

BOARD OF DIRECTORS

November 27, 2018

APPROVED MINUTES

Board Members Present: Jessica Henderson Daniel, PhD, ABPP; Rosie Phillips Davis, PhD, ABPP; Antonio E. Puente, PhD; Jean A. Carter, PhD; Jennifer F. Kelly, PhD, ABPP; Arthur C. Evans Jr., PhD; Helen L. Coons, PhD, ABPP; Stewart E. Cooper, PhD, ABPP; Joseph J. Coyne, PhD; Justin Karr, PhD; Mitchell J. Prinstein, PhD; Beth Rom-Rymer, PhD; Peter L. Sheras, PhD, ABPP; and Frank C. Worrell, PhD

Board Members Absent: Le Ondra Clark Harvey, PhD and Kevin Donnellan

A. The Chairs of the Board for the Advancement of Psychology in the Public Interest, Board of Convention Affairs, Board of Educational Affairs, Board of Professional Affairs, Board of Scientific Affairs and Policy and Planning Board had a call with the Board to discuss the future of the Consolidated Meetings and aligning the work of boards and committees with the new strategic plan.

B. Jean Carter, PhD, Treasurer, provided the Board with big-picture considerations regarding the 2019 Budget and beyond.

C. The Board discussed the nominations process for the Department of Education Negotiated Rulemaking Committee. The Board asked that a message from the Board acknowledging the concerns expressed by some APA members and expressing support of staff be shared with Council and the Division Presidential Trio.

BOARD OF DIRECTORS

December 1, 2018

APPROVED MINUTES

Board Members Present: Jessica Henderson Daniel, PhD, ABPP;; Jean A. Carter, PhD; Jennifer F. Kelly, PhD, ABPP; Arthur C. Evans Jr., PhD; Le Ondra Clark Harvey, PhD; Helen L. Coons, PhD, ABPP; Stewart E. Cooper, PhD, ABPP; Joseph J. Coyne, PhD; Justin Karr, PhD; Mitchell J. Prinstein, PhD; Beth Rom-Rymer, PhD; Peter L. Sheras, PhD, ABPP; and Frank C. Worrell, PhD

Board Members Absent: Rosie Phillips Davis, PhD, ABPP; Antonio E. Puente, PhD; and Kevin Donnellan

The Board was informed of the letter from Clark Campbell, PhD, to APA staff requesting that his nomination to the Department of Education Rulemaking Committee be withdrawn. The Board requested that a message from the President and CEO be shared with Council and the Division Presidential Trio providing them with Dr. Campbell's letter and informing them of the Board's plan to discuss this topic on its December 7-9 meeting agenda.

BOARD OF DIRECTORS

December 4, 2018

APPROVED MINUTES

Board Members Present: Jessica Henderson Daniel, PhD, ABPP; Rosie Phillips Davis, PhD, ABPP; Antonio E. Puente, PhD; Jean A. Carter, PhD; Jennifer F. Kelly, PhD, ABPP; Arthur C. Evans Jr., PhD; Helen L. Coons, PhD, ABPP; Stewart E. Cooper, PhD, ABPP; Joseph J. Coyne, PhD; Mitchell J. Prinstein, PhD; Beth Rom-Rymer, PhD; Peter L. Sheras, PhD, ABPP; and Frank C. Worrell, PhD

Board Members Absent: Le Ondra Clark Harvey, PhD; Kevin Donnellan and Justin Karr, PhD

A. The Board was informed of the Finance Committee's recommendations to the Board of Directors regarding the Selected Spending Policy Guidelines, the APASI 2019 Proposed Budget and the APA 2019 Proposed Budget that were developed during its November 30-December 1.

B. The Board discussed and provided feedback on the pending announcement of appointments made to the Advisory Coordinating Committee.

C. The Board discussed issues related to the nominations to the Department of Education Negotiated Rulemaking Committee.

BOARD OF DIRECTORS

December 7-9, 2018

APPROVED MINUTES

Board Members Present: Jessica Henderson Daniel, PhD, ABPP; Rosie Phillips Davis, PhD, ABPP; Antonio E. Puente, PhD; Jean A. Carter, PhD; Jennifer F. Kelly, PhD, ABPP; Arthur C. Evans Jr., PhD; Le Ondra Clark Harvey, PhD; Helen L. Coons, PhD, ABPP; Stewart E. Cooper, PhD, ABPP; Joseph J. Coyne, PhD; Kevin Donnellan; Justin Karr, PhD; Mitchell J. Prinstein, PhD; Beth Rom-Rymer, PhD; Peter L. Sheras, PhD, ABPP; and Frank C. Worrell, PhD; incoming Board members Sandra L. Shullman, PhD; Diana Lee Prescott, PhD; Pamela E. Scott-Johnson, PhD; Cynthia de las Fuentes, PhD.

Board Members Partial Attendance: incoming Board member Shannon L. Wiltsey Stirman, PhD

Board Members Absent: None

I. MINUTES OF MEETING

A.(1) The Board voted to approve the minutes of its August 7 & 9, 2018, meeting and the minutes of its following 2018 calls: July 31, August 21, October 16 and October 23.

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

- A. In executive session, the Board took action on the following appointments:
1. The Board appointed Emily Haney Caron, JD, PhD; Kathryn La Fortune, JD, PhD and Tina Zottoli, PhD, to the Committee on Legal Issues for three-year terms (1/1/2019-12/31/2021)
 2. The Board approved the 2019 continuing committee appointments.

III. ETHICS

In executive session, the Board took action on one Ethics case.

IV. BOARD OF DIRECTORS

A.(1A) The Board voted to approve 2018 President Jessica Henderson Daniel spending her remaining presidential activities funds (approximately \$17,000) in the third year of her presidential term (2019) to be used for the provision of awards of up to \$1000 each to Divisions and SPTAs that propose to develop their own recognition programs to recognize outstanding citizen psychologists, or exemplary citizen psychology work undertaken by affiliates and associates. Citizen Psychologists are defined as leaders in their various communities who contribute to improving the lives of all through public service, volunteerism, board membership and other strategic roles.

V. DIVISIONS AND STATE, PROVINCIAL AND TERRITORIAL PSYCHOLOGICAL ASSOCIATIONS

A.(2) The Board voted to approve funding the following four 2018 Interdivisional Grants:

1. Responding to the Opioid Crisis: Perspectives from Family, Addiction and Pain Psychology (\$3,000)
2. On the Shoulders of Activist Scholars: Building Health Environments for Immigrants, Refugees and Asylum Seekers (\$7,500)
3. Customizing Models for the Assessment Engine to Carry Diverse Audiences to Psychological Resources (\$8,000)
4. A New Agenda for the Psychology of LGBTQ Youth and Emerging Adults (\$5,000)

VI. ORGANIZATION OF THE APA

A.(3) The Board voted to recommend that Council archive the following association policies contained in the Council Policy Manual:

1) In Chapter II. ELECTIONS, AWARDS AND HUMAN RESOURCES archive the *1996 Dual Membership Policy* that states: WHEREAS Council has received with concern data related to the declining rates of membership in the Association's science/academic constituency, and

WHEREAS Psychology can only survive through a recognition of the mutual interdependence of science and practice, and

WHEREAS Psychology's credibility with policy members as a health service profession would be significantly reduced by the weakening of its alliance with the science of psychology, and

WHEREAS APA is not the primary membership organization for many scientific psychologists, and

WHEREAS the dual membership dues proposal advanced by BSA and supported by the Board of Directors may be only one possible response to a growing problem, and

WHEREAS additional study and data are needed to determine how the proposed intervention needs to be implemented and what additional interventions may be required to achieved the desired result,

COUNCIL THEREFORE:

1. Approves a special dues arrangement for APA members who also are members of the American Psychological Society (APS) or a member of any one of the organizations that are part of the Federation of Behavioral, Psychological, and Cognitive Sciences. APA would limit this offer to one society for a scientist/academic APA member. Dual APA/APS or Federation members would have their APA dues reduced by 25%. Those organizations would be encouraged to give a reciprocal dues reduction.
2. Will review the implementation of this action at its August meeting.
3. Allocates \$6,000 from its 1996 contingency fund to appoint a 6 person Task Force to review data already accumulated about the extent and causes of the problem to plan

and to recommend possible additional interventions, and to report to Council implementation plans at its August meeting.

Rationale provided by originating group: New rules have replaced this policy.

2) In Chapter II. ELECTIONS, AWARDS AND HUMAN RESOURCES archive the 1994 *Required application fee dropped and expanded dues phase-in goes from three to four years* policy that states: Council approved dropping the requirement that an application for membership be accompanied by an application fee and expanding the three-year phase-in of APA dues to a four-year phase in, as follows: first-year members dues set annually by the Membership Committee, usually between 25% to 30% of regular member dues; second-year member dues at 50% of regular member dues; third year members dues at 70% of regular member dues; and fourth-year members dues at 90% of regular member dues.

Rationale provided by originating group: New rules have replaced this policy.

3) In Chapter IX. EDUCATIONAL AFFAIRS, archive the 2007 *Policy regarding concurrent accreditation with Canada* policy that states: That the Council of Representatives approves the following changes in Domain A: Eligibility of the Guidelines and Principles for Accreditation of Programs in Professional Psychology:

A. Doctoral Graduate Programs

Domain A: Eligibility

As a prerequisite for accreditation, the program's purpose must be within the scope of the accrediting body and must be pursued in an institutional setting appropriate for the doctoral education and training of professional psychologists.

1. The program offers doctoral education and training in psychology, one goal of which is to prepare students for the practice of professional psychology.
2. The program is sponsored by an institution of higher education accredited by a nationally recognized regional accrediting body in the United States.

Further, Council requests that staff work with the Canadian Psychological Association in revising the Memorandum of Understanding to allow for the discontinuation of concurrent accreditation.

Rationale provided by originating group: Policy is out of date and has been replaced with a new policy.

4) In Chapter IX. EDUCATIONAL AFFAIRS, archive the 2006 *Need for diversity in accreditation* policy that states: That the Council of Representatives recognizes the spirit of compromise implicit in the Accreditation Summit agreement and specifically commends the group for its recognition of the importance of ensuring inclusion of individual and cultural diversity as noted in the overarching principle from the Summit report:

The Commission on Accreditation (CoA) is committed, to the fullest extent possible, to support diversity in all aspects of the accreditation enterprise. The CoA offers strong encouragement for,

and a continuing expectation that, all organizations and groups will nominate individuals representing cultural and individual differences and diversity. The CoA will continuously monitor the nomination and appointment process to insure its ability to maintain diversity on the Commission and will report annually on the diversity of the CoA and its panels to its various publics (Accreditation Summit Report, p.3)

The Council also strongly encourages solicitation of nominations for the Public Interest Individual and Cultural Diversity seat from the Board for the Advancement of Psychology in the Public Interest, the ethnic minority associations, and other relevant organizations.

Rationale provided by originating group: Policy is out of date and has been replaced with a new policy.

5) In Chapter IX. EDUCATIONAL AFFAIRS, archive the 1993 *Policy that provides membership status in TOPSS to all high school teacher affiliates* policy that states: Council approved a motion that provides for all APA high school teacher affiliates to automatically become members of Teachers of Psychology in Secondary schools (TOPSS).

Rationale provided by originating group: Policy is out of date and has been replaced with a new policy.

6) In Chapter IX. EDUCATIONAL AFFAIRS, archive the 1986 *Principles of Good Practice in Continuing Education*.

Rationale provided by originating group: Policy is out of date and has been replaced with a new policy.

7) In Chapter IX. EDUCATIONAL AFFAIRS, archive the 1971 *Policy on improving the teaching of psychology at the precollege level* that states: Steps should be taken under APA auspices to accomplish the following goals for improving the teaching of psychology at the precollege levels:

- a) development and continuing revision of psychological curricula for elementary and secondary school levels in cooperation with other behavioral, biological, and social science disciplines, as appropriate;
- b) collaboration with other behavioral, biological, and social science disciplines to assess the value and determine the feasibility of an interdisciplinary approach to teaching about the behavior and nature of man;
- c) development and continuing revision of guidelines for the training of teachers to use the products of curricular development efforts.

Further, APA should support the establishment of a clearinghouse of information on precollege psychology and the development of means to disseminate such information.

Steps should be taken under APA auspices to accomplish the following goals for improving the educational process:

- a) encouragement of closer cooperation among psychologists in research related to the educational process in the translation of present knowledge into education related action;

b) improvement of procedures for dissemination of these results to educational administrators, teachers, future teachers, and others who may find them useful, this improvement to be manifested in part by changes in our undergraduate programs.

Further, APA should take official steps to reaffirm its belief that the role of the teacher is a crucial and significant one in society, such steps to include systematic efforts to support and improve teacher education in general.

Rationale provided by originating group: Policy is out of date and has been replaced with a new policy.

8) In Chapter XI. SCIENTIFIC AFFAIRS, archive the 1997 *Decade of Behavior* policy that states: WHEREAS it is necessary to improve public awareness of and support for the many exciting advances in the behavioral and social sciences and their application in addressing many of our nation's most pressing problems;

WHEREAS it will be necessary to bring together government agencies, scientific societies, private foundations and health agencies for the joint sponsorship of public and professional education programs to promote the behavioral and social sciences and their application;

WHEREAS it will be necessary to encourage and support the development of the next generation of behavioral and social scientists and practitioners; and

WHEREAS it will be necessary to increase research funding for the behavioral and social sciences,

THEREFORE, BE IT RESOLVED that the American Psychological Association initiate efforts to have the years 2000-2010 declared the Decade of Behavior by the U.S. Congress, and furthermore that the APA Science Directorate launch the planning activities for the Decade of Behavior in 1998.

Rationale provided by originating group: Policy is out of date.

9) In Chapter XII. PUBLIC INTEREST, archive the 2004 *Sexual orientation and military service* policy that states: WHEREAS the American Psychological Association (APA) has long opposed discrimination on the basis of sexual orientation; and

WHEREAS the "Don't Ask, Don't Tell, Don't Pursue" policy as mandated by Title 10 of the U.S. Code (Section 654) discriminates on the basis of sexual orientation, and has caused many qualified personnel to be involuntarily separated from military service solely because of their sexual orientation; and

WHEREAS in light of the enactment of 10 USC § 654 in 1994, APA's 1991 resolution U.S. Department of Defense Policy on Sexual Orientation and Advertising in APA Publications needs to be revised; and

WHEREAS there is a long history of collaboration between psychology and the military (Dunivin, 1994; Yerkes, 1921); and

WHEREAS the law creates ethical dilemmas for military psychologists and it is APA's responsibility to address these concerns (American Psychological Association, 2002); and

WHEREAS empirical evidence fails to show that sexual orientation is germane to any aspect of military effectiveness including unit cohesion, morale, recruitment and retention (Belkin, 2003; Belkin & Bateman, 2003; Herek, Jobe, & Carney, 1996; MacCoun, 1996; National Defense Research Institute, 1993); and

WHEREAS comparative data from foreign militaries and domestic police and fire departments show that when lesbians, gay men and bisexuals are allowed to serve openly there is no evidence of disruption or loss of mission effectiveness (Belkin & McNichol, 2000-2001; Gade, Segal, & Johnson, 1996; Koegel, 1996); and

WHEREAS when openly gay, lesbian and bisexual individuals have been allowed to serve in the U.S. Armed Forces (Cammeyer v. Aspin, 1994; Watkins v. United States Army, 1989/1990), there has been no evidence of disruption or loss of mission effectiveness; and

WHEREAS the U.S. military is capable of integrating members of groups historically excluded from its ranks, as demonstrated by its success in reducing both racial and gender discrimination (Binkin & Bach, 1977; Binkin, Eitelberg, Schexnider, & Smith, 1982; Kauth & Landis, 1996; Landis, Hope, & Day, 1984; Thomas & Thomas, 1996);

THEREFORE, BE IT RESOLVED that APA reaffirms its opposition to discrimination based on sexual orientation; and

BE IT FURTHER RESOLVED that APA reaffirms its support for our men and women in uniform and its dedication to promoting their health and well-being; and

BE IT FURTHER RESOLVED that APA recognizes and abhors the many detrimental effects that the law has had on individual service members, the military, and American society since its enactment in 1994; and

BE IT FURTHER RESOLVED that APA take a leadership role among national organizations in seeking to eliminate discrimination in and by the military based on sexual orientation through federal advocacy and all other appropriate means; and

BE IT FURTHER RESOLVED that APA act to ameliorate the negative effects of the current law through the training and education of psychologists; and

BE IT FURTHER RESOLVED that APA disseminate scientific knowledge and professional expertise relevant to implementing this resolution; and

BE IT FURTHER RESOLVED that this resolution replaces the 1991 resolution "U.S. Department of Defense Policy on Sexual Orientation and Advertising in APA Publications;" and

BE IT FURTHER RESOLVED that APA reaffirms its strong commitment to removing the stigma of mental illness that has long been associated with homosexual and bisexual behavior and orientations; promoting the health and well-being of lesbian, gay, and bisexual adults and youth; eliminating violence against lesbian, gay, and bisexual service members; and working to ensure the equality of lesbian, gay, and bisexual people, both as individuals and members of committed

same-sex relationships, in such areas as employment, housing, public accommodation, licensing, parenting, and access to legal benefits.

References

- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- Belkin, A. (2003). Don't ask, don't tell: Is the gay ban based on military necessity? *Parameters*, 33(2), 108-119.
- Belkin, A., & Bateman, G. (2003). *Don't ask, don't tell: Debating the gay ban in the military*. Boulder: Lynne Rienner Publishers.
- Belkin, A., & McNichol, J. (2000-2001). Homosexual personnel policy in the Canadian forces: Did lifting the gay ban undermine military performance? *International Journal*, 56(1), 73-88.
- Binkin, M., & Bach, S. J. (1977). *Women and the military*. Washington, D.C.: Brookings Institution.
- Binkin, M., Eitelberg, M. J., Schexnider, A. J., & Smith, M. M. (1982). *Blacks and the military*. Washington, D.C.: The Brookings Institution.
- Cammermeyer v. Aspin*, 850 F. Supp. 910. (W. D. Wash, 1994).
- Dunivin, D. L. (1994). Health professions education: The shaping of a discipline through federal funding. *American Psychologist*, 49(10), 868-878.
- Gade, P. A., Segal, D. R., & Johnson, E. M. (1996). The experience of foreign militaries. In G. M. Herek, J. B. Jobe, & R. Carney (Eds.), *Out in force: Sexual orientation and the military* (pp. 106-130). Chicago: University of Chicago Press.
- Herek, G. M., Jobe, J., & Carney, R. (Eds.). (1996). *Out in force: Sexual orientation and the military*. Chicago: University of Chicago Press.
- Kauth, M. R., & Landis, D. (1996). Applying lessons learned from minority integration in the military. In G. M. Herek, J. B. Jobe, & R. Carney (Eds.), *Out in force: Sexual orientation and the military* (pp. 86-105). Chicago: University of Chicago Press.
- Watkins v. United States Army*, 875 F.2d 699 (9th Cir. 1989), 498 U.S. 957 (1990).
- Yerkes, R. M. (1921). Psychological examining in the U.S. Army. Official Report of the Division of Psychology, the Surgeon General's Office. In R. M. Yerkes (Ed.), *Memoirs: Vol. 15*. Washington, D.C.: National Academy of Sciences.
- Please cite this policy statement as:
- Paige, R. U. (2005). Proceedings of the American Psychological Association, Incorporated, for the legislative year 2004. Minutes of the meeting of the Council of Representatives July 28 & 30, 2004, Honolulu, HI. Retrieved November 18, 2004, from the World Wide Web

<http://www.apa.org/governance/>. (To be published in Volume 60, Issue Number 5 of the American Psychologist.)

Rationale provided by originating group: It is now obsolete with the ban on openly LGB people serving in the military lifted.

10) In Chapter XII. PUBLIC INTEREST, archive the 1992 *Legal access to sterile injection equipment by drug users* policy that states: WHEREAS one method of transmitting the human immunodeficiency virus (HIV), which causes AIDS, from one person to another is through blood residue in shared drug injection equipment;

WHEREAS a large proportion of HIV-infected persons are injecting drug users;

WHEREAS epidemiological projections regarding the future of the AIDS epidemic point to widespread transmission of HIV among injecting drug users and their sexual partners;

WHEREAS injecting drug users and addicts frequently have limited access to sterile injection equipment on a regular basis;

WHEREAS the U.S. government has supported very limited AIDS prevention research involving equipment exchange or other means for addicts to acquire sterile injection equipment;

WHEREAS curtailment of equipment exchange in research projects limits the pursuit of knowledge about the total array of AIDS prevention techniques that may be effective among injecting drug users;

WHEREAS access to health care systems to acquire injection equipment creates a nexus for offering other services to addicted persons, including health-related education and treatment;

Resolution

THEREFORE, BE IT RESOLVED that the APA advocates greatly expanded research, especially demonstration research, on the legal availability of sterile injection equipment as a method of preventing HIV transmission among injecting drug users. Such research should be in the context of also providing other services for drug users, including drug abuse treatment and treatment for HIV infection.

Rationale provided by originating group: This policy is now incorporated into the following policies: Drug abuse treatment to prevent HIV among injecting drug users (2006) and HIV prevention strategies involving legal access to sterile injection equipment (2005).

11) In Chapter XII. PUBLIC INTEREST, archive the 1992 *Rust v. Sullivan Supreme Court Decision* policy that states: WHEREAS the American Psychological Association in 1983 determined that... "requiring clinics to provide the same blanket information to every pregnant woman, rather than to provide for each woman whatever information is individually appropriate to her particular needs, is inconsistent with basic principles of effective counseling and will hinder, rather than promote, informed consent."

(APA Amicus Curiae, Akron v. Akron Center for Reproductive Health)

WHEREAS the American Medical Association and other health care provider organizations have already officially decried the hazardous effects of the Rust v. Sullivan Supreme Court Decision upholding the Title X Family Planning Program Regulations, known as the "Gag Rule"; and

WHEREAS the American Psychological Association has already adopted previous policies regarding a woman's right to reproductive choice;

BE IT RESOLVED that the American Psychological Association deplores the effects of the Title X regulations which prohibit health providers, including psychologists, who receive federal Title X funds, from informing women patients/clients of the availability of the alternative of abortion to terminate an unwanted pregnancy.

Further, the APA urges the Congress to enact legislation and to override Presidential vetoes, as needed, to both remedy this health hazard and to serve as a precedent to buttress against further erosion of the rights associated with Roe v. Wade.

Further, APA will seek to inform Congress, the public and its own membership of its position and its recommendations through a public affairs and advocacy effort including but not limited to: press conferences in several major cities letter writing and mail campaigns news releases APA Monitor and other appropriate APA, Division, and State Association publications.

Further, we direct the Chief Executive Officer of the American Psychological Association to activate the necessary mechanisms to ensure the accomplishments of the aims and goals of this resolution, including the capacity to respond to ongoing critical reproductive issues by participating in public information/media outreach efforts as necessary to help preserve a woman's right to choose.

Rationale provided by originating group: This is not a policy/resolution.

12) In Chapter XII. PUBLIC INTEREST, archive the 1987 *Use of diagnoses "homosexuality" and "ego-dystonic homosexuality"* policy that states: WHEREAS the American Psychological Association has been on record since 1975 that "homosexuality per se implies no impairment in judgment, stability, reliability, or general social and vocational capabilities"; and

WHEREAS it appears that the ICD-9-CM is widely used either by mandate or choice by many psychologists nationwide in connection with third-party reimbursement, institutional-based service delivery, and research; and

WHEREAS the next revision of the ICD is not anticipated to be completed until 1992 and may, according to current proposals, then contain the "ego-dystonic homosexuality" diagnosis which APA also opposes; and

WHEREAS the Council of Representatives already has urged APA members not to use the proposed DSM-III-R diagnoses of Periluteal Phase Disorder, Self-Defeating Personality Disorder, and Sadistic Personality Disorder because they lack adequate scientific basis and are potentially dangerous to women;

THEREFORE, BE IT RESOLVED that the American Psychological Association: Urge its members not to use the “302.0 Homosexuality” diagnosis in the current ICD-9-CM or the “302.00 Ego-dystonic Homosexuality” diagnosis in the current DSM-III or future editions of either document.

Rationale provided by originating group: This policy statement solely speaks to obsolete diagnostics categories which no longer exist in diagnostic and clarification systems. It references ICD-9 and DSM-III-R. Therefore, it seems important to retain in archive but no longer retain as an active policy.

13) In Chapter XII. PUBLIC INTEREST, archive the 1986 *AIDS* policy that states: Recognizing that the epidemic of Acquired Immune Deficiency Syndrome (AIDS) threatens the mental health and civil liberties, as well as physical health, of many persons, the American Psychological Association adopts the following resolution:

1. The importance of psychosocial and mental health components of AIDS should be stressed in treatment, research, and prevention programs.
2. APA is also concerned about the public health aspects of AIDS and about the physical and mental health of the public. Therefore APA supports the greater expenditure of public funds for public education regarding AIDS and for the accurate dissemination and utilization of the most current scientific information regarding the prevention and treatment of AIDS.
3. Necessary mental health services and facilities for persons with AIDS, AIDS-related conditions, or an exaggerated fear about the threat of AIDS should be widely available.
4. Given current research evidence that individuals do not become infected with the AIDS virus through casual contact, the American Psychological Association deplores the exclusion of persons with AIDS or those suspected of having AIDS from housing, employment, education, or necessary professional services.
5. The American Psychological Association condemns the use of the AIDS epidemic as a vehicle for fostering prejudice or discrimination against any group or individual.
6. Until there are empirical data linking specific tests with the eventual development of AIDS, the American Psychological Association condemns indiscriminate testing to detect exposure to AIDS.
7. Psychologists are urged to combat irrational public fears of AIDS through education and other professional activities including teaching of courses, lectures to the public, counseling and therapy, consultation, and research regarding the fear of AIDS.
8. Large-scale identification of AIDS seropositive persons, a major public health goal, clearly requires adherence to the requirement of confidentiality of patient records. We urge that this customary ethical tenet be strictly followed in all dealings with persons voluntarily screened for the AIDS virus. (1986)

Rationale provided by originating group: COPA recommends archiving this policy because since its inception, many additional HIV-focused policies have been adopted by APA that are more detailed extensions of the various sentiments expressed in AIDS 1986, and these new policies are more accurately reflective of the state of HIV/AIDS today.

The Board voted to recommend that Council rescind the 1976 *Child Custody or Placement* policy that states: The sex, gender identity, or sexual orientation of natural, or prospective adoptive or foster parents should not be the sole or primary variable considered in custody or placement cases.

Rationale provided by originating group: this policy is a very old, one paragraph statement that seems unnecessary at this point in our history.

The Board voted to recommend that Council amends the following association policies contained in the Council Policy Manual (bracketed/strikethrough material to be deleted; underlined material to be added):

- 1) In Chapter V. DIVISIONS AND SPTAS, amend the 2010 *Psychologists should be encouraged to join at least one division of their choice* policy that states: The Association should make it as easy as possible to apply for membership. ~~[This might take the form of a blank included with the annual statement of dues which would be filled out by the applicant, returned to the Central Office with the dues, sorted by Central Office personnel, and forwarded to appropriate division secretaries.]~~ The Central Office will utilize new and emerging technologies to facilitate membership applications for divisions.
- 2) In Chapter V. DIVISIONS AND SPTAS, amend the 1984 *Disbursement of ~~[dues and]~~ assessments to divisions* policy that states: Central Office will disburse divisional ~~[dues and]~~ assessments to divisions managing their own funds by January 15 of the year following collection of those funds. Every month thereafter, Central Office will disburse additional funds collected.
- 3) In Chapter V. DIVISIONS AND SPTAS, amend the 1978 *Division Journals* policy that states: Council received the following policy statement from the Publications and Communications Board with respect to division journals.
 - The Publications and Communications (P&C) Board acknowledges the value in the diversity of journals sponsored by APA divisions and encourages divisions ~~[to]~~ in these publications activities.
 - The APA Bylaws charge the P&C Board with the supervision of the managing and editing of division journals. The Board believes it can best meet this responsibility as follows:
 1. The Board delegates the management and editing of a division journal in full to the relevant division, and vests responsibility for the journal in the executive committee of this division;
 2. The divisions, through their executive committees, shall maintain and manage their journals in the manner comparable to the way in which APA maintains and manages its primary journals;
 3. In order to foster communication, the executive committee of any division that publishes a journal should incorporate in the annual report of the division a statement on editorial operations comparable to the statements prepared by APA journal editors for the P&C Board. An information copy of this report is requested by the P&C Board.
 - Divisions that wish to create new journals must obtain formal approval from the Council of Representatives through the P&C Board. Information necessary to enable the Board to recommend approval may be supplied by the division on a form obtainable from APA. Any questions from the Board will be addressed promptly to the relevant officer of the division. Because the intent of the P&C Board is to foster scientific communication, the Board will normally recommend to the Council of Representative that the new journal be authorized.
 - According to the APA Bylaws, a division is a constituent part of APA. Therefore, any publishing arrangement for a journal by a division which involves a contract for joint publishing or joint

ownership of a journal with a non-APA publisher requires review and recommendations for approval by the PC Board prior to signing a contract.

- The P&C Board reaffirms the importance of editorial freedom of division journal editors.
- Because any division journal or newsletter published with the approval of the Council of Representatives is an official APA publication, all division journals are required by the Council to participate in the APA liability insurance program.

Division editors are encouraged to seek advice from APA Central Office and the P&C Board on matters of mutual concern, for example, printers and printing costs, postal regulations, advertising, accounting systems, copyright, and permission practices.

4) In Chapter V. DIVISIONS AND SPTAS, amend the 1968 *Use of division expertise* policy that states: Council moved that, ~~[insofar as possible, appropriate Divisions be consulted by Central Office staff and APA Boards and Committees with respect to legislation relevant to their interests]~~ Central Office Staff and APA Boards and Committees will consult with appropriate APA Divisions with respect to legislation, policy, guidelines, and public statements, to take advantage of divisional expertise when relevant.

5) In Chapter IX. EDUCATIONAL AFFAIRS, amend the 1994 *Policy on half-time internships* policy that states: In accordance with existing ~~[Committee]~~ Commission of Accreditation policy that all interns should receive appropriate stipends and that all internships can be full or half time, Council reaffirms the existing APA policy on half time internships by acknowledging, supporting and facilitating compliance with and implementation of this policy.

In addition, in the geographic areas where there is a shortage of half time internships, Council encourages the development of half time opportunities to meet such needs.

6) In Chapter IX. EDUCATIONAL AFFAIRS, amend the name of the specialty “Professional Geropsychology” to “Geropsychology” so that there would be consistent specialty names used across the APA/Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, the Council of Specialties, and the American Board of Professional Psychology.

7) In Chapter X. PROFESSIONAL AFFAIRS, amend the 1965 *Psychology as an independent science and practice* policy that states: Council reaffirmed the concept that psychology is an independent science and profession and that ~~[in his/her work]~~ the psychologist and ~~[his/her]~~ the patient or client independently determine the proper application of ~~[his/her]~~ work in whatever context ~~[he/she]~~ the patient or client may be functioning.

8) In Chapter XII. PUBLIC INTEREST, amend the 2016 *AIDS* policy that states: WHEREAS, the epidemic of the Human Immunodeficiency Virus (HIV), the cause of Acquired Immune Deficiency Syndrome (AIDS), currently threatens the physical health, mental health, and civil liberties of many persons in American society, and

WHEREAS, in 1986 the American Psychological Association adopted a comprehensive resolution outlining APA policies surrounding HIV/AIDS, including APA's strong commitment to public education regarding HIV and its prevention, as well as education to combat irrational public fears of HIV and its transmission, and

WHEREAS, empirical research has demonstrated that, in addition to imparting knowledge, educational programs designed to effect behavior change should address topics of decision making, risk assessment, attitude change, group norms, and other social and psychological processes, and

WHEREAS, an important strategy for such education should be to provide children and adolescents of all cultural and socio-economic groups with information about AIDS that is gender-relevant, culturally sensitive, and appropriate to their level of intellectual, emotional and social development, and

WHEREAS, the U.S. Surgeon General, Dr. C. Everett Koop, has asserted that 'education concerning HIV/AIDS must start at the lowest grade possible as part of any health and hygiene program'.

WHEREAS, in 2010 ~~the~~ President Barack Obama of the United States issued the National HIV/AIDS Strategy for the United States which states "HIV awareness and education should be universally integrated into all educational environments... educating young people about HIV before they begin engaging in risk behaviors that place them at risk for HIV infection should be a priority (US, White House Office of National HIV/AIDS Policy, 2010);

WHEREAS, the Centers for Disease Control and Prevention endorse well-designed, well-implemented school-based HIV/Sexually Transmitted Disease (STD) education programs. Empirical study of these programs has shown that education about sexual health reduces HIV/STD risk behavior and the most effective prevention programs should be conducted by trained instructors, include an emphasis on healthy behaviors and skills building as well as involvement of ~~from~~ parents and community stakeholders (CDC, 2010);

Resolution

THEREFORE, BE IT RESOLVED that the American Psychological Association supports the Surgeon General's Report on Acquired Immune Deficiency Syndrome (1986) and the White House Office of National HIV/AIDS Policy's recommendations outlined in The National HIV/AIDS Strategy for the United States (2010);

BE IT FURTHER RESOLVED that APA urges that information about HIV, its transmission, and prevention be incorporated into elementary and secondary school curricula in conjunction with educational programs concerning sexuality, drug use, health, and family issues; and that such education be provided at the earliest grade possible, and in a manner appropriate to the child's level of intellectual, emotional, and social development. Priority should be given to culturally and linguistically appropriate prevention and education efforts targeted at Black, Hispanic, Asian~~[-and]~~ Native American, and other populations of youth. Also, such education should be inclusive of LGBTQ identities. The development of such curricula and programs should be accomplished with all deliberate speed by local boards of education, working closely with parents.

BE IT FURTHER RESOLVED that APA recognizes the importance for HIV/AIDS prevention of providing clear and accurate information about sexual behaviors and sharing of needles and

syringes, and that the APA deplores attempts by governmental or other institutions to restrict the effectiveness of community-based HIV-prevention organizations, and

BE IT FURTHER RESOLVED that the APA urges increased funding from governmental and private sources for basic and applied research and evaluation relevant to HIV/AIDS education and risk reduction, and

BE IT FURTHER RESOLVED that the APA urges its members to provide their expertise to develop, implement, and evaluate HIV/AIDS education and risk-reduction programs.

9) In Chapter XII. PUBLIC INTEREST, amend the 2018 *Resolution Opposing HIV Criminalization* policy that states: WHEREAS the National HIV/AIDS Strategy (NHAS), released by the White House in July 2010, calls attention to the problem of HIV criminalization, stating that most HIV-specific laws are not based in the current science of HIV prevention and transmission[;] (NHAS, 2010);

WHEREAS most HIV-specific laws do not consider correct and consistent condom use and the efficacy of Antiretroviral Therapy (ART) that reduces the risk of HIV transmission to a negligible level[;] (Lehman, 2014; DOJ, 2014);

WHEREAS many HIV disclosure laws were enacted in the 1980s during a climate of fear and uncertainty about the course of the epidemic, before transmission routes were understood and effective prevention strategies (e.g. condoms, ART, Post-exposure prophylaxis (PEP), Pre-exposure prophylaxis (PrEP) were available;

WHEREAS the Centers for Disease Control and Prevention (CDC) encourage states with HIV criminal statutes to re-assess these laws based on the current state of the evidence regarding HIV transmission risk and the public's health, given that behavior such as biting, spitting, and throwing bodily fluids, which pose a negligible risk of HIV transmission has, in some cases resulted in overly harsh sentencing[;] (CDC, 2014);

WHEREAS APA strongly supports policies grounded in the research and science of HIV transmission and risk behavior;

WHEREAS criminalization laws may result in people living with HIV (PLHIV) being arrested for behaviors that pose a negligible risk of exposure or transmission;

WHEREAS criminalization laws may result in PLHIV being arrested for consensual sex;

WHEREAS criminalization laws may result in PLHIV being arrested for non-disclosure, even when proving disclosure occurred is often impossible;

WHEREAS laws and policies that focus on HIV-specific crimes and impose harsh penalties on people living with HIV are unjust, can potentially have a life-long impact (e.g. for felony conviction that may result in inability to vote, difficulty obtaining employment, etc.), ultimately undermine evidence-based interventions and run counter to public health efforts to reduce HIV transmission;

WHEREAS HIV-specific criminal laws are often used to enhance non-related cases and to seek harsher penalties and sentencing;

WHEREAS states may also use general criminal laws or communicable disease laws to prosecute persons accused of intentionally trying to transmit HIV instead of HIV-specific criminal laws;

WHEREAS being convicted of violating HIV criminalization laws may result in serving time in correctional facilities where few HIV treatment programs exist;

WHEREAS incarceration of PLHIV increases the likelihood of HIV transmission within correctional facilities;

WHEREAS considerable taxpayer resources are expended in arresting, prosecuting, sentencing, and housing people accused of violating HIV criminalization laws with no clearly identified public health benefit;

WHEREAS these resources could be diverted to HIV treatment and prevention efforts;

WHEREAS HIV-specific laws and prosecutions may undermine significant publicly funded programs that encourage early testing and treatment of PLHIV;

WHEREAS all people must take responsibility for their actions with respect to protecting sexual partners and for protecting themselves from HIV and other sexually transmitted infections (STIs);

WHEREAS criminalization of HIV can increase the risk of interpersonal violence (IPV) for both women and men when HIV disclosure is not safe or advisable, during custody disputes or pregnancy, and can provide a mechanism for control by abusers who may threaten prosecution based on HIV status;

WHEREAS HIV criminalization laws increase stigma and discrimination related to HIV/AIDS;

WHEREAS people living with HIV are often marginalized and stigmatized on the basis of Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) status, gender identity/expression, disability, race, ethnicity, socioeconomic status (SES), pregnancy/parental status, sex work, and intravenous drug use, even apart from legal discrimination in those states with HIV criminalization statutes;

WHEREAS criminalization of HIV may cause particular harm to women, youth, and men who have sex with men (MSM) as outlined in the background section below;

WHEREAS laws that criminalize perceived or potential HIV exposure may actually undermine public health efforts by providing a disincentive for persons at-risk to be tested;

WHEREAS HIV stigma and discrimination continue to be significant barriers to HIV testing, diagnosis, treatment and engagement in care, thereby fueling the epidemic;

WHEREAS APA strongly supports policies that are anti-discriminatory based on HIV status;

WHEREAS the U.S. Department of Justice [OJ] recently released a guidance to states with HIV-specific criminal laws recommending the repeal or reform of these laws to eliminate any HIV-specific criminal penalties with the exceptions of 1) a person with known HIV committing a sex

crime where there is risk of transmission, and 2) a person with known HIV who has the intent to transmit the virus and is engaged in a behavior with a high risk of transmission;

WHEREAS the U.S. Department of Justice (2014) and the following professional organizations have called for the end to discriminatory and stigmatizing HIV-specific criminal laws: National Alliance of State and Territorial AIDS Directors (2011), HIV Medicine Association (2012), Positive Justice Project (2012), Presidential Advisory Council on HIV/AIDS (2013), National Association of County & City Health Officials (2013), U.S. Conference of Mayors (2013), American Medical Association (2014), and the Association of Nurses in AIDS Care (2014);

WHEREAS APA has supported the 2014 REPEAL HIV Discrimination ACT (H.R. 1843); (Exhibit 6);

THEREFORE, BE IT RESOLVED that APA opposes HIV criminalization and recommends the repeal or reform of these laws to eliminate HIV-specific criminal penalties with the exceptions of 1) a person with known HIV committing a sex crime where there is risk of transmission, and 2) a person with known HIV who has the intent to transmit the virus and is engaged in a behavior with a high risk of transmission;

BE IT FURTHER RESOLVED that laws that are not in alignment with the current scientific evidence on HIV transmission should be repealed;

BE IT FURTHER RESOLVED that laws that criminalize behaviors posing low or negligible risk for HIV transmission should be repealed or reformed and better aligned with contemporary scientific evidence regarding HIV transmission probabilities for specific behaviors and the efficacy of risk-reduction activities (e.g., consistent condom use, use of PrEP);

BE IT FURTHER RESOLVED that laws that target PLHIV and engender harsher sentencing should be repealed;

BE IT FURTHER RESOLVED that laws that increase likelihood of incarceration for PLHIV should be repealed;

BE IT FURTHER RESOLVED that laws that undermine national HIV prevention efforts should be repealed;

BE IT FURTHER RESOLVED that criminalization laws that increase the risk of and intimate partner violence to, and control of women and other vulnerable people with HIV should be repealed;

BE IT FURTHER RESOLVED that laws that specifically target and criminalize PLHIV should be repealed;

BE IT FURTHER RESOLVED that laws that discriminate and stigmatize against PLHIV should be repealed;

BE IT FURTHER RESOLVED that psychologists practicing in states with HIV-specific criminalization laws are encouraged to better understand the impact of these laws on their patients/clients who have HIV or who may be at elevated risk for HIV infection.

Suggested Citation

American Psychological Association. (2018[6]). Resolution Opposing HIV Criminalization. Retrieved from: <http://www.apa.org/about/policy/hiv-criminalization.aspx>

References

American Medical Association (2014). The AMA Adopts a Resolution Opposing HIV Criminalization. Resolution adopted June 2014. Available at: <http://hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/AMA%20HIV%20Criminalization%20Resolution%20with%20Ref.%20Comm.%20Comments.pdf>. Accessed on March 1, 2014.

Association of Nurses in AIDS Care (2014). Position Statement: HIV Criminalization Laws and Policies Promote Discrimination and Must be Reformed. Position adopted, November 2014. Available at: http://www.nursesinaidscare.org/files/public/ANAC_PS_Criminalization_December12014.pdf. Accessed on March 1, 2014.

Burris S, Beletsky L, Bureson J, Case P, & Lazzarini Z.(2007). Do criminal laws influence HIV risk behavior? An empirical trial. *Arizona State Law Journal*, 39:467-517

Bradley H, Hall HI, Wolitski RJ, Van Handel MM, Stone AE, LaFlam M, et al. (2014). Vital Signs: HIV diagnosis, care, and treatment among persons living with HIV--United States, 2011. *MMWR*, 28;63(47):1113-7.

Celum C & Baeten J. (2012). Tenofovir-based Pre-Exposure Prophylaxis for HIV Prevention: Evidence and evolving questions. *Curr Opin Infect Dis.*, 25(1): 51–57.

Centers for Disease Control and Prevention (1993). Update: barrier protection against HIV infection and other sexually transmitted diseases. *MMWR*, 6;42(30):589-91, 597.

Centers for Disease Control and Prevention (2009). HIV Prevention in the United States at a Critical Crossroads, 2009. Available at: http://www.cdc.gov/hiv/resources/reports/pdf/hiv_prev_us.pdf . Accessed on March 1, 2014.

Center for HIV Law and Policy (2010). Ending and Defending Against HIV Criminalization: State and Federal Laws and Prosecutions. Available at: <http://www.hivlawandpolicy.org/resources/ending-and-defending-against-hiv-criminalization-state-and-federal-laws-and-prosecutions>. Accessed on March 1, 2014.

Centers for Disease Control and Prevention (2014), Factsheet: HIV Transmission Risk: Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Act. Available at: <http://www.cdc.gov/hiv/policies/law/risk.html>. Accessed on March 1, 2014.

Dieffenbach CW & Fauci AS, (2009). Universal Voluntary Testing and Treatment for Prevention of HIV Transmission. *JAMA*. 301(22):2380-2382. doi:10.1001/jama.2009.828.

Galletly CL, Glasman LR, Pinkerton SD, & DiFranceis MS, (2012). New Jersey's HIV exposure law and HIV related attitudes, beliefs and sexual seropositive status disclosure behaviors. *AJPH*, 102 (11) 2135-2140.

Halkitis, P.N., Kupprat, S.A., Hampton, M.E, Perez-Figueroa, R., Kingdon, M., Eddy, J. & Ompad, D.C. (2013). Evidence for a syndemic in aging HIV-positive gay, bisexual, and other MSM: implications for a holistic approach to prevention and healthcare. *Annals of Anthropological Practice*, 36(2), 365-386.

HIV Medicine Association (2012). HIVMA Urges Repeal of HIV-Specific Criminal Statutes.

Available at:

http://www.hivma.org/uploadedFiles/IDSA/Careers_and_Training/Opportunities_for_Students_Residents/ID_Career_Paths/HIVMA%20Policy%20Statement%20on%20HIV%20Criminalization.pdf. Accessed on March 1, 2014.

Lehman, JS, Carr M, Nichol AJ, Ruisanchez A, Knight DW, Langford AZ, et al. (2014). Prevalence and Public Health Implications of State Laws that Criminalize Potential HIV Exposure in the United States, *AIDS Behav*, 18:997–1006.

Leserman, J. (2008). The Role of Depression, Stress, and Trauma in HIV Disease Progression (meta-analysis). *Psychosomatic Medicine*, 70, 539-545.

Logie, C. H., James, L., Tharao, W., & Loutfy, M. R. (2011). HIV, gender, race, sexual orientation, and sex work: A qualitative study of intersectional stigma experienced by HIV-positive women in Ontario, Canada. *PLoS medicine*, 8(11), e1001124.

Mahajan A P, Sayles JN, Patel VA, Remien RH, Ortiz D, Szekeres G, & Coates TJ. (2008). Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward. *AIDS*, 22(Suppl 2):S67-S69.

Marks G, Crepaz N, & Janssen RS, (2006). Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS*, 26;20:1447-50.

National Alliance of State and Territorial AIDS Directors (2011). National HIV/AIDS Strategy Imperative: Fighting Stigma and Discrimination by Repealing HIV-Specific Criminal Statutes. Adopted, February 2011. Available at:

http://www.nastad.org/Docs/114641_2011311_NASTAD%20Statement%20on%20Criminalization%20-%20Final.pdf. Accessed on March 1, 2014.

National Association of County & City Health Officials (2013). Statement of Policy: Opposing Stigma and Discrimination Against Persons with Communicable Diseases. Available at: <http://www.naccho.org/advocacy/positions/upload/13-11-Opposing-Stigma-and-Discrimination-against-Persons-with-Communicable-Diseases-2.pdf>. Accessed on March 1, 2014

The White House Office of National AIDS Policy (2010). National HIV/AIDS Strategy for the United States. Available at: <https://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>. Accessed on March 1, 2014.

Patel P, Borkowf CB, Brooks JT, Lasry A, Lanksy A, & Mermin J, (2014) Estimating per-act HIV transmission risk: a systematic review. *AIDS*. 19;28(10):1509-19.

Pinkerton , SD & Abramson PR, (1997). Effectiveness of condoms in preventing HIV transmission. *Social Science & Medicine*, 44(9), 1303-1312.

Positive Justice Project (2012). National Consensus Statement on the Criminalization of HIV. Available at:

<http://www.hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/PJP%20Consensus%20Statement%20w%20Endorsers%2010-14.pdf>. Accessed on March 1, 2014.

Presidential Advisory Council on HIV/AIDS (2013). Resolution on Ending Federal and State HIV-Specific Criminal Laws, Prosecutions, and Civil Commitments. Available at:

http://hivlawandpolicy.org/sites/www.hivlawandpolicy.org/files/PACHA_Criminalization_Resolution%20Final%20012513.pdf. Accessed on March 1, 2014.

Pretty LA, Anderson GS, & Sweet DJ, (1999). Human bites and the risk of human immunodeficiency virus transmission. *Am J Forensic Med Pathol*, 20(3):232-239.

U.S. Conference of Mayors (2013). HIV Discrimination and Criminalization. Resolution proposed and adopted at the 81 st Annual Meeting, June 2013. Las Vegas, NV. Available at:

http://www.usmayors.org/resolutions/81st_Conference/cs11.asp. Accessed on March 1, 2014.

U. S. Department of Justice, Civil Rights Division (2014). Best Practices Guide to Reform HIV-Specific Criminal Laws to Align with Scientifically-Support Factors. Washington DC. Available at: <https://www.HIV.gov/federal-resources/national-hiv-aids-strategy/doj-hiv-criminal-law-best-practices-guide.pdf>. Accessed on March 1, 2014.

Valdiserri, RO (2002). HIV/AIDS Stigma: An Impediment to Public Health. *Am J Pubic Health*, 92: 341-342.

van der Straten A, Van Damme L, Haberer JE, & Bangsberg DR. (2012). Unraveling the divergent results of pre-exposure prophylaxis trials for HIV prevention. *AIDS*, 26(7), F13-F19.

Young T, Arens FJ, Kennedy G E, Laurie JW, & Rutherford GW, (2007). Antiretroviral post-exposure prophylaxis (PEP) for occupational HIV exposure. *Cochrane Database of Systematic Reviews*, 1(1).

10) In Chapter XII. PUBLIC INTEREST, amend the 2014 *Counseling in HIV Testing Programs* policy that states: WHEREAS HIV test counseling refers to a set of HIV-specific procedures conducted in the context of HIV testing that focus on providing education to promote accurate understanding of a positive or negative HIV test result; assistance with information on available HIV treatment resources; emotional support and referral for psychological intervention as needed; and direction on making linkages to HIV care;

WHEREAS the prevention focus of the National HIV/AIDS Strategy (NHAS) specifies an emphasis on a test-and-treat strategy aimed at identifying individuals who are unaware of their HIV seropositive status via expanded HIV testing efforts and facilitating early engagement in care (Millet et al., 2010; Dieffenbach & Fauci, 2009);

WHEREAS recent findings demonstrating the role of HIV viral suppression in reducing HIV transmission (e.g., Cohen et al., 2011) have highlighted the potential for HIV treatment to reduce HIV incidence by ensuring that individuals living with HIV are receiving antiretroviral therapy, a strategy referred to broadly as HIV treatment as prevention (Garnett, Becker, & Bertozzi, 2012; Wood, Milloy, & Montaner, 2012);

WHEREAS treatment as prevention strategies are being ramped up in light of estimates suggesting that, among individuals living with HIV in the United States, only approximately 24% are receiving antiretroviral therapy and only approximately 19% are achieving viral suppression as reflected by an undetectable serum viral load (Gardner, McLees, Steiner, del Rio, & Burman, 2011);

WHEREAS treatment as prevention requires an increased focus on HIV testing, as an estimated 1 in 5 individuals in the United States living with HIV infection are unaware of their HIV seropositive status (Campsmith, Rhodes, Hall, & Green, 2010) and these individuals pose a greater risk for transmitting the virus than those who are aware of their HIV serostatus (Gardner et al., 2011; Pinkerton, Holtgrave, & Galletly, 2008);

WHEREAS in line with the focus on HIV treatment as prevention, a “test-and-treat strategy” has emerged with a focus on early diagnosis and treatment of HIV that incorporates public health strategies aiming to ensure the easy accessibility of HIV testing, such as offering HIV testing as part of routine visits in health clinics and hospitals, providing HIV testing in non-medical community settings, and self-administered home HIV testing;

WHEREAS HIV test counseling has historically been a key element of HIV testing programs, providing important information and prevention messages for individuals who receive a negative test result and serving a vital educative and emotional support function for individuals who test positive as well as guidance for linking these individuals to medical care;

WHEREAS Centers for Disease Control and Prevention (CDC) recommendations for HIV testing in health care settings underscore the importance of efforts to link those receiving a positive HIV test result to care (CDC, 2006);

WHEREAS efforts to make HIV testing accessible in order to promote early HIV diagnosis and linkage to care may inadvertently result in a reduced role for HIV test counseling in the context of the HIV testing process, particularly since clear guidelines and policies relative to the availability and role of HIV test counseling in the era of expanded HIV testing, including in-home testing, have yet to be elaborated;

WHEREAS complications relative to linkage to care following HIV testing, including individuals who become lost to follow-up after HIV testing, may attenuate the prevention benefits believed to be conferred by the test-and-treat model (Andrews, Wood, Bekker, Middlekoop, & Walensky, 2012);

WHEREAS HIV test counseling is a key part of ensuring the success of expanded HIV testing programs in the context of the test-and-treat model, including successful linkage to care, particularly given empirical evidence that HIV test counseling is effective in encouraging individuals who test positive for HIV disease to access medical care (Eichler, Ray, & del Rio, 2002),

WHEREAS given that barriers to HIV testing may be posed by such factors as institutional mistrust of medical systems, concerns about discrimination, stigma worries, lack of knowledge about HIV and its treatment, and fear of a positive test result (Hoyt et al., 2012; Schwarcz et al., 2011; Wallace, McLellan-Lemal, Harris, Townsend, & Miller, 2011), HIV test counseling provides

an opportunity to assess and explore these concerns when present among those who decide to participate in HIV testing;

WHEREAS HIV test counseling provides essential information on how HIV testing works and how to interpret accurately the meaning and implications of a negative or positive HIV test result (Halkitis, Barton, and Blachman-Forshay, 2012; Siconolfi, Halkitis, Moeller, Barton, & Rodriguez, 2011);

WHEREAS HIV test counseling is a key educative tool for ensuring proper interpretation of a negative HIV test result, including the provision of information regarding the critical importance of continuing safer sex practices and the possible need for repeat HIV testing given that there is a several month window of time before a new infection can be detected by testing;

WHEREAS HIV test counseling offers a context for addressing psychological distress that may result from receiving a positive HIV test result, including providing information that may ameliorate distress and/or referral to emotional support resources and mental health services (Joseph et al., 2011);

WHEREAS in order to confer maximum benefit, HIV test counseling strategies must take into account the specific needs, concerns, and cultural values of diverse groups, including women (e.g., HIV testing in pregnancy; HIV disclosure and intimate partner violence), sexual minority individuals, youth, older adults, people from rural communities, immigrant populations, people with disabilities (e.g., hearing disabilities), incarcerated/previously incarcerated individuals, and individuals from diverse socioeconomic backgrounds (Groce et al., 2103; Hoyt et al., 2012; Siconolfi et al., 2011; Spielberg, Kurth, Gorbach, & Goldbaum, 2001; Winningham et al. 2008);

WHEREAS HIV test counseling as part of the HIV testing process is especially critical for persons who are living with a severe mental illness, with the expectation that a substantive proportion of individuals who receive a positive HIV test result under expanded testing programs also will evidence a premorbid severe mental illness in light of epidemiological findings showing a disproportionate HIV seroprevalence among these individuals (Meade & Sikkema, 2005);

WHEREAS there is evidence suggesting that individuals who receive a positive HIV test result often perceive that there is an insufficient focus on HIV test counseling, the provision of needed information in the testing process, and active linkage to care (Garland et al., 2011);

WHEREAS there is a need for specific training for current and prospective service providers that includes content knowledge on HIV, information on the historical and contemporary social and environmental context of HIV, and guidance for how to assess and address provider self-care needs;

WHEREAS there is a need for research to assess the role of HIV test counseling for optimizing the effectiveness of expanded HIV testing models, particularly as this relates to linkage to care in the context of the test-and-treat model;

WHEREAS psychology and psychological science are well positioned to contribute to the development, implementation, and evaluation of HIV test counseling strategies in the context of the evolving parameters of HIV testing through applications of theory, intervention, and

research methods (Apanovich, McCarthy, & Salovey, 2003; Earl & Albarracín, 2007; Huebner et al., 2010);

THEREFORE anyone tested for HIV should have access to quality HIV counseling;

THEREFORE there is a need to examine carefully the HIV test counseling issues associated with the emergence of in-home HIV testing, and to develop guidelines and strategies for ensuring that HIV test counseling is accessible to users of in-home HIV testing;

THEREFORE deliberate attention should be paid to obtaining better understanding of the needs of service recipients and service providers, and the dissemination of information and interventions to assist service providers who provide HIV testing and counseling to effectively care for themselves as well as their clients;

THEREFORE both governmental (federal, state, and local) and nongovernmental agencies and stakeholders should promote public policies that educate the public about the ~~[need for]~~ benefits and availability of HIV test counseling for all individuals receiving HIV test counseling regardless of whether the tests are administered in clinical or non-clinical settings or at home;

THEREFORE additional research is needed that focuses on how HIV test counseling contributes to positive health outcomes for those receiving HIV testing and on counseling resources and strategies to address the unique circumstances of in-home HIV testing;

THEREFORE increased funding is needed to: i) ensure access to quality HIV test counseling services for all individuals tested for HIV; ii) provide adequate training programs that draw from psychology to deliver these services; and iii) support research that expands the current evidence base relative to HIV test counseling, including research that addresses the unique challenges associated with ensuring the availability of high quality counseling in the context of in-home HIV testing;

THEREFORE psychology as a discipline will increase its efforts to advocate actively for accessible and quality HIV test counseling for all persons being tested for HIV and will encourage the conduct and publication of research into the health impact and outcomes of HIV testing where test counseling is and is not available.

References

Andrews, J. R., Wood, R. Bekker, L. G., Middelkoop, K. , & Walensky, R. P. (2012). Projecting the benefits of antiretroviral therapy for HIV prevention: The impact of population mobility and linkage to care. *The Journal of Infectious Diseases*, 206, 543-551.

Apanovitch, A.M., McCarthy, D., Salovey, P. (2003). Using message framing to motivate HIV testing among low-income, ethnic minority women. *Health Psychology*, 22, 60-67.

Campsmith, M. L., Rhodes, P. H., Hall, H. I., & Green, T.A. (2010). Undiagnosed HIV prevalence among adults and adolescents in the United States at the end of 2006. *Journal of Acquired Immune Deficiency Syndromes*, 53, 619–624.

Centers for Disease Control and Prevention. (2006). Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *Morbidity and Mortality Weekly Report*, 55(RR-14), 1-17.

Cohen, M. S., Chen, Y. Q., McCauley, M., Gamble, T., Hosseinipour, M. C., Kumarasamy, N., ...Fleming, T. R. (2011). Prevention of HIV-1 infection with early antiretroviral therapy. *The New England Journal of Medicine*, 365, 493-505.

Dieffenbach, C. W., & Fauci, A. S. (2009). Universal voluntary testing and treatment for prevention of HIV transmission. *The Journal of the American Medical Association*, 301, 2380-2382.

Earl, A., & Albarracín, D. (2007). Nature, decay, and spiraling of the effects of fear-inducing arguments and HIV counseling and testing: A meta-analysis of the short- and long-term outcomes of HIV-prevention interventions. *Health Psychology*, 26, 496-506.

Eichler, M. R., Ray, S. M., & del Rio, C. (2002). The effectiveness of HIV post-test counseling in determining healthcare-seeking behavior. *AIDS*, 16, 943-945.

Garland, P. M., Valverde, E. E., Fagan, J., Beer, L., Sanders, C., Hillman, D., ...Bertolli, J. (2011). HIV counseling, testing, and referral experiences of persons diagnosed with HIV who have never entered HIV medical care. *AIDS Education and Prevention*, 23(3) Supplement, 117-127.

Gardner, E. M., McLees, M. P., Steiner, J. F., del Rio, C., & Burman, W. J. (2011). The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. *Clinical Infectious Diseases*, 52, 793-800.

Garnett, G. P., Becker, S., & Bertozzi, S. (2012). Treatment as prevention: Translating efficacy trial results to population effectiveness. *Current Opinion in HIV and AIDS*, 7, 157-163.

Groce, N. E., Rohleder, P., Eide, A.H., Mall, S. & Swartz, L. (2013). HIV issues and people with disabilities: A review and agenda for research. *Social Science and Medicine*, 77, 31-40.

Halkitis, P. N., Barton, S. C., & Blachman-Forshay, J. (2012, February 22). Mythologies and misunderstandings of HIV-negative test results. Chelsea Now. Retrieved from <http://chelseanow.com/articles/2012/02/22/features/doc4f454d5>.

Hoyt, M. A., Rubin, L. R., Nemeroff, C. J., Lee, J., Huebner, D. M., Proeschold-Bell, R. J. (2012). HIV/AIDS-related institutional mistrust among multiethnic men who have sex with men: Effects on HIV testing and risk behaviors. *Health Psychology*, 31, 269-277.

Huebner, D. M., Binson, D., Dilworth, S. E., Neilands, T. B., Grinstead, O., & Woods, W. J. (2010). Rapid vs. standard HIV testing in bathhouses: What is gained and lost? *AIDS and Behavior*, 14, 688-696.

Joseph, H. A., Fasula, A. M., Morgan, R. L., Stuckey, A., Alvarez, M. E., Margolis, A., ...Dooley, Jr., S. W. (2011). "The anticipation alone could kill you:" Past and potential clients' perspectives on HIV testing in non-health care settings. *AIDS Education and Prevention*, 23, 577-594.

- Meade, C. S., & Sikkema, K. J. (2005). Voluntary HIV testing among adults with severe mental illness: Frequency and associated factors. *AIDS and Behavior*, 9, 465-473.
- Millett, G. A., Crowley, J. S., Koh, H., Valdiserri, R. O., Frieden, T., Dieffenbach, C. W., ...Fauci, A. S. (2010). A way forward: The national HIV/AIDS strategy and reducing HIV incidence in the United States.
- Pinkerton, S. D., Holtgrave, D. R., Galletly, C. L. (2008). Infections prevented by increasing HIV serostatus awareness in the United States, 2001 to 2004. *Journal of Acquired Immune Deficiency Syndromes*, 47, 354-357.
- Schwarcz, S., Richards, T. A., Frank, H., Wenzel, C., Hsu, L. C., Chin, C. S. J., ...Dilley, J. (2011). Identifying barriers to HIV testing: Personal and contextual factors associated with late HIV testing. *AIDS care*, 23, 892-900.
- Siconolfi, D. E., Halkitis, P. N., Moeller, R. W., Barton, S. C., & Rodriguez, S. M. (2011). HIV testing in a New York City sample of gay, bisexual, and other young men who have sex with men. *Journal of Gay & Lesbian Social Services*, 23, 411-427.
- Spielberg, F., Kurth, A., Gorbach, P.M., Goldbaum, G. (2001). Moving from Apprehension to Action: HIV Counseling and Testing Preferences in Three At-Risk Populations. *AIDS Education and Prevention*, 13(6), 524-540.
- Wallace, S. A., McLellan-Lemal, E., Harris, M. J., Townsend, T. G., & Miller, K. S. (2011). Why take an HIV test? Concerns, benefits, and strategies to promote HIV testing among low-income heterosexual African American young adults. *Health Education & Behavior*, 38, 462-470.
- Winningham, A., Gore-Felton, C., Galletly, C., Seal, D., & Thornton, M. (2008). Lessons learned from more than two decades of HIV/AIDS prevention efforts: Implications for people who are deaf or hard of hearing. *American Annals of the Deaf*, 153(1), 48-54.
- Wood, E., Milloy, M. J., & Montaner, J. S. G. (2012). HIV treatment as prevention among injection drug users. *Current Opinion in HIV and AIDS*, 7, 151-156.
- 11) In Chapter XII. PUBLIC INTEREST, amend the 2008 *Resolution on Transgender, Gender Identity, and Gender Expression Non-Discrimination* policy that states:
- WHEREAS transgender, ~~and~~ gender variant and gender non-conforming people frequently experience prejudice and discrimination and psychologists can, through their professional actions, address these problems at both an individual and a societal level;
- WHEREAS the American Psychological Association opposes prejudice and discrimination based on demographic characteristics including gender identity, as reflected in policies including the Hate Crimes Resolution (Paige, 2005), the Resolution on Prejudice Stereotypes and Discrimination (Paige, 2007), APA Bylaws (Article III, Section 2), the Ethical Principles of Psychologists and Code of Conduct (APA 2002, 3.01 and Principle E);
- WHEREAS transgender, ~~and~~ gender variant and gender non-conforming people benefit from treatment with therapists with specialized knowledge of their ~~issues~~ concerns (Lurie, 2005; Rachlin, 2002), and that the Ethical Principles of Psychologists and Code of Conduct state that

when scientific or professional knowledge ...is essential for the effective implementation of their services or research, psychologists have or obtain the training....necessary to ensure the competence of their services..." (APA 2002, 2.01b);

WHEREAS discrimination and prejudice against people based on their actual or perceived gender identity or expression detrimentally affects psychological, physical, social, and economic well-being (Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Resolution on Prejudice Stereotypes and Discrimination, Paige, 2007; Riser et al., 2005; Rodriquez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS transgender people may be denied basic non-gender transition related health care (Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; GLBT Health Access Project, 2000; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Riser et al., 2005; Rodriquez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS ~~[gender variant and]~~ transgender, ~~[and]~~ gender variant and gender non-conforming people may be denied appropriate gender transition related medical and mental health care despite evidence that appropriately evaluated individuals benefit from gender transition treatments (De Cuypere et al., 2005; Kuiper & Cohen-Kettenis, 1988; Lundstrom, et al., 1984; Newfield, et al., 2006; Pfafflin & Junge, 1998; Rehman et al., 1999; Ross & Need, 1989; Smith et al., 2005);

WHEREAS ~~[gender variant and]~~ transgender, ~~[and]~~ gender variant and gender non-conforming people may be denied basic civil rights and protections (Minter, 2003; Spade, 2003) including: the right to civil marriage which confers a social status and important legal benefits, rights, and privileges (Paige, 2005); the right to obtain appropriate identity documents that are consistent with a post-transition identity; and the right to fair and safe and harassment-free institutional environments such as care facilities, treatment centers, shelters, housing, schools, prisons and juvenile justice programs;

WHEREAS transgender, ~~[and]~~ gender variant and gender non-conforming people experience a disproportionate rate of homelessness (Kammerer et al., 2001), unemployment (APA, 2007) and job discrimination (Herbst et al., 2007), disproportionately report income below the poverty line (APA, 2007) and experience other financial disadvantages (Lev, 2004);

WHEREAS transgender, ~~[and]~~ gender variant and gender non-conforming people may be at increased risk in institutional environments and facilities for harassment, physical and sexual assault (Edney, 2004; Minter, 2003; Peterson et al., 1996; Witten & Eyler, 2007) and inadequate medical care including denial of gender transition treatments such as hormone therapy (Edney, 2004; Peterson et al., 1996; Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Newfield et al., 2006; Riser et al., 2005; Rodriquez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS many ~~[gender variant and]~~ transgender, ~~[and]~~ gender variant and gender non-conforming children and youth face harassment and violence in school environments, foster care, residential treatment centers, homeless centers and juvenile justice programs (D'Augelli,

Grossman, & Starks, 2006; Gay Lesbian and Straight Education Network, 2003; Grossman, D'Augelli, & Slater, 2006);

WHEREAS psychologists are in a position to influence policies and practices in institutional settings, particularly regarding the implementation of the Standards of Care published by the World Professional Association of Transgender Health (WPATH, formerly known as the Harry Benjamin International Gender Dysphoria Association) which recommend the continuation of gender transition treatments and especially hormone therapy during incarceration (Meyer et al., 2001);

WHEREAS psychological research has the potential to inform treatment, service provision, civil rights and approaches to promoting the well-being of transgender, ~~and~~ gender variant and gender non-conforming people;

WHEREAS APA has a history of successful collaboration with other organizations to meet the needs of particular populations, and organizations outside of APA have useful resources for addressing the needs of transgender, ~~and~~ gender variant and gender non-conforming people;

THEREFORE, BE IT RESOLVED that APA opposes all public and private discrimination on the basis of actual or perceived gender identity and expression and urges the repeal of discriminatory laws and policies;

THEREFORE BE IT FURTHER RESOLVED that APA supports the passage of laws and policies protecting the rights, legal benefits, and privileges of people of all gender identities and expressions;

THEREFORE, BE IT FURTHER RESOLVED that APA supports full access to employment, housing, and education ~~[regardless]~~ inclusive of gender identity and expression;

THEREFORE, BE IT FURTHER RESOLVED that APA calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory treatment to transgender, ~~and~~ gender variant and gender non-conforming individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender, ~~and~~ gender variant and gender non-conforming individuals;

THEREFORE, BE IT FURTHER RESOLVED that APA encourages legal and social recognition of transgender individuals consistent with their gender identity and expression, including access to identity documents consistent with their gender identity and expression which do not involuntarily disclose their status as transgender for transgender people who permanently socially transition to another gender role;

THEREFORE, BE IT FURTHER RESOLVED that APA supports access to civil marriage and all its attendant benefits, rights, privileges and responsibilities, ~~[regardless]~~ inclusive of gender identity or expression;

THEREFORE, BE IT FURTHER RESOLVED that APA supports efforts to provide fair and safe environments for ~~[gender-variant and]~~ transgender, ~~and~~ gender variant and gender non-conforming people in institutional settings such as supportive living environments, long-term

care facilities, nursing homes, treatment facilities, and shelters, as well as custodial settings such as prisons and jails;

THEREFORE, BE IT FURTHER RESOLVED that APA supports efforts to provide safe and secure educational environments, at all levels of education, as well as foster care environments and juvenile justice programs, that promote an understanding and acceptance of self and in which all youths, including youth of all gender identities and expressions, may be free from discrimination, harassment, violence, and abuse;

THEREFORE, BE IT FURTHER RESOLVED that APA supports the provision of adequate and necessary mental and medical health care treatment for transgender, ~~and~~ gender variant and gender non-conforming individuals;

THEREFORE, BE IT FURTHER RESOLVED that APA recognizes the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated individuals and calls upon public and private insurers to cover these medically necessary treatments;

THEREFORE, BE IT FURTHER RESOLVED that APA supports access to appropriate treatment in institutional settings for people of all gender identities and expressions; including access to appropriate health care services including gender transition therapies;

THEREFORE, BE IT FURTHER RESOLVED that APA supports the creation of educational resources for all psychologists in working with individuals who are ~~gender variant and~~ transgender, ~~and~~ gender variant and gender non-conforming;

THEREFORE, BE IT FURTHER RESOLVED that APA supports the funding of basic and applied research concerning gender expression and gender identity;

THEREFORE, BE IT FURTHER RESOLVED that APA supports the creation of scientific and educational resources that inform public discussion about gender identity and gender expression to promote public policy development, and societal and familial attitudes and behaviors that affirm the dignity and rights of all individuals ~~regardless~~ inclusive of gender identity or gender expression;

THEREFORE, BE IT FURTHER RESOLVED that APA supports cooperation with other organizations in efforts to accomplish these ends.

B.(4) The Board voted to recommend that Council approve amending APA's Association Rules as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

60-1.2 CLT shall consist of twelve members, all of whom shall be current or former members of Council. CLT is comprised of a Chair; Chair-elect; Past Chair; the APA President; the APA President-elect; the APA Treasurer; the APAGS Chair, Chair-elect or other designee from the Executive Committee of APAGS; an Early Career 7 Psychologist Representative; three members-at-large and the Chief Executive Officer (without vote).

Council members shall nominate current Council members who have served at least one year on Council or current CLT members for the positions of Chair-elect, Early Career Representative and member-at-large. CLT will conduct a needs assessment for upcoming

CLT vacancies to be shared with Council prior to the nominations process. The Chair-elect, Early Career Representative and three members-at-large shall be elected by Council for three-year terms from slates of at least two candidates. Each year a Chair-elect and member-at-large are elected and every third year an Early Career Psychologist representative is elected. The candidate on each slate receiving the highest number of votes will be elected. The Chairs, members-at-large and the Early Career Psychologist representative cannot serve two consecutive terms in the same position and there is a lifetime limit of two elected terms on the Council Leadership Team (except when serving ex officio). The APA President, APA President.

C.(5) The item “Operation Procedures for the Needs Assessment, Slating and Campaigns Committee” was postponed to a future Board call.

D.(6) The Board voted to recommend that Council extend the expiration date of the *Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology* to December 31, 2020.

E.(6A) The Board voted to 1) recognize and endorse the comprehensive process used in developing the strategic plan to date: from environmental scanning, surveying, interviewing and other data gathering; to plan development in conjunction with the Board, boards, committees, staff and members; 2) approve the content of the current draft strategic plan as a reflection of the research, data gathering and co-creation that has occurred to date; and 3) request that the draft strategic plan be sent for public comment (for a period not to exceed 30 days) in order to confirm that members and others are supportive of the plan in substantially its current form before forwarding the final version to the Board and Council Leadership Team for review prior to Council’s consideration at its February 2019 meeting.

E. In executive session, the Board voted to approve the following motion:

In recognition of the importance of the ongoing work of the boards and an orderly transition in the implementation of the strategic plan, the Board voted to approve funding the seven APA boards for fall meetings to be held at APA Headquarters in 2019 and 2020. The Board also decided to appoint a Work Group comprised of Board members, board chairs or their designee, and staff to work collaboratively on reviewing and reconceptualizing the work of boards and committees in light of the strategic goals of the association. The Board agreed that the integration of the strategic goals into the work of the boards and committees as of fall 2020 will be critically important in decisions about future meeting approaches and funding. The Board acknowledged that the Spring Consolidated Meetings will remain a gathering for all boards and committees.

F. In executive session, the Board was informed that the Committee on Human Research (CHR) doesn’t currently include a member appointed jointly by the Board of Scientific Affairs (BSA) and the Ethics Committee as is required by the Association Rules. The Board requested that the Board liaisons to BSA, CHR and the Ethics Committee reach out to their respective groups to ask that the jointly appointed seat be filled in 2019 for a term starting in 2020 and to encourage BSA, CHR and the Ethics Committee to develop joint projects.

G. In executive session, the Board was informed that the Office of General Counsel (OGC) is working with the Policy and Planning Board (P&P) on modernizing APA's Bylaws. Stewart E. Cooper, PhD, ABPP; Justin Karr, PhD; and Beth Rom-Rymer, PhD were appointed to work with P&P and OGC on the Bylaws revisions.

VII. PUBLICATIONS AND DATABASES

A.(6B) The Board voted to recommend that Council approve the creation of a new APA journal to be titled *Technology, Mind, and Behavior*.

VIII. CONVENTION AFFAIRS

A.(7) The Board voted to approve funding for a \$500 per person stipend annually for travel expenses for the annual convention for members of the Board of Convention Affairs.

IX. EDUCATIONAL AFFAIRS

A.(8) The Board voted to recommend that Council approve amending Association Rule 120-6 as follows (*bracketed/strikethrough material to be deleted; underlined material to be added*):

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 and students 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) promote within all institutions the highest standards in the teaching of psychology for undergraduate students; ~~[(e)]~~ (d) develop leadership qualities among undergraduate psychology faculty and students ~~[at undergraduate institutions]~~ and increase their participation and representation in psychology organizations; ~~[(d)]~~ (e) establish and maintain communication with all groups involved in the teaching of psychology and with the greater psychological community; and ~~[(e)]~~ (f) encourage scholarship on teaching and learning at all undergraduate institutions for the purpose of giving students the best possible educational opportunities.

B.(9) The Board voted to recommend that Council approve amending Association Rule 120-2 as follows (*bracketed/strikethrough material to be deleted; underlined material to be added*):

120-2. COMMITTEE ON EDUCATION AND TRAINING AWARDS

120-2.2 The APA may award annually ~~[(up to)]~~ two ~~\$1000~~ \$1,000 awards, one for ~~[\$1,000 for short or long term]~~ Distinguished Contributions to Education and Training in psychology and a second award [of up to \$1,000] for Distinguished Contributions ~~[for]~~ to Applications of Psychology in Education.

The intent of the Distinguished Contributions to Education and Training Award is to recognize psychologists ~~[who make traditional contributions, who provide innovations, or who are]~~

~~involved in developmental phases of programs that influence]~~ whose contributions enhance the effectiveness of psychology education and/or training in psychology.

The intent of the Distinguished Contribution for Applications of Psychology to Education [~~and Training~~] is to recognize psychologists who contribute to [~~new~~] effective teaching methods or the solution of learning problems in educational settings, including PreK-12 schools, through the use of research findings or evidence-based practices. [~~Particular emphasis will be placed on the use of psychological knowledge to improve learning in educational settings, including pre-kindergarten to 12, or communities.~~] Career designation can be added to either award as determined by the committee.

C.(10) The Board voted to recommend that Council approve amending Association Rule 90-4 as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

90-4. COMMISSION FOR THE RECOGNITION OF SPECIALTIES AND PROFICIENCIES IN PROFESSIONAL PSYCHOLOGY

The Commission shall consist of [~~nine~~] ten 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 shall 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 an early career psychologist, and the tenth Commission seat shall be reserved for a Public Member who shall not be a psychologist. Both the early career psychologist and Public Member shall be appointed by the Board of Directors. [~~At least one member of the Commission shall be an early career psychologist.~~]

D.(11) The Board voted to recommend that Council approve amending the 1976 Policy on Encouraging Respecialization Training Programs as follows (bracketed/strikethrough material to be deleted):

Policy on Encouraging Respecialization Training Programs

Inasmuch as it is to the advantage of psychology and society to provide for a change of specialty or the development of dual specialties so as to encourage unique contributions that might be made by psychologists with broadly diversified backgrounds, Council adopts the following as official policy of APA.

1. We strongly urge Psychology Departments currently engaged in doctoral training to offer training for individuals, already holding the doctoral degree in psychology, who wish to change their specialty. Such programs should be individualized, since background and career objectives vary greatly. It is desirable that financial assistance be made available to students in such programs.
 2. Programs engaging in such training should declare so publicly and include a statement to that effect as a formal part of their program description and/or their application for accreditation.
 3. Psychologists seeking to change their specialty should take training in a program of the highest quality[, and, where appropriate, exemplified by the doctoral training programs and internships accredited by the APA].
 4. With respect to subject matter and professional skills, psychologists taking such training must meet all requirements of doctoral training in the new psychological specialty, being given due credit for relevant coursework or requirements they have previously satisfied.
 5. It must be stressed, however, that merely taking an internship or acquiring experience in a practicum setting is not, for example, considered adequate preparation for becoming a clinical, counseling, or school psychologist when prior training had not been in the relevant area.
 6. Upon fulfillment of all formal requirements of such training program, the student should be awarded a certificate indicating the successful completion of preparation in the particular specialty, thus according them due recognition for their additional education and experience.
- ~~[7. This policy statement shall be incorporated in the guidelines of the Committee on Accreditation so that appropriate sanctions can be brought to bear on university and internship training programs which violate paragraph 4, and/or 6 of the above.**]~~

E.(12) The Board requested that two suggested edits be made to the revised APA Model Education and Training Program in Psychopharmacology for Prescriptive Authority (RxP Model Curriculum) before bringing the item back for the Board's consideration on its January 8, 2019, call.

F. In executive session, the Board heard an overview of the actions taken in response to the initial concerns expressed by Division 44 and Committee on Sexual Orientation and Gender Diversity (CSOGD) about the nomination of a former Commission on Accreditation (COA) member employed by a faith-based university to represent APA on a DoEd rule-making committee. Staff provided context for the nomination, which included the 2015 approval by Council of the Standards of Accreditation affirming APA's long-standing policy to accredit psychology programs in faith-based universities that meet APA diversity requirements; staff communication with the chairs of both the Board of Educational Affairs and COA, regarding the nomination; and staff conversation with the nominee regarding his ability to

represent the interests of APA (rather than of his university) on the narrowly-defined and short-lived rulemaking committee. The staff and the Board reaffirmed support for the APA Standards of Accreditation policy requiring diversity, equity, and inclusion in such programs and its application by COA in accreditation decisions. The Board engaged in extensive discussion regarding the issues raised by multiple constituent and governance groups and the difficult dialogue that ensued. Division 44 and other divisions and CSOGD approached it from a diversity perspective and emphasized psychological science around sexual orientation and gender diversity. Members who approached it from a faith-based and religious perspective, including employment by faith-based universities, emphasized religious freedom concerns. All commenters recognized existing APA statements and policies. The Board considered several concerns, including the need for staff to proceed with its ordinary work (which includes implementing long-standing Council-approved policies such as accreditation policies, and frequent nominations or representation to other groups) while at the same time recognizing the importance of a process for identifying issues that may raise concerns that should be brought to the Board for either information or consultation in a timely manner.

X. PROFESSIONAL AFFAIRS

A.(13) The Board received an update on the work of the Advisory Steering Committee for Development of Clinical Practice Guidelines and APA Guidelines Development Panels and plans for 2019.

B. The Board received an update on development of the Clinical Practice Guideline for the Treatment of Depression in Children, Adolescents and Young, Middle aged and Older Adults.

XVI. FINANCIAL AFFAIRS

D. In executive session, the Board received an overview from Jean Carter, PhD, Treasurer, of the 2019 Proposed Budget based on the result of the prior week's Finance Committee meeting. The Board will continue to discuss the budget on future Board calls before voting on the budget at its February 14 meeting.

BOARD OF DIRECTORS

December 11, 2018

APPROVED MINUTES

Board Members Present: Jessica Henderson Daniel, PhD, ABPP; Rosie Phillips Davis, PhD, ABPP; Antonio E. Puente, PhD; Jean A. Carter, PhD; Jennifer F. Kelly, PhD, ABPP; Arthur C. Evans Jr., PhD; Le Ondra Clark Harvey, PhD; Helen L. Coons, PhD, ABPP; Stewart E. Cooper, PhD, ABPP; Joseph J. Coyne, PhD; Kevin Donnellan; Justin Karr, PhD; Mitchell J. Prinstein, PhD; Beth Rom-Rymer, PhD; Peter L. Sheras, PhD, ABPP; and Frank C. Worrell, PhD; incoming Board members Cynthia de las Fuentes, PhD; Shannon L. Wiltsey Stirman, PhD

Board Members Absent: incoming Board members Sandra L. Shullman, PhD; Diana Lee Prescott, PhD; Pamela E. Scott-Johnson, PhD

A. The Board discussed the recent messages on the Council listserv regarding ACC appointments and asked staff to work with a subset of the Board to determine if any additional messaging regarding the appointments is needed.

B. The Board decided to take an active role in soliciting candidates for the 2019 Board Member-at-Large Nominations.