houk, Hughes, Ahmed, Lee, & Writing Committee for the International Intersex Consensus Conference Participants, 2006). An alternate term – **Differences of Sex Development** – has been recommended to prevent a view of these conditions as diseased or pathological (Wisemann, Udo-Koeller, Sinnecker, & Thyen, 2010). In order to be inclusive of various terminology preferences, this document will use **intersex/DSD** when referring to individuals who are part of this community.

WHEREAS individuals with intersex/DSD conditions often report a history of silence, stigma, and shame regarding their bodies and medical procedures imposed on them (MacKenzie, Huntington, & Gilmour, 2009; Wiesemann, Udo-Koeller, Sinnecker, & Thyen, 2010);

WHEREAS invasive medical procedures that are not medically necessary in nature (e.g., genital surgery for purposes of ‘normalization’) continue to be recommended to parents of intersex/DSD children, often proceed without the affected individual’s assent, and lack research evidence on long-term quality of life, reproductive functioning, and body satisfaction (Wiesemann et al., 2010);

WHEREAS adults with intersex/DSD conditions report negative emotional, psychological and physical consequences that result from repeated and often questionable medical exams and procedures that lack research evidence to support their purported long-term reduction of distress (MacKenzie et al., 2009; Wiesemann et al., 2010);

WHEREAS gender and sexual orientation diverse young people with intersecting identities face additional challenges to their psychological well-being as a result of the negative consequences of discrimination based on sexual orientation and ethnic/racial minority status, religious identity, and country of origin, among other characteristics (Herek, Gillis, & Cogan, 2009; Moradi et al., 2010; Poteat, Aragon, Espelage, & Koenig, 2009; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Ryan, Huebner, Diaz, & Sanchez, 2009; Szymanski & Gupta, 2009; Garnets & Kimmel, 1991);

WHEREAS gender and sexual orientation diverse adolescents who come from impoverished or low-income families may face additional risks (Gipson, 2002; Gordon, Schroeder, & Abramo, 1990; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011);

WHEREAS gender and sexual orientation diverse adolescents in rural areas and small towns experience additional challenges, such as living in typically more conservative and less diverse communities (compared to those in urban settings) and having limited access to affirming community-based supports, which can lead to greater feelings of social isolation (Cohn & Leake, 2012; O’Connell, Atlas, Saunders, & Philbrick, 2010);

WHEREAS gender and sexual orientation diverse adolescents with physical or mental disabilities are at increased risk of negative health outcomes due to the consequences of societal prejudice toward persons with mental and physical disabilities (Duke, 2011; Hingsburger & Griffiths, 1986; Pendler & Hingsburger, 1991);

Concerns and Issues in the Context of Schools

WHEREAS many gender and sexual orientation diverse children and adolescents experience harassment, bullying, and physical violence in school environments (Brooks, 2000; Fineran, 2001; Greytak, Kosciw, & Diaz, 2009; Kosciw et al, 2010; McGuire et al, 2010; Poteat & Rivers, 2010; Russell, Franz, & Driscoll, 2001; McGuire et al., 2010; Sausa, 2005);

WHEREAS low numbers of school personnel intervene to stop harassment or bullying against transgender and other gender diverse students in school settings and may even participate in

harassment of transgender and gender diverse students (Greytak, et al., 2009; McGuire et al., 2010; Sausa, 2005);

WHEREAS gender and sexual orientation diverse children and adolescents who are victimized in school are at increased risk for mental health problems, suicidal ideation and attempts, substance use, high-risk sexual activity, and poor academic outcomes, such as high level of absenteeism, low grade point averages, and low interest in pursuing post-secondary education (Birkett, Espelage, & Koenig, 2009; Bontempo & D’Augelli, 2002; D’Augelli, Pilkington, & Hershberger, 2002; Kosciw et al, 2013; O’Shaughnessy et al, 2004; Russell et al, 2011);

WHEREAS some studies suggest that transgender and other gender diverse students experience even poorer educational outcomes compared to lesbian, gay and bisexual students including low achievement levels, higher likelihood of being “pushed out” of high school prior to graduation, low educational aspirations, and high incidences of truancy and weapons possession (Greytak, et al.; Toomey et al., 2010);

WHEREAS recent research has identified a number of school policies, programs, and practices that may help reduce risk and/or increase well-being for gender and sexual orientation diverse children and adolescents (Blake et al 2001; Eisenberg & Resnick, 2006; Goodenow, Szalacha, & Westheimer, 2006; Graybill, Varjas, Meyers & Watson, 2009; Heck, Flentje, & Cochran 2011; Murdock & Bolch, 2005; Szalacha, 2003; Toomey et al, 2011; Walls, Kane, & Wisneski, 2010; Watson, Varjas, Meyers & Graybill, 2010);

WHEREAS gender and sexual orientation diverse students report increased school connectedness and school safety when school personnel intervene in the following ways: (1) addressing and stopping bullying and harassment, (2) developing administrative policies that prohibit discrimination based on sexual orientation, gender identity and gender expression, (3) supporting the use of affirming classroom activities and the establishment of gender and sexual orientation diverse-affirming student groups, and (4) valuing education and training for students and staff on the needs of gender and sexual orientation diverse students (Case & Meier, 2014; Greytak et al. 2009; Kosciw et al. 2010; McGuire et al., 2010; NASP 2011; Sausa, 2005);

The Role of Mental Healthcare Professionals in Schools

WHEREAS school psychologists, school counselors, and school social workers advocate for inclusive policies, programs and practices within educational environments (NASP, 2010a; NASP 2010b; NASP, 2011), and

WHEREAS the field of psychology promotes the individual’s healthy development of personal identity, which includes the sexual orientation, gender expression and gender identity of all individuals (NASP, 2010a; NASP, 2011; Coleman et al. 2011; APA code ethics; APA practice guidelines);

THEREFORE BE IT RESOLVED that the American Psychological Association and the National Association of School Psychologists affirm that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists affirm that diverse gender expressions, regardless of gender identity, and diverse gender identities, beyond a binary classification, are normal and positive variations of the human experience;

Policies

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will advocate for local, state and federal policies and legislation that promote safe and positive school environments free of bullying and harassment for all adolescents, including gender and sexual orientation diverse adolescents and those who are perceived to be lesbian, gay, bisexual, transgender or gender diverse;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend schools develop policies that respect the right to privacy for students, parents, and colleagues with regard to sexual orientation, gender identity, or transgender status. The policies should clearly state that school personnel will not share information with anyone about the sexual orientation, gender identity, intersex/DSD condition, or transgender status of a student, parent, or school employee without that individual's permission;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that school administrations and mental health providers in the context of schools develop partnerships and networks to promote cross-agency collaboration to create policies that directly affect the health and wellbeing of gender and sexual orientation diverse adolescents and children;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage state educational agencies to collect data on sexual orientation, taking care to ensure student anonymity, as part of efforts to monitor and study adolescents risk behaviors in the CDC Youth Risk Behavior Survey. Measures of gender identity should be developed and validated for inclusion in the Youth Risk Behavior Survey as well;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that inclusive data collection be incorporated into the Department of Education's Mandatory Civil Rights Data Collection, another important measurement of youth experiences in schools that could help inform effective interventions to better support gender and sexual orientation diverse children and adolescents in schools;

Programs and Interventions

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists support efforts to ensure the funding of basic and applied research, and scientific evaluations of interventions and programs, designed to address the issues of gender and sexual orientation diverse adolescents in the schools;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend the continued development and evaluation of school-level interventions that promote academic success and resiliency, that reduce bullying and harassment, that reduce risk for sexually transmitted infections, that reduce risk for pregnancy among adolescents, that reduce risk for self-injurious behaviors, and that foster safe and supportive school environments for gender and sexual orientation diverse students;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that special sensitivity be given to the diversity within the population of gender and sexual orientation diverse students, with new interventions that incorporate the concerns of sexual minorities often overlooked or underserved, and the concerns of racial/ethnic minorities and recently immigrant children and adolescents who are also gender and sexual orientation diverse students;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists support affirmative interventions with transgender and gender diverse adolescents that encourage self-exploration and self-acceptance rather than trying to shift gender identity and gender expression in any specific direction;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage school-based mental health professionals to advocate for efforts to educate and train school professionals about the full range of sex development, gender expression, gender identity, and sexual orientation;

Training and Education

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will encourage education, training, and ongoing professional development about the needs and the supports for gender and sexual orientation diverse students for educators and trainers of school personnel, education and mental health trainees, school-based mental health professionals, administrators, and school staff, and such training and education should be available to students, parents, and community members;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will encourage school-based mental health professionals to learn how strictly binary notions of sex, sex development and gender limit all children from realizing their full potential, create conditions that exacerbate bullying, and prevent many students from fully focusing on and investing in their own learning;

Practices

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage school-based mental health professionals to serve as allies and advocates for gender and sexual orientation diverse children and adolescents in schools, including advocacy for the inclusion of gender identity, gender expression and sexual orientation in all relevant school district policies, especially anti-bullying and anti-discrimination policies;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage school staff to support children and adolescents' and families' decisions regarding a student's gender identity or expression, including whether to seek treatments and interventions, and discourage school personnel from requiring proof of medical treatments as a prerequisite for such support;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that administrators create safer environments for gender diverse, transgender, and intersex/DSD students, allowing all students, staff, and teachers to have access to the sex-segregated facilities, activities, and programs that is consistent with their gender identity, including, but not limited to, bathrooms, locker rooms, sports teams, and classroom activities, and avoiding the use of gender segregation in school uniforms, school dances, and extracurricular activities, and providing gender neutral bathroom options for individuals who would prefer to use them; and

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will work with other organizations in efforts to accomplish these ends.

References

- American Psychological Association. (2009). *Report of the task force on appropriate therapeutic responses to sexual orientation*. Washington, DC: American Psychological Association. Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>
- American Psychological Association. (2006). *Answers to your questions about individuals with intersex conditions*. Washington, DC. Retrieved from <http://www.apa.org/topics/sexuality/intersex.pdf>
- Austin, S. B., Ziyadeh, N. J., Corliss, H. L., Rosario, M., Wypij, D., Haines, J., ... & Field, A. E. (2009). Sexual orientation disparities in purging and binge eating from early to late adolescence. *Journal of Adolescent Health*, 45(3), 238-245.
- Birkett, M., Espelage, D. L., & Koenig, B. (2009). LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth and Adolescence*, 38, 989–1000.
- Blake, S. M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health*, 91, 940-946.
- Bockting, W. O., & Gray, N. (2004, August). *Transgender identity and HIV risk: An Internet-based study*. Abstract presented at the 112th Annual Convention of the American Psychological Association, Honolulu, Hawaii.
- Bontempo, D. E., & D'Augelli, A.R. (2002) Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' risk health risk behavior. *Journal of Adolescent Health*, 31S, 28-39.
- Brill, S. A., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. Berkeley, CA: Cleis Press.
- Brooks, F. L. (2000). Beneath contempt: The mistreatment of nontraditional/gender atypical boys. *Journal of Gay and Lesbian Social Services*, 12(1–2), 107–115.

- Case, K. & Meier, C. (2014). Developing allies to transgender and gender non-conforming youth: Training for counselors and educators. *Journal of LGBT Youth*, 11:1, 62-82.
doi:10.1080/193653.2014.840764
- Centers for Disease Control and Prevention. (2012). *HIV Surveillance in Adolescents and Young Adults, 2012*.
<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
Published June 2012. Accessed May 19, 2013.
- Chivers, M. L., & J. M. Bailey (2000). Sexual orientation of female-to-male transsexuals: A 1615 comparison of homosexual and non-homosexual types. *Archives of Sexual Behavior*, 29, 1616 259-278. doi:10.1023/A:1001915530479
- Cohn, T. J., & Leake, V. S. (2012). Affective Distress Among Adolescents Who Endorse Same-Sex Sexual Attraction: Urban versus Rural Differences and the Role of Protective Factors. *Journal of Gay & Lesbian Mental Health*, 16(4), 291–305. doi:10.1080/19359705.2012.690931
- Coleman et al. (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. *International Journal of Transgenderism*, 13, 165–232. DOI: 10.1080/15532739.2011.700873
- Coleman, E., Bockting, W. O., & Gooren, L. J. G. (1993). Homosexual and bisexual identity in sex-reassigned female-to-male transsexuals. *Archives of Sexual Behavior*, 22(1), 37-50.
- Corliss, H., Goodenow, C., Nichols, L., & Austin, S.B (2011) High burden of homelessness among sexual minority adolescents: Findings from a representative Massachusetts high school sample. *American Journal of Public Health*, 101, 1683-1689.
- D'Augelli, A.R., Pilkington, N., & Hersherberger, S. (2002) Incidence and mental health impact of sexual orientation victimization on lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly*, 17, 148-167.
- Docter, R. F., & Fleming, J. S. (2001). Measures of transgender behavior. *Archives of Sexual Behavior*, 30(3), 255-271.
- Docter, R. F., & Prince, V. (1997). Transvestism: A survey of 1032 cross-dressers. *Archives of Sexual Behavior*, 26(6), 589-605.
- Duke, T. S. (2011). Lesbian, gay, bisexual, and transgender youth with disabilities: a meta-synthesis. *Journal of LGBT Youth*, 8(1), 1-52.
- Eisenberg, ME. & Resnick, M.D. (2006) Suicidality among gay, lesbian, and bisexual adolescents: The role of protective factors. *Journal of Adolescent Health*, 39, 662-668.
- Fineran, S. (2001). Sexual minority students and peer sexual harassment in high school. *Journal of School Social Work*. 11, (2), 50-69.
- Freiberg, P. (1987, September). Sex education and the gay issue: What are they teaching about us in the schools? *The Advocate*, 42-48.
- Forcier, M. & Johnson, M. (2012). Screening, identification, and support of gender non-conforming children and families. *Journal of Pediatric Nursing*, 28, 100-102.
- Garnets, L., & Kimmel, D. (1991). Lesbian and gay male dimensions in the psychological study of human diversity. In J. Goodchilds (Ed.), *Psychological perspectives on human diversity in America* (pp. 143–192). Washington, DC: American Psychological Association.
- Gibson, P. (1989). Gay male and lesbian youth suicide. In M. Feinleib, (Ed.), *Report of the Secretary's Task Force on Youth Suicide*. Washington, DC, Department of Health and Human Services. (Vol. 3, pp 110-142).
- Gipson, M. L. 2002. "Poverty, Race and LGBT Youth." *Poverty and Race* 11(2): 1-6, 11. Retrieved from
http://www.prrac.org/full_text.php?text_id=743&item_id=7785&newsletter_id=61&header=Race+%2F+Racism

- Gonsiorek, J. C. (1988). Mental health issues of gay and lesbian adolescents. *Journal of Adolescent Health Care*, 9,114–122. doi:10.1016/0197-0070(88)90057-5
- Goodenow, C., Szalacha, L., Robin, L., & Westheimer, K. (2008) Dimensions of sexual orientation and HIV-related risk among adolescent females: Evidence from a statewide survey. *American Journal of Public Health*, 98, 1051-1058.
- Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools*, 43, 573-589.
- Gordon, B. N., Schroeder, C. S., & Abramo, J. M. (1990). Age and social class differences in children's knowledge of sexuality. *Journal of Clinical Child Psychology*, 19, 33–43.
- Graybill, E. C., Varjas, K., Meyers, J., & Watson, L. (2009). Content-specific strategies to advocate for lesbian, gay, bisexual, and transgender youth: An exploratory study. *School Psychology Review*, 38(4), 570-584.
- Greytak, E.A., Kosciw, J.G., & Diaz, E.M. (2009) *Harsh realities: The experiences of transgender youth in our nation's schools*. New York: GLSEN.
- Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life threatening behaviors. *Suicide and Life-Threatening Behavior*, 37 (5), 527-537.
- Harry, J. (1989). Sexual identity issues. In M. Feinleib (Ed.), *Report of the Secretary's Task Force on Youth Suicide* (Vol. 2, pp. 131–142). Washington, DC: Department of Health and Human Services.
- Hatzenbuehler, M., Phelan, J. and Link, BG. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*. May 2013, 103 (5), 813-821. doi: 10.2105/AJPH.2012.301069
- Hatzenbuehler, M.L., Nolen-Hoeksema, S., & Erickson, S. J. (2008). Minority stress predictors of HIV risk behavior, substance use, and depressive symptoms: Results from a prospective study of bereaved gay men. *Health Psychology*, 27, 455-462.
- Heck, N., Flentje, A. & Cochran, B. (2011). Offsetting risks: high school gay-straight alliances and lesbian, gay, bisexual, and transgender (LGBT) youth. *School Psychology Quarterly*, 26, (2), 161–174.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Journal of Counseling Psychology*, 56, 32-43.
- Hetrick, E. S., & Martin, A. D. (1988). Developmental issues and their resolution for gay and lesbian adolescents. In E. Coleman (Ed.), *Integrated identity for gay men and lesbians: Psychotherapeutic approaches for emotional wellbeing* (pp. 25–43). Binghamton, NY: Harrington Park Press.
- Hingsburger, D., & Griffiths, D. (1986). Dealing with sexuality in a community residential service. *Psychiatric Aspects of Mental Retardation Reviews*, 5(12), 63-67.
- Hollander, G. (2000). Questioning youths: Challenges to working with youths forming identities. *School Psychology Review*, 29(2), 173-179.
- Houk, C. P., Hughes, I.A., Ahmed, S.F., Lee, P.A., and Writing Committee for the International Intersex Consensus Conference Participants. (2006). Summary of Consensus Statement on Intersex Disorders and Their Management, *Pediatrics*, 118, 753-757.
- Kosciw, J. G., Greytak, E. A., Diaz, E. M., & Barkiewicz, M. J. (2010). *The 2009 National School Climate Survey: The experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools*. New York, NY: Gay, Lesbian, and Straight Education Network.
- Link, BG and Phelan, J. (1995). Social Conditions As Fundamental Causes of Disease. *Journal of Health and Social Behavior, Extra Issue: Forty Years of Medical Sociology: The State of the Art and Directions for the Future*, 35, 80-94

- MacKenzie, D., Huntington, A., & Gilmour, J. (2009). The experiences of people with an intersex condition: a journey from silence to voice. *Journal of Clinical Nursing*, 18, 1775-1783.
- Markham C, Tortolero S, Escobar-Chaves S, Parcel G, Harrist R, Addy R. (2003). Family connectedness and sexual risk-taking among urban youth attending alternative high schools. *Perspectives on Sexual and Reproductive Health*. 35(4):174-79.
- McGuire, J.K., Anderson, C.R., Toomey, R.B., & Russell, S.T. (2010). School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence*, 39-1188.
- Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697. doi:10.1037/0033-2909.129.5.674
- Meyer, I.H., Schwartz, S., & Frost, D.M. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? *Social Science & Medicine*, 67, 368-379.
- Mirowsky, J., & Ross, C E. (1989). *Social causes of psychological distress*. Hawthorne, NY: Aldine de Gruyter.
- Moradi, B., Wiseman, M. C., DeBlaere, C., Goodman, M. B., Sarkees, A., Brewster, M. E., & Huang, Y.-P. (2010). LGB of color and White individuals' perceptions of heterosexist stigma, internalized homophobia, and outness: Comparisons of levels and links. *The Counseling Psychologist*, 38, 397-424.
- Morales, E. S. (1990). Ethnic minority families and minority gays and lesbians. In F. W. Bozett & M. B. Sussman (eds.), *Homosexuality and Family Relations* (pp. 217-239). New York: The Haworth Press.
- Murdock, T.B., & Bolch, M.B. (2005). Risk and protective factors for poor school adjustment in lesbian, gay, and bisexual (LGB) high school youth: Variable and person-centered analyses. *Psychology in the Schools*, 42, 159-172.
- Mustanski, B., Garofalo, R., & Emerson, E. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal Of Public Health*, 100(12), 2426-2432. doi:http://dx.doi.org/10.2105/AJPH.2009.178319
- Olson, J., Forbes, C., and Belzer, M. (2011). Management of the transgender adolescent. *Archives of Pediatrics and Adolescent Medicine*, 165 (2), 171-176.
- Organization Intersex International in the United States of America. (2013). Frequently Asked Questions. Retrieved from <http://oii-usa.org/category/faqs/>
- O'Shaughnessy, M., Russell, S. T., Heck, K., Calhoun, C., & Laub, C. (2004). *Safe place to learn: Consequences of harassment based on actual or perceived sexual orientation and gender non-conformity and steps for making schools safer*. San Francisco: California Safe Schools Coalition and 4-H Center for Youth Development.
- Pendler, B., & Hingsburger, D. (1991). Sexuality: Dealing with parents. *Sexuality and Disability*, 9, 123-130. doi:10.1007/BF01101737
- Phelan, J., Link, BG, & Tehranifar, P. (2010). Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence, and Policy Implications. *Journal of Health and Social Behavior, Extra Issue: What Do We Know? Key Findings from 50 Years of Medical Sociology*, 51 (S), S28-S40,
- Poteat, V. P., Aragon, S. R., Espelage, D. L., & Koenig, B. W. (2009). Psychosocial concerns of sexual minority youth: complexity and caution in group differences. *Journal Of Consulting And Clinical Psychology*, 77(1), 196.

- Poteat, V.P., & Rivers, I. (2010). The use of homophobic language across bullying roles during adolescence. *Journal of Applied Developmental Psychology*, 31, 166-172.
- Remafedi, G. (1987). Adolescent homosexuality: Psychosocial and medical implications. *Pediatrics*, 79, 331-337.
- Remafedi G, Resnick M, Blum R, Harris L. (1992). Demography of sexual orientation in adolescents. *Pediatrics*, 89(4 Pt 2):714-721.
- Robinson, J. P., & Espelage, D. L. (2011). Inequities in educational and psychological outcomes between LGBTQ and straight students in middle and high school. *Educational Researcher*, 40(7), 315-330.
- Rosario, M., Schrimshaw, E.W., Hunter, J. (2004). Ethnic/racial differences in the coming-out process of lesbian, gay, and bisexual youths: A comparison of sexual identity development over time. *Cultural Diversity and Ethnic Minority Psychology*, Vol 10(3), 215-228. doi: 10.1037/1099-9809.10.3.215
- Russell, S. T., Ryan, C., Toomey, R. B., Diaz, R. M., & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. *Journal of School Health*, 81(5), 223-230.
- Russell, S.T., Franz, B., & Driscoll, A.K. (2001) Same-sex romantic attraction and violence experiences in adolescence. *American Journal of Public Health*, 91, 907-914.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352.
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23, 205-213. doi: 10.1111/j.1744-6171.2010.00246.x
- Saewyc, E.M., Poon, C., Homma, Y., & Skay, C.L. (2008) Stigma management? The links between enacted stigma and teen pregnancy trends among gay, lesbian, and bisexual students in British Columbia. *Canadian Journal of Human Sexuality*, 17, 123-131.
- Sausa, L.A. (2005). Translating research into practice: Trans youth recommendations for improving school systems. *Journal of Gay and Lesbian Issues in Education*, 3, 15-28.
- Savin-Williams, R. C. (1990). *Gay and lesbian youth: Expressions of identity*. New York, NY: Hemisphere.
- Shutzmann, K., Brinkmann, L., Schacht, M., & Richter, H. (2009). Psychological Distress, Self-Harming Behavior, and Suicidal Tendencies in Adults with Disorders of Sex Development. *Archives of Sexual Behavior*, 38, 16-33.
- Slater, B. R. (1988). Essential issues in working with lesbian and gay male youths. *Professional Psychology: Research and Practice*, 19, 226-235. doi:10.1037/0735-7028.19.2.226
- Szalacha, L. (2003) Safer sexual diversity climates: lessons learned from an evaluation of Massachusetts Safe Schools Program for gay and lesbian students. *American Journal of Education*, 110, 58-88.
- Szymanski, D. M., & Gupta, A. (2009). Examining the relationship between multiple internalized oppressions and African American lesbian, gay, bisexual, and questioning persons' self-esteem and psychological distress. *Journal of Counseling Psychology*, 56(1), 110.
- Toomey, R.B., Ryan, C., Diaz, R.M., Card, N.A. and Russell, S.T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. *Developmental Psychology*, Vol 46(6), 1580-1589. doi: 10.1037/a0020705
- Troiden, R. R. (1988). *Gay and lesbian identity: A sociological study*. Dix Hills, NY: General Hall.

- Walls, N. E., Kane, S., B., & Wisneski, H. (2010). Gay–straight alliances and school experiences of sexual minority youth. *Youth and Society*, 41, 307–332. doi:10.1177/0044118X09334957
- Watson, L., Varjas, K., Meyers, J., & Graybill, E. C. (2010). Gay-straight alliance advisors: Negotiating multiple ecological systems when advocating for LGBTQ Youth. *Journal of LGBT Youth*, 7, 100-128.
- Wiesemann, C., Ude-Koeller, S., Sinnecker, G.H.G., & Thyen, U. (2010). Ethical principles and recommendations for the medical management of differences of sex development (DSD)/intersex in children and adolescents. *European Journal of Pediatrics*, 169, 671-679.
- Zucker, K. J. (2004). Gender identity development and issues. *Child and Adolescent Psychiatric Clinics of North America*, 13(3), 551-568. doi:10.1016/j. chc.2004.02.006.

C.(15A) The Board discussed the item “Public Interest Leadership Conference” and asked that the item come back to the Board at its December 2014 meeting for consideration of funding.

XIV. INTERNATIONAL AFFAIRS

A. In executive session, the Board voted to affirm its intention to support the sustained contribution of psychology to the completion and implementation the Mental Health chapter of the International Classification of Diseases and Related Disorders (ICD) by approving the addition of \$139,553 to the projected 2015 budget and \$141,993 to the projected 2016 budget. This contribution will support the secondment through the International Union of Psychological Science (IUPsyS) of the services of a psychologist consultant expert to work half time as part of the core team through the completion, dissemination and implementation of the ICD revision. The Board requested that the agreement with IUPsyS be reviewed during the first contract year, and be renewed for the second year if APA is satisfied with the outcomes of its ongoing support.

B. In executive session, the Board voted to affirm its intention that APA develop a Global Health Fellowship Program in collaboration with WHO and the IUPsyS for approval in 2014 and implementation in 2015. Final budget approval for this item will occur in December 2014 and the Board will review the program in 2017.

XVI. FINANCIAL AFFAIRS

A.(16) The Board discussed the 2014 Finance Update and voted to support eliminating the Spring Revenue Projection and continuing with the projections made during the fall budget season.

B.(17) The Board voted to accept the audited Consolidated Financial Statements, the Supplemental Financial Report (A-133), the APA 750 LLC, and the APA Ten G LLC financial statements for the year ended December 31, 2013. The Board also voted to appoint BDO USA, LLP to perform the 2014 APA audit and tax work (to be conducted in 2015) contingent upon negotiation of acceptable engagement terms.