COUNCIL OF REPRESENTATIVES
August 3 & 5, 2011

APPROVED MINUTES

I. MINUTES OF MEETING

A.(1) Council voted to approve the minutes of the February 18-20, 2011, Council of Representatives Meeting.

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

A.(2) Council voted to elect 124 members listed to initial fellow status, on the nomination of the indicated divisions, and on the recommendation of the Fellows Committee and the Board of Directors.

B.(3) Council voted to approve amending Association Rules 10-12, 100-6 and 210-5.2 and forwarding to the membership for a vote the amendments to Article XIX, Section 6 of the APA Bylaws along with an explanatory statement of the changes to the Life Status/Dues Exempt Category (bracketed material to be deleted; underlined material to be added):

APA BYLAWS

ARTICLE XIX: DUES AND SUBSCRIPTIONS

6. [Any Fellow, Member, or Associate member who has reached the age of sixty-five and has been a member of the Association for at least twenty-five years shall become eligible for a dues exemption reduction process, culminating in dues exemption.] There shall be a dues exempt category for those Fellows, Member and Associate members who reach eligibility requirements as set by Council. Such members shall retain all rights and privileges of membership in the Association except the privilege of receiving those publications of the Association ordinarily provided to its members as a membership benefit. In order to permit the receipt of such publications, however, an option to pay a reasonable subscription price/servicing fee for them shall be made available to dues-exempt members. (For purposes of this Subsection, membership in the American Association of Applied Psychology prior to its amalgamation with the American Psychological Association shall be counted.) Those dues exempt members opting not to pay the subscription price/servicing will be charged a minimal administrative fee as set by Council.

7. Any Fellow, Member, or Associate member who has been adjudged totally and permanently disabled shall be exempt from further payment of dues. Such members shall retain other rights and privileges of the Association.

ASSOCIATION RULES

10.12 LIFE MEMBERSHIP STATUS (DUES EXEMPTION)

10-12.1 Any member who has reached the age of [65] 69 and has belonged to the APA for a total of [25] 29 years, may choose to become dues exempt [begin the dues-reduction process,
culminating in dues exemption] by so advising Central Office of his or her eligibility. Any member, who, regardless of age or length of membership, has been adjudged totally and permanently disabled, may choose to become exempt from dues by so advising Central Office of his or her eligibility. Ordinarily, the transfer in status will become effective as of the January 1 immediately following the member’s request, but in appropriate circumstances the change in status may be made effective as of the previous January 1.

These members will be exempt from further payment of APA dues, as well as division dues, division assessments, or other assessments established by the Council. However, these members will have the option of paying a subscription price/service fee if they choose to receive the American Psychologist and the APA Monitor on Psychology. The subscription price/service fee will be determined by Council to allow for dues distribution to those APA divisions to which the dues-exempt member belongs and to help defray the costs of the American Psychologist, the APA Monitor on Psychology, and for administering services. Those dues exempt members opting not to pay the subscription price/servicing will be charged a minimal administrative fee as set by Council.

Dues-exempt members shall pay the same price for journals as dues-paying members. However, subscriptions to the American Psychologist and the APA Monitor on Psychology are included in the subscription price/servicing fee set by Council to cover such subscriptions and to help defray the cost of administering services to dues-exempt members. (see also Association Rule 100-6 LIFE MEMBERSHIP STATUS (DUES-EXEMPTION). The journal credit applies only to dues-paying members.

100-6. LIFE MEMBERSHIP STATUS (DUES EXEMPTION)

100-6.1 Any APA member who is exempt from paying dues shall also be exempt from further payment of division dues and assessments. However, divisions may, at their discretion, assess and collect from these members a mandatory subscription price/service fee to cover the costs of providing such division publications as may be requested by these members. (see also Association Rule 10-12-LIFE MEMBERSHIP STATUS (DUES-EXEMPTION).

210-5. DUES

210-5.1 In preparing the annual budget, the Finance Committee shall recommend necessary changes in dues rates. The Finance Committee’s recommendation will be reviewed by the Board of Directors and submitted to Council for approval.

210-5.2 The annual dues of Members, including Fellows, and Associate Members shall be determined by Council based on recommendations from the Membership Board, Finance Committee and Board of Directors. Dues amounts will be based on the following guideline:

Associate member Step 1 (years 1-3) 40% of regular Member dues.
Associate member Step 2 (years 4+) 72% of regular Member dues.
Member (Postdoctoral) Step 1 (years 1-3) 40% of regular Member dues.
Member (Postdoctoral) Step 2 (years 4-6) 60% of regular Member dues.
Member Step 3 (years 7 and 8) 80% of regular Member dues.
Member Step 4 (years 9+)

100% of regular Member dues.

[Dues for Members and Associate members who have reached both 65 years of age and 25 years of membership, and have advised Central Office of their choice to begin the dues-reduction process, shall be based on the following schedule. At any step in the process where dues are less than the current subscription price/servicing fee, the latter shall prevail.]

- Step 1 (first year) – 90% of regular dues
- Step 2 (second year) – 70% of regular dues
- Step 3 (third year) – 50% of regular dues
- Step 4 (fourth year) – 30% of regular dues
- Step 5 (fifth year) – full dues exemption

When full dues exemption is attained, the subscription price/servicing fee option becomes available.

Fellows, Members and Associate members who have reached both 69 years of age and 29 years of membership, and have advised Central Office of their eligibility will become dues exempt and the subscription price/serving fee option becomes available. Those dues exempt members opting not to pay the subscription price/servicing will be charged a minimal administrative fee as set by Council.

Council voted to include pro and con statements and the following explanatory statement with the Bylaw amendment ballot:

If approved, the Bylaw changes, effective with the 2013 dues cycle, would do the following:

1. Eliminate the dues step-down process;
2. Remove the criteria for eligibility for dues exemption from the Bylaws, thereby giving Council the authority to approve the criteria for eligibility;
3. Add a minimal administrative fee ($25 for 2013) for those dues-exempt members who opt not to pay the publications fee (for continued receipt of the Monitor and American Psychologist). (The administrative fee would not be applied retroactively, i.e. members who have already achieved life status membership will not be subject to the administrative fee.)

The Council of Representatives voted (135 in favor/15 against/4 abstentions) to approve amendments to the Association Rules that would change the criteria for eligibility for becoming dues exempt to 69 years of age and 29 years of membership. If the Bylaw changes are approved by the Membership, the Rule changes would become effective with the 2013 dues cycle.

Currently members who are turning 65 years of age during the dues year and have at least 25 years of APA membership are eligible to enter a five year (Year 5 – 0 dues) life status dues ramp-down schedule. If approved, beginning in 2013, members would become life status members at 69 years of age and 29 years of membership and the step down process will be eliminated. Both the age and years of membership requirements must be attained to be eligible for the life status membership category. Those members who have begun the dues step down process by 2012 would continue to remain in the process before becoming dues exempt in 2016.
C.(4) Council voted to approve the following changes to Association Rule 110.7 to become effective with the 2012 presidential election cycle (bracketed material to be deleted; underlined material to be added):

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

110-7.1 It is the intent of these guidelines to keep the amount of campaigning and electioneering for the office of President-elect within reasonable limits and to assist in the maintenance of a spirit of collegiality and essential fairness in such elections. These guidelines shall apply to the nomination and election process for the office of APA President-elect.

A. Eligibility, Published Statements, Campaign Restrictions

1. Eligibility and appropriateness of members of the Board of Directors to stand for the APA Presidency. [The Board of Directors represents all segments of APA and, since the Board is a representative body, it is only reasonable to expect that one or more members of the Board may be nominated at any particular time.] Members of the Board of Directors are eligible to stand for and accept nominations for the APA Presidency.

2. Eligibility and appropriateness of standing for the APA Presidency while standing for another APA office. Individuals serving in the APA Presidency cycle shall not hold offices within the Association other than the ex officio positions that accompany that office. A person elected to the APA Presidency shall, during the term of President-elect, President, and Past President, be restricted from holding any other APA office, including divisional offices, that is not an ex officio extension of the Presidential office.

3. Call to membership of potential presidential nominees. An annual announcement [will be made] in the December issue of the APA Monitor on Psychology will inform [informing] potential presidential nominees of the opportunity to speak at the February Council meeting and invite them to submit a brief statement (50 words or less) [that would] to accompany the President-Elect [N]omination ballot. The deadline for submission of [the] such statements [will be] is close of business on January 15.

4. Statement on the issues facing psychology. After the slate of candidates is announced, each one will be invited to provide a statement regarding their candidacy. The candidates' statement accompanying the election ballot should be confined to discussion of issues facing psychology and the APA and should not exceed 1,000 words. The APA Monitor on Psychology will provide coverage of the candidates in a question and answer format in issues published between their nomination and the election. [At the Fall Consolidated meeting, e]Each board and committee reporting to Council or the Board of Directors will be [asked] invited to develop questions, which will be reviewed by the Election Committee. Six (6) final questions reflecting important issues to APA’s various constituencies will be selected by the Election Committee and presented to each candidate. Their written responses will be edited for APA style by APA Monitor on Psychology editors and returned to the candidates for approval [and will appear] before appearing, in [a table] tabular format, over three subsequent issues of the APA Monitor on Psychology. The answers to each question will be limited to 100 words. Each candidate will also be given the opportunity to write a short statement, not to exceed 300 words, as a lead into
their questions and answers. The Past President, as chair of the Election Committee, is responsible for enforcing these limitations.

5. **Appropriateness of a member of the Board of Directors endorsing a particular candidate.**
Since the Board of Directors is the executive committee of the Association as a whole, it should be viewed as being nonpartisan, and, as a matter of protocol, Board members should not endorse candidates for the office of President-elect.

[6. Appropriateness of campaign methods and expenditures. Expenditure of the candidate's own funds or those of other individuals or organizations for mass communication has traditionally been regarded as undesirable and inappropriate. However, it is acceptable for APA divisions, state/provincial/territorial psychological associations, and established continuing coalitions to give their support to particular candidates in their newsletters or via electronic communications (electronic mail, electronic bulletins or faxing) to an established network. Recipients of campaign material that goes beyond such endorsements should understand that campaigning by expensive mass communication strains the political fabric of APA and be wary of it. The membership is put on notice that "caveat emptor" applies in regard to political communications.]

6. **Reporting of Campaign Funds.** APA Presidential Candidates are required to report any financial support greater than $200 that they received while seeking nomination or election from August 1 of the preceding year of the election through two weeks prior to the start of the president-elect election balloting period. Financial support includes direct money payments, in kind services, advertising on behalf of the candidate, etc. Cash contributions to candidates must be documented with the source of the contribution. This will include support from any individual, group, organization, society, APA Division, State Association, or caucus of APA Council. Any honorarium and expenses for travel to present or speak to a group specifically regarding the candidate’s nomination or election also must be reported. If there is a question about whether financial support is reportable, it should be reported.

Candidates will report all contribution sources and amounts on a form approved by the Election Committee. Candidates must sign verifying that the report is complete and submit it to the APA Election Office no later than September 1. Candidates may not accept contributions after this date. The data will be made available to the membership on the APA Election website.

7. [Use of] **Selling or providing APA mailing labels and email address lists.** [The use of APA mailing labels on behalf of candidates for office in APA, divisions, or state/provincial/territorial associations is not approved. Additionally,] APA will not sell or provide mailing labels or email address lists for campaign purposes.

8. **Use of [list servers] listservs (electronic lists).** APA Central Office will not establish[,] or provide[,] or sell [list servers] listservs or other electronic communities for campaign purposes. However, list members may discuss APA elections and APA candidates on established lists to which they subscribe.
B. Statement of Compliance with Guidelines

After the Election Committee announces the candidates, each one [is mailed] will receive a copy of these guidelines. Each candidate [is asked to] must agree to and sign a statement acknowledging that he or she has received the guidelines, pledge to adhere to them, and [that he or she] will report to the Election Committee immediately any deviations from the guidelines of which he or she becomes aware.

C. Promulgation of These Guidelines

The guidelines in their entirety shall appear in the December or January and the May issues of the APA Monitor on Psychology. Each January the Election Committee will send the guidelines to divisions, state/provincial/territorial psychological associations, coalitions, and newsletter editors.

D. Compliance

Member complaints regarding violations of these guidelines will be addressed by the Election Committee. Upon receipt of a complaint, the Election Committee will provide the candidate with notice and an opportunity to respond to the allegations and/or to correct his or her report regarding campaign funds required by 110-7.1. A6. Recognizing that the goal of reporting requirements is to achieve transparency for the benefit of the voters, based on information it receives regarding a complaint, the Election Committee may also modify the APA election website to supplement or correct any information about candidate financial support.

D.(5) Council voted to reject the main and substitute main motions of Council New Business item #26C, APA Campaign Finance Reform.

E.(34) Council received an update regarding the item “CPA/APA Dual Membership Discount” that it postponed from its February 2011 meeting.

F.(40) Council received an update regarding the new-business-in-progress item “Collecting Data and Developing Interim Procedures Targeting the Early Career Psychologist.”


III. ETHICS

No items.

IV. BOARD OF DIRECTORS

A.(6) Council voted to approve the following amendments to Association Rule 30-6 (bracketed material to be deleted; underlined material to be added):
30-6.1 A specific motion shall be transmitted in the following manner: (a) a motion introduced by a Council representative shall first be reviewed by the chair of CSFC, in consultation with appropriate APA staff and the Agenda Planning Group; (b) a motion forwarded by a committee shall be transmitted either to the board listed in Association Rule 50-5 or directly to the Board of Directors, if no other board is specified; (c) a motion forwarded by a board other than the Board of Directors shall be transmitted directly to the Board of Directors; and (d) the Board of Directors shall develop an agenda for Council. In so doing, the Board of Directors shall transmit all motions from boards, committees, and Council representatives to Council, unless otherwise provided in the APA Bylaws or in the Association Rules.

The Board of Directors will provide a rationale whenever its recommendation to the Council of Representatives is to alter or oppose the main motion.

30-6.2 Reports from a board or committee, task force, or any other component or affiliate of APA are intended to provide and summarize knowledge in order to inform and educate. Such reports commissioned and produced under the auspices of APA become the property of the Association. Each report should reference existing APA policies on the topic at hand. Task force reports and other reports, where appropriate, shall include an executive summary comprising a synopsis of the report. The executive summary shall include recommendations and suggested policy statements based on key findings and, when indicated, appropriate scientific review, that can be developed into action items for Council to consider.

Reports never constitute APA policy, but rather serve as background material for future reference and use. Statements of policy and other recommendations emanating from reports must come before the Council as main motions, with the usual accompanying information on fiscal implications, scientific foundation (when indicated), and recommendations as to the appropriate entity that would have the responsibility to carry out the action(s) contemplated. Council may vote to receive, refer, or reject a report. Council votes to receive a report when a majority of its members, present and voting, generally agree with the contents of the report. When Council receives a report, the contents do not become APA policy nor do the proposed recommendations become implemented without passage of separate main motions. Distribution of received reports may occur via posting on the APA Web site and/or in other formats. Received reports shall include the following statement presented with high visibility on one of the introductory pages: “APA reports synthesize current psychological knowledge in a given area and may offer recommendations for future action. They do not constitute APA policy nor commit APA to the activities described therein. This particular report originated with the APA (insert the name of the governance body).”

The motion to refer a report may send the report back to the originator(s) of the document or to other APA entities to address Council’s questions, concerns, or for further study. The consideration of the report by Council may be postponed to a later date.

When Council rejects a report, it remains the property of APA. The report does not constitute APA policy and, in the interest of accuracy, APA requests that any reference to this report state that it was rejected by APA Council. Any copy of the report shall include the following statement on each page: “This report was prepared by the APA (insert name of governance body) but was rejected by the APA Council of Representatives.”
30-6.3 When indicated, motions/reports shall reflect the most appropriate and relevant scientific data and literature available. Reviews of the scientific literature must be fact-checked. The moving board or committee shall assume responsibility for conducting or obtaining the appropriate scientific review, including the identification of pros, cons, and limitations of the conclusions based on the science. Independent scientific merit review shall be the responsibility of the moving board or committee. The results of such review shall be made available as part of the supporting documentation.

30-6.[3]4 Motions presented by the Board of Directors and standing boards and committees to Council shall be in one of the following forms (note that substitute motions are treated as amendments where relevant):

(1) If the board or committee recommends adoption or rejection of the original motion, or makes no recommendation, the question should be on adopting the motion. That is, the question is on adopting the original motion, the recommendation of the board or committee notwithstanding.

(2) If the board or committee recommends that the original motion be amended, the question should first be on this amendment. If the amendment passes, action is then taken on the amended motion. If the amendment fails, amendments by Council are in order. Following any further amendment action, the original motion with any amendments is in order.

30-6.[4]5 Annual reports of boards and committees shall be provided to the Board of Directors and Council.

30-6.[5]6 At each meeting of the Council of Representatives, legal counsel will report on the nature, status and financial implications of legal actions involving the Association.

Council voted to approve the following modifications to the Council New Business Form:

Within the “issue” section of the general instructions:

Issue: Provide a rationale for the motion as well as relevant background information, keeping in mind the Guidelines for Council Resolutions in the last section of this form. Avoid extraneous detail.

Within the “Guidelines for Council Resolutions” section:

These guidelines apply to all resolutions submitted to Council for consideration. The following information must be provided: (1) The purpose and rationale for the resolution stated clearly, and documenting its relevance to psychology or psychologists; (2) The issue’s importance to psychology or to society as a whole; (3) [Representative] When appropriate, a scholarly review of scientific or empirical findings or other forms of data related to the resolution, including an independent assessment of the merit of that review; (4) The likelihood of the resolution having a constructive impact on public opinion or policy.

B.(7) Council voted to request that 2012 diversity training be focused on the topic of Disability. Council requested that diversity training programs be relevant to APA governance and that an assessment acceptable to CSFC be included in any diversity training program beginning in 2012.
Council also requested exploration of new models for delivery of future diversity training including the use of technological solutions to improve the current process and increase access to training.


D.(27A) A new business item “Proposed Resolution on Interrogations of Criminal Suspects” was referred to the Committee on Legal Issues and the Board for the Advancement of Psychology in the Public Interest.

V. DIVISIONS AND STATE AND PROVINCIAL ASSOCIATIONS

No items.

VI. ORGANIZATION OF THE APA

A.(9) Council voted to approve the extension of the expiration date for the Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists to 2013.

B.(10) Council voted to approve the seven strategic initiatives as outlined below and the creation of a designation of net assets in the amount of $2.1 m for 2012 to fund the first year expenses of the seven initiatives:

1. Assess and restructure business models for membership dues, annual convention and APA products to increase member engagement and value.

2. Conduct ongoing analyses of current and future demand for the psychology workforce to meet national needs.

3. Continue to develop and promulgate treatment guidelines to promote the translation of psychological science.

4. Evolve and expand the public education campaign to include the entire discipline of psychology.

5. Promote opportunities for graduate and continued professional development to advance psychology in health, including interdisciplinary training.

6. Increase support for research, training, public education, and interventions that reduce health disparities among underserved/marginalized populations.

7. Forge strategic alliances with health care organizations to include psychologists in integrated health care services.

C.(35) Council received as information the 2010 Policy and Planning Board 5-Year Report.

D.(36) Council received an update on the item “Seating the Four Ethnic Minority Psychological Associations on Council”.
VII. PUBLICATIONS AND COMMUNICATIONS

No items.

VIII. CONVENTION AFFAIRS

A.(11) Council voted to approve the following actions for enhancing the APA convention and asked the Board of Convention Affairs to implement and oversee the changes beginning with the 2014 Convention and bring an evaluation of the changes back to Council in 2017:

A. Reduce the overall size of the convention while increasing programming hours focused on cross-cutting themes as follows:
   
   i. Expand the Central Programming Group (CPG) from 6 to 16. Their charge will be to create programming that demonstrates the unique role of APA as a unifying force for psychology and the only association that represents all of psychology and to develop cross-cutting themes throughout the various programming that are presented in a variety of formats. Control of the hours currently assigned to governance groups will revert to the CPG, but those groups will continue to have input through representation on the expanded CPG. Specifically, the additions to CPG will consist of members representing the four major boards (BAPPI, BEA, BPA, BSA), CAPP, CODAPAR, Early Career Psychologists, APAGS, CEC and BCA. BCA will continue to appoint content experts as needed and oversee the functioning of this group.
   
   ii. Reduce total convention programming hours by 20% to 1250 hours. Divide the 1250 hours as follows: 1000 hours will be allocated to Divisions, with no distinction made between substantive and non-substantive hours; CPG will oversee the programming of the remaining 250 hours. One-half (125) of CPG hours are set aside for division collaborative theme-based programming.
      
      a. To allow time for divisions to get used to the new formula, the following adjustment will be made: Using the 2010 convention attendance as a baseline, in 2014 no division’s hours will be reduced more than 30%, in 2015 no more than 35%, and 2016 no more than 40%.
      
   iii. Retain programs that provide members with essential information, including regulatory groups (e.g. CEC Sponsor Approval, CoA, CRSPPP, Ethics) and address unique needs of affiliate membership groups (e.g. APAGS, TOPPS, PT@CC). Presidential program time should also be retained. These program hours would come from the 250 hour CPG pool.
   
   iv. Eliminate the Thayer Formula and replace it with the Proportional Model as defined in the Convention Task Force Report that will assure all divisions a minimum of 10 Convention hours with additional hours being allocated based on actual division member attendance for the previous three years. The model includes accommodations in the first two years that more gradually phase in the changes.

B. Funding to improve program quality and inter-divisional collaboration through training of division program chairs. BCA will oversee training curriculum, and training to take place at the Division Leadership Conference.

C. Funding for APA and divisions to bring in high quality presenters.

D. Increase the visibility and number of high-quality Poster sessions.
2. Council also voted to approve in principle the addition of two community expert positions on BCA and requested that relevant Bylaw and Rule changes for adding the positions be brought to Council for action in February 2012.

IX. EDUCATIONAL AFFAIRS

A.(12) Council voted to 1) adopt as APA policy the revised National Standards for High School Psychology Curricula (Exhibit 1); 2) approve August 2018 as the expiration date for the guidelines; and 3) archive the National Standards for High School Psychology Curricula (APA, 2005).


C.(14) Council voted to approve the revised Principles for the Recognition of Specialties in Professional Psychology.

D.(15) Council voted to approve the renewal of recognition of Sport Psychology as a proficiency in professional psychology for an additional period of seven years to be reviewed again in 2018 unless otherwise warranted by provisions outlined in the CRSPPP Procedures for Recognition of Specialties and Proficiencies in Professional Psychology.

E.(16) Council voted to approve the renewal of recognition of Clinical Health Psychology as a specialty in professional psychology for a period of seven years, to be reviewed again in 2018 unless otherwise warranted by provisions outlined in the CRSPPP Procedures for Recognition of Specialties and Proficiencies in Professional Psychology.

F.(17) Council voted to approve an extension for recognition of Industrial-Organizational Psychology as a specialty in professional psychology for an additional period of one year.

X. PROFESSIONAL AFFAIRS

A.(18) Council voted to approve the following amendments to Association Rule 130-4 (bracketed material to be deleted; underlined material to be added):

130-4. COMMITTEE ON PROFESSIONAL PRACTICE AND STANDARDS

There shall be a Committee on Professional Practice and Standards that shall perform the following function: (a) develop and recommend to BPA standards and guidelines for providers of psychological services: (b) along with the Board of Professional Affairs, provide assistance to other APA bodies developing practice guidelines: (c) monitor, evaluate, and develop information regarding the scientific and professional aspects of psychological services: (d) recommend to BPA actions to implement these policies: and (e) monitor federal and state laws and regulations affecting delivery of psychological services to ensure the use of psychology in the public interest.

The Committee shall consist of [seven] nine members, including a member from the Board of Professional Affairs, [six] eight of whom shall be elected for staggered terms of three years, and one member (from the Board) shall be appointed for a term of up to two years. The Committee shall report to Council through the Board of Professional Affairs.
All policies and actions that the Committee believes the Association should take are governed by policies of APA and are channeled through the Board of Professional Affairs.

B.(19) Council voted to adopt as APA policy the Specialty Guidelines for Forensic Psychology and approve August 2021 as the expiration date for the Guidelines.


D.(28) Council received an update on the business pending item “Best Practice Guidelines on Prevention, Practice, Research, Training and Social Advocacy for Psychologists.”

E.(29) Council received an update on the business pending item “Structure and Function of an Interdisciplinary Team for Persons with Acquired Brain Injury.”

F.(30) Council received an update on the business pending item “Strategies for Education and Training of Psychologists in the Use of ICD-10-CM.

G.(31) Council received an update on the business pending item “Implications of the Model Licensing Act for I/O Psychology.”

H. (31A) Council received an update on the business pending item “Recognition of Psychotherapy Effectiveness.”

XI. SCIENTIFIC AFFAIRS

A.(21) Council voted to adopt as APA policy the following Resolution on Advocacy for Psychology as a STEM Discipline, and instructs the CEO to develop a plan of action with budgetary implications in support of it.

Advocacy for Psychology as a STEM Discipline

WHEREAS the APA has clearly identified increased recognition of psychology as a science as a priority, through its Strategic Plan Goal 3 and the recently received Report of the Presidential Task Force on the Future of Psychology as a STEM (science, technology, engineering, and math) discipline (American Psychological Association, 2009; American Psychological Association, 2010);

WHEREAS psychology is inconsistently recognized as a STEM discipline within other major federal agencies that fund training and research of scientists to solve grand challenges and maintain national competitiveness (American Psychological Association, 2010; Kazdin, 2009; National Science Foundation, Division of Science Resources Statistics, 2009);

WHEREAS psychologists are often excluded from opportunities for STEM-related funding for education and research programs (Kuenzi, 2008; National Governors Association, 2007; National Science Foundation, 2009);
WHEREAS new funding opportunities for funding and science policy are emerging in government agencies where APA advocacy staff do not have historically established alliances (American Psychological Association, 2010);

WHEREAS the breadth and number of funding dollars and opportunities has rapidly expanded over the past 10 years, and budgets at agencies such as NSF are on a growth trajectory (Matthews, 2010);

WHEREAS behavioral science is losing market share for funding within agencies such as NIH, NSF, and HRSA, and psychologists are facing increased competition for funding dollars within the shrinking allocations for behavioral science work (Levine, Abler, & Rosich, 2004);

WHEREAS monitoring of rapidly changing funding environments and development of comprehensive programs of advocacy within this changing environment requires additional resources;

WHEREAS these conditions create the need for rapid response by APA in order to maintain and grow the opportunities for psychologists to obtain research funding;

WHEREAS surveys of the APA membership show that scientific advocacy is one of the greatest member benefits of APA;

WHEREAS despite all of these changes and challenges, the budget allocation for science advocacy within APA has remained stable;

THEREFORE BE IT RESOLVED that the American Psychological Association supports its priority for recognition of psychology as a science by increasing resources for advocacy for psychological science. Increased resources would support activities such as:

- Expanding the executive branch fellow system;
- Organizing congressional briefings on topics in which psychological science can be highlighted;
- Increasing the number of nominations of psychological scientists to advisory boards and panels;
- Monitoring new opportunities for funding for psychological science;
- Monitoring new resources available for training psychologists, including women and under-represented minorities, in STEM related sub-areas of psychology;
- Holding workshops for psychologists to take advantage of new funding opportunities or to be able to advocate for themselves with their representatives at the federal and state level;
- Creation of a science advocacy network, structured in a similar way to the very successful and effective Federal Advocacy Network of the APA Practice Organization;
- Expanding the range and frequency of contact with agencies that fund STEM research;
- Increasing the focus of APA’s public education campaign on the promotion of awareness of psychology as a science.

BE IT FURTHER RESOLVED that the American Psychological Association will develop concrete measures of its effectiveness in advocacy for psychological science in the following ways:

- Assess the increase in number of agencies and organizations with which APA communicates about STEM related issues, such as the Departments of Energy and Transportation, AAAS and Friends of NSF;
• Measure increases in the number and budget of funding for psychology’s participation in interdisciplinary STEM training programs, including those aimed at recruiting and training women and under-represented minorities;
• Determine the change in number of Federal programs and reports in which psychological science is included as a STEM discipline;
• Assess the increase in number of psychological scientists on scientific advisory boards and commissions, review panels, and among senior staff of STEM agencies;
• Measure changes in awareness of APA members of funding opportunities through STEM agencies that have not traditionally included psychologists as grant recipients;
• Monitor increases in the number of women and minorities attaining degrees in sub-areas of psychology where they have been traditionally under-represented.

References


B.(32) Council received an update on the business pending item “Affirming, Supporting and Disseminating Psychological Research on Global Climate Change.”
C.(42) Council received an update on the new-business-in-progress item “Revision of the Standards for Educational and Psychological Testing.”

XII. PUBLIC INTEREST

A.(22) Council voted to adopt the following Resolution on Marriage Equality for Same-Sex Couples as APA policy:

Resolution on Marriage Equality for Same-Sex Couples

WHEREAS People benefit by sharing their lives with and receiving support from their family, friends, and other people who are important to them (Cohen & Wills, 1985);

WHEREAS A person’s sexual orientation defines the universe of persons with whom he or she is likely to find the satisfying and fulfilling romantic and intimate relationships that, for many individuals, comprise an essential component of personal identity (D’Augelli, 2000; Gonsiorek & Weinrich, 1991; Herek, 2001, 2006; Peplau & Garnets, 2000);

WHEREAS Homosexuality is a normal expression of human sexual orientation that poses no inherent obstacle to leading a happy, healthy, and productive life, including the capacity to form healthy and mutually satisfying intimate relationships with another person of the same sex and to raise healthy and well-adjusted children, as documented by several professional organizations (American Psychiatric Association, 1974; American Psychological Association, 2004a, 2004b; Conger, 1975, National Association of Social Workers, 2003);

WHEREAS Many gay men and lesbians, like their heterosexual counterparts, desire to form stable, long-lasting, and committed intimate relationships and are successful in doing so (Gates, 2006; Henry J. Kaiser Family Foundation, 2001; Herek, Norton, Allen, & Sims 2010; Peplau & Fingerhut, 2007; Simmons & O’Connell, 2003);

WHEREAS The consideration of policies to provide or deny same-sex couples full access to civil marriage and other legal forms of family formation in all branches of both the federal and state governments in the United States has frequently subjected the human rights of lesbian, gay, and bisexual people to public debate and resulted in wide variation among jurisdictions in access to these rights (Gates, Badgett, & Ho, 2008; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010; Herek, 2006; National Gay and Lesbian Task Force, 2010; Rostosky, Riggle, & Horne 2009; Russell, 2000);

WHEREAS Emerging evidence suggests that statewide campaigns to deny same-sex couples legal access to civil marriage are a significant source of stress to the lesbian, gay, and bisexual residents of those states and may have negative effects on their psychological well-being (Hatzenbuehler et al., 2010; Rostosky et al., 2009);
WHEREAS The denial of civil marriage, including the creation of legal statuses such as civil unions and domestic partnerships, stigmatizes same-sex relationships, perpetuates the stigma historically attached to homosexuality, and reinforces prejudice against lesbian, gay, and bisexual people (Badgett, 2009; Herek, 2006; Hull, 2006);

WHEREAS Many gay, lesbian, and bisexual adults who are in a committed same-sex relationship have taken advantage of the right to marriage, either in their home jurisdictions or in other jurisdictions, even though many jurisdictions that do not permit marriage of same-sex couples do not recognize these valid marriages (Badgett, 2009; Gates et al., 2008; Herel, Marech, & Lelchuk, 2004; Marech, 2004);

WHEREAS Many other adults who are in a committed same-sex relationship wish to marry, but are prevented by state law from being married in their home jurisdiction or from receiving recognition of their marriages performed elsewhere (Herek et al., 2010);

WHEREAS Empirical research demonstrates that the psychological and social aspects of committed relationships between same-sex partners closely resemble those of heterosexual partnerships, and an emerging research literature suggests that legally recognized same-sex relationships may also be similar to heterosexual marriages in these psychological and social aspects (Balsam, Beauchaine, Rothblum, & Solomon, 2008; Kurdek, 2004, 2005; Peplau & Fingerhut, 2007);

WHEREAS Married individuals generally receive social, economic, health, and psychological benefits from their marital status, including numerous rights and benefits provided by private employers and by state and federal governments (Badgett, 2001; Brown, 2000; Chauncey 2005; Gove, Hughes, & Style, 1983; Gove, Style, & Hughes, 1990; Kiecolt-Glaser, 2001; Murray, 2000; Ross, Mirowsky, Goldsteen, 1990; Stack & Eshleman, 1998; Williams, 2003;

WHEREAS All people can be adversely affected by high levels of stress and the link between experiencing stress and manifesting symptoms of psychological or physical illness is well established in human beings and other species (Cohen, Doyle, & Skoner, 1999; Dohrenwend, 2000); Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002);

WHEREAS Individuals with a homosexual or bisexual orientation are often subjected to minority stress, that is, additional stress beyond what is normally experienced by the heterosexual population, as a consequence of stigma, discrimination, and violence (Badgett, 2001; Berrill, 1992; Herek, 2009; Herek, Gillis, Cogan, 1999; Mays & Cochran, 2001; Meyer, 1995; 2003; Meyer, Schwartz, & Frost, 2008);

WHEREAS The experience of minority stress may create somewhat higher levels of illness or psychological distress in the sexual minority population, compared to the heterosexual population (Herek & Garnets, 2007; Mays & Cochran, 2001; Meyer, 1995; 2003);

WHEREAS Minority stress is common to all minority groups that experience stressors due to prejudice and discrimination based on their minority status (Meyer, 2003);

WHEREAS Lesbian, gay, and bisexuals with multiple minority statuses (e.g., people of color, persons with disabilities) often experience a dual minority stress that may negatively impact
their mental health (Crawford, Allison, Zamboni, & Soto, 2002; Green, 1994; Harley, Nowak, Gassaway, & Savag, 2002).

WHEREAS Policies supportive of lesbian, gay, and bisexual people’s human rights may have positive effects on their psychological well-being (Blake, Ledsky, Lehman, Goodenow, Sawyer, Hack, 2001; Goodenow, Szalacha, & Westheimer, 2006; Hatzenbuehler, Keyes, Hasin, 2009);

THEREFORE BE IT RESOLVED, That the American Psychological Association supports full marriage equality for same-sex couples;

BE IT FURTHER RESOLVED, That the American Psychological Association reiterates its opposition to ballot measures, statutes, constitutional amendments, and other forms of discriminatory policy aimed at limiting lesbian, gay, and bisexual people’s access to legal protections for their human rights, including such measures as those that deny same-sex couples the right to marry (Conger, 1975, APA 2007);

BE IT FURTHER RESOLVED, That the American Psychological Association calls on state governments to repeal all measures that deny same-sex couples the right to civil marriage and to enact laws to provide full marriage equality to same-sex couples;

BE IT FURTHER RESOLVED, That the American Psychological Association calls on the federal government to extend full recognition to legally married same-sex couples, and to accord them all of the rights, benefits, and responsibilities that it provides to legally married different-sex couples;

BE IT FURTHER RESOLVED, That the American Psychological Association encourages psychologists and other behavioral scientists to conduct quality research that extends our understanding of the lesbian, gay, and bisexual population, including the role of close relationships and family formation on the health and well-being of lesbian, gay, and bisexual adults and youths;

BE IT FURTHER RESOLVED, That the American Psychological Association encourages psychologists and other professionals with appropriate knowledge to take the lead in developing interventions and in educating the public to reduce prejudice and discrimination and to help ameliorate the negative effects of stigma;

BE IT FURTHER RESOLVED, That the American Psychological Association will work with government and private funding agencies to promote such research and interventions to improve the health and well-being of lesbian, gay, and bisexual people.

References


*Same-sex couples and the gay, lesbian, and bisexual population: New estimates from the American Community Survey.* Retrieved from UCLA School of Law Williams Institute website: http://www.law.ucla.edu/williamsinstitute/publications/SameSexCouplesandGLBpopACS.pdf.


RESOLUTION ON FAMILY CAREGIVERS

WHEREAS 65.7 million Americans, in 31 percent of all U.S. households, provide family caregiving during the course of any given year for ill or disabled family members across the lifespan, including 48.9 million who have cared for only adult recipients, 3.9 million who have cared for only child recipients, and 12.9 million who have cared for both child and adult recipients (National Alliance for Caregiving, 2009);

WHEREAS 16.8 million family caregivers have provided care to a child under the age of 18 with special needs (National Alliance of Caregiving, 2009), 9.9 million family caregivers have provided care for a person with Alzheimer’s disease or other dementia (Alzheimer’s Association, 2009), 8 million U.S. families include at least one parent that has a disability (Parents with Disabilities Online, 2010), 2.4 million family caregivers are primary caregivers for their grandchildren (U.S. Census Bureau, 2006), and 1.3 to 1.4 million children and teens serve as caregivers for sick siblings, parents or aging relatives (National Alliance for Caregiving, 2005);

WHEREAS the number of family caregivers is expected to increase due to the aging of the population, and an escalating rate of chronic, debilitating health conditions (Crimmins, 2010) and fully two-thirds of the U.S. public expects to be caregivers in the future (Opinion Research Corporation, 2005);

WHEREAS the majority of family caregivers are women (National Alliance for Caregiving, 2009) including over two-thirds of grandparent caregivers (Butts, 2005), and there is evidence that women take on more caregiving tasks, report more care recipient problems, and experience more distress due to caregiving than male caregivers (Pinquart & Sorensen, 2006a; Yee & Schulz, 2000);

WHEREAS the percentage of males who are primary caregivers has increased 50% from 1984 to 1994 (Spillman & Pezzin, 2000);
WHEREAS many spousal caregivers of individuals aged 65 and older are older themselves – most spouses who provide care to their disabled spouse are aged 65 and older, with 44% of spouse caregivers in their 70s and about one quarter in their 80s (Johnson & Weimer. 2006);

WHEREAS almost half -- 46 percent -- of lesbian, gay, bisexual and transgendered elders provide care to families of origin or families of choice (National Gay and Lesbian Task Force Policy Institute, 2005);

WHEREAS children and adolescents who serve as caregivers are at risk for less than optimal developmental, social, emotional, and/or behavioral outcomes, specialized services targeting this population are needed (National Alliance for Caregiving, 2005);

WHEREAS family caregivers are essential in providing care and facilitating community re-integration for service members and Veterans, many of whom are unprepared to cope with chronic illnesses exacerbated by age, and/or polytraumas such as brain injury, chronic pain, amputations or post-traumatic stress disorder (PTSD), and other mental health disorders that have been reported by a majority of active, reserve and retired service members of Operation Iraqi Freedom/Operation Enduring Freedom (President’s Commission on Care for America’s Returning Wounded Warriors, 2007);

WHEREAS family members of those with severe mental illness may need to assume supportive caregiving functions at times, especially during periods of acute exacerbation of illness, because of the scarcity of community-based housing alternatives and mental health services (Kaufman, et al, 2010; Lefley, 2009);

WHEREAS end-of-life caregiving presents a number of particular challenges, including the necessity of making life and death decisions about matters such as whether to utilize life-sustaining treatments and hospice care, intense care demands, and witnessing pain and suffering in loved ones (Stajduhar et al., 2010);

WHEREAS 1 in 10 working-age adults between 19 and 64 years of age are caregivers for a sick or disabled family member, and these working-age family caregivers are more likely to miss days of work, lack health insurance coverage, and live in households with incomes that are less than twice the federal poverty level, compared to non-caregivers (The Commonwealth Fund, 2005);

WHEREAS the nature and outcomes of family caregiving, and family structures and roles are different for various sub-groups, depending on such factors as age, gender, cultural and ethnic diversity and traditions, disability, sexual orientation, language, values and beliefs, socioeconomic status, degrees of acculturation and assimilation, interpersonal life experiences, religious affiliation, and geographic location (APA, 2010);

WHEREAS family caregivers may experience considerable burden, stress, and disruption of their own well-being, employment, educational and social pursuits (National Alliance on Caregiving, 2005), and are at increased risk for psychological and physical health problems, including premature mortality (Pinquart & Sorensen, 2003; Schulz & Beach, 1999), and increased mortality, coronary heart disease and stroke, particularly under conditions of high strain (Haley, et al., 2010; Lee, Colditz, Berkman, & Kawachi, 2003);
WHEREAS caregiving has significant consequences on the mental and behavioral health of family caregivers, including higher levels of stress and distress, depression, emotional problems, and cognitive problems than their non-caregiving counterparts (Brehaut et al., 2004; Douglas & Daly, 2003), and estimates suggest that between 40 to 70 percent of caregivers have clinically significant symptoms of depression, with approximately one-fourth to one-half of these caregivers meeting the diagnostic criteria for major depression (Zarit, 2006);

WHEREAS despite their important function in carrying out the in-home care plans prescribed by health care and social service systems, and a sense of fulfilling one’s family obligations and responsibilities, family caregivers frequently operate without adequate training, preparation, or ongoing support from these systems (Shewchuk & Elliott, 2000);

WHEREAS APA has historically supported efforts to enhance the health and well-being of family caregivers as exemplified in its 2010 Presidential Initiative on Caregivers and its product, The Family Caregiver Briefcase for Psychologists, the adoption of Blueprint for Change: Achieving Integrated Health Care for an Aging Population (2007) that highlights the role of family caregivers in integrated care models, and its membership in coalitions to encourage increased services and research to support the needs of family caregivers, including the National Alliance for Caregiving, Lifespan Respite Task Force, National Quality Caregiving Coalition, and the Consortium for Citizens with Disabilities;

WHEREAS Psychologists have been major contributors to research on family caregiving beginning with its emergence as an important area of psychological research in the 1980s (Zarit, Reever & Bach-Peterson, 1980), and flourishing since in a variety of areas, cutting across age groups, health and disability conditions, and diverse sub-populations (APA, 2010);

WHEREAS family caregiving is an area of psychological research that has inspired both basic scholarly research (e.g., on the impact of different kinds of social support on caregiver well-being) and applied research (e.g., evaluating the efficacy of specific caregiver interventions) (APA, 2010);

WHEREAS psychological research has documented that caregiver interventions including cognitive behavioral therapy, psychoeducational interventions, psychotherapy, and culturally appropriate multicomponent interventions have proven effective in decreasing burden and depression while improving well-being, ability/knowledge, care recipient symptoms, and delaying nursing home placement (Gallagher-Thompson & Coon, 2007; Mittelman et al., 2006; Pinquart & Sorensen, 2006);

WHEREAS for over 20 years Psychologists have taken a leadership role in creating, implementing, evaluating and disseminating evidence-based interventions for reducing distress, and improving well-being of family caregivers and care recipients, and will increasingly be called upon to do so as the population ages and becomes increasingly diverse (APA, 2010);

WHEREAS APA has promulgated guidelines on practice with culturally diverse populations which hold relevance for psychological practice with caregivers including Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (2002), Guidelines for Psychological Practice with Older Adults (2003), Guidelines for Psychological

WHEREAS there is inadequate access to, availability of, and financing for culturally sensitive, evidence-based interventions and services for family caregivers;

WHEREAS there is an increased need for assessment and diagnosis of family caregivers’ mental health problems and strengths in the context of their culture, family, and community;

WHEREAS there is a need for increased research-practice collaboration for the translation of evidence-based practices into community-based, culturally appropriate, family caregiver interventions and services;

THEREFORE, BE IT RESOLVED, THAT THE AMERICAN PSYCHOLOGICAL ASSOCIATION:

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

Encourages psychologists to use the APA Family Caregivers Briefcase for Psychologists as a resource for considering how they might assist the diverse group of family caregivers and care recipients through individual and organizational practice, research, teaching and community service.

Encourages its Offices, Boards, Committees, Divisions and State and Territorial Psychological Associations to educate their colleagues about the availability and utility of the APA Family Caregivers Briefcase for Psychologists with particular attention to individuals across the lifespan with disabilities and/or chronic health conditions, including mental health and addictive disorders and HIV/AIDS; culturally diverse groups; those near end-of-life; intergenerational families; gay, lesbian, bisexual and transgender persons; service members and Veterans; and those of low socioeconomic status.

Disseminates APA Family Caregivers Briefcase for Psychologists to diverse media outlets, including both majority and minority media outlets, and those with audiences across the socioeconomic spectrum.

Considers inclusion of messages within existing and future APA Public Education campaigns on the key issues described in the APA Family Caregivers Briefcase for Psychologists.

Promotes and facilitate psychologists’ acquisition of competencies with respect to caregiving practice and research, including promoting opportunities for psychologists to study, research, and obtain skills for intervening with caregivers.

Supports interdisciplinary efforts to increase the competency of psychologists and other health care professionals in identifying and collaborating to address caregiving issues.
Supports the development and replication of culturally competent, developmentally appropriate, family-oriented, evidence-based, high-quality services for family caregivers that are in accessible settings.

Promotes the latest evidence-based psychological treatments/interventions with family caregivers with increased emphasis on community-based treatment approaches, as well as approaches suited to health care settings.

Fosters increased research-practice collaboration for the translation of evidence-based practices into community-based, culturally appropriate, family caregiver interventions and services.

Encourages basic and translational research on caregiver issues aimed at reducing caregiver health risks and improving the quality of life of caregivers and care recipients.

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

Acknowledges that we have a responsibility to inform professionals, the public, and policymakers - in language that is accessible for the targeted audience - about the importance of promoting the psychological well-being of caregivers across the life span.

Supports public policies to increase caregiver research and prevention and intervention efforts, including innovative models for engaging caregivers in the interdisciplinary health teams caring for the care recipient.

Advocates for access to and appropriate reimbursement for, mental and behavioral health services and psychosocial supports for family caregivers individually and with their care recipient.

Continues to train psychologists as policy advocates and facilitates opportunities for them to advocate for public policies that support family caregivers at the local, state, and federal level.

Encourages APA to work with government agencies and private funding sources to promote research and prevention and intervention efforts to improve the health and well-being of family caregivers.

References


C. (33) Council received an update on the business pending item “Value Neutral Language for End-of-Life Choices.”

D. (42) Council received an update on the new-business-in-progress item “Resolution on AID in Dying.”

XIII. ETHNIC MINORITY AFFAIRS

No items.

XIV. INTERNATIONAL AFFAIRS

No items.

XV. CENTRAL OFFICE

No items.

XVI. FINANCIAL AFFAIRS

A. (24) Council voted to approve the 2012 revenue and expense forecast as follows:

<table>
<thead>
<tr>
<th>Total Operational Revenues</th>
<th>$106,160,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Operational Expenses</td>
<td>$106,104,000</td>
</tr>
<tr>
<td>OPERATING MARGIN</td>
<td>$56,000</td>
</tr>
</tbody>
</table>

B. (25) Council voted to approve the following amendments to the APA Association Rules (bracketed material to be deleted, underlined material to be added):

210-2.1 Budget

.... It shall be the goal to present a [surplus] balanced budget annually (after consideration of the cash flow from building operations) [of between 1% and 2% of budgeted revenues, in order to provide a basis for orderly expansion of operations and services in successive years and to provide a margin of safety against contingencies] and manage operations during the year to produce a positive operating margin over a rolling three-year period.
210-3. [Reserves] Organizational Financial Health

On a continuing basis, the Association shall strive to maintain [working capital and net assets reserves] organizational financial health, which shall be measured as follows:

**Short-term financial health.**

Working Capital has been adopted as an industry-wide method of measuring short-term financial health.

Working Capital is defined as [(current assets* less current liabilities**)].

The Association shall strive to maintain working capital equal to at least four months of operating expenses.

[Net Assets: (assets less liabilities)]

The Association shall strive to maintain net assets equal to at least one year’s operating budget.]

*Current Assets - Cash and other liquid assets [including investments] or resources commonly identified as those which are reasonably expected to be realized in cash or sold or consumed during the normal operating cycle of the business.

**Current Liabilities - Liabilities whose regular and ordinary liquidation is expected to occur within a relatively short period of time, usually twelve months.

**Long-term financial health.**

- The Association shall strive to maintain long-term financial health. The long-term financial health of the Association will be measured/monitored in several ways:
- Maintaining net assets equal to at least four months of operating expenses.
- Acknowledging a conservative estimate of fair market value (FMV) of equity in buildings as a point of reference (Note: including FMV of building equity in net assets for such measures is not industry standard recognizing that access is limited to borrowing until point of sale.)
- Maintaining Standard & Poor’s (S&P) Bond Rating BBB or higher.
- Complying with debt covenants, as applicable.

Council also voted to approve the following revision to the Long-Term Investment Policy Statement (bracketed material to be deleted; underlined material to be added):

...The Long Term Portfolio represents a reserve for the Association (exclusive of building related funds and property) and is not intended to be drawn upon to support the ongoing operations of the Association.

C.(26) Council voted to approve resuming the annual increases to the Board honoraria and approved the following honoraria levels as stated in the Selected Spending Policy Guidelines effective January 2012.
Accordingly, Council approved the following specific changes to the Selected Spending Policy Guidelines (bracketed material to be deleted; underlined material to be added):

Honoraria:

In light of the ever-increasing pressures, fiduciary responsibility, accountability, time demands, and in recognition that Board of Directors (BOD) members play active roles in overseeing the work of the Association, APA authorizes annual honoraria payments to the BOD as detailed below:

The Board of Directors shall receive honoraria of:

- President $36,100 [ ] $37,200
- President-elect [16,500] 17,000
- Past President [16,500] 17,000
- Secretary [16,500] 17,000
- Treasurer [20,600] 21,200
- Members-at-Large (7) [12,900] 13,300

The above honoraria payments are meant solely for their service as Board members and not for other services. These payments also include support for non-reimbursable travel-related expenses and any office support needed throughout the year to conduct APA business.

(Beginning in 2008, all honoraria payments provided in this section (2.1) of the policy shall be increased annually based on the Consumer Price Index (CPI-U) to recognize the effect of inflation over time. For administrative ease, these inflationary increases shall be rounded to the nearest hundred.)

The annual CPI increase [has been] was suspended 2009 through 201[0]1; the CPI increase has been resumed effective January 2012.

I.(37) Council received information regarding the 10G Forward Rate Lock.

J.(38) Council received as information the Argy, Wiltse & Robinson, P.C. 2010 Audit-Related Reports.

K.(39) Council received as information the June 3 & 4, 2011, Finance Committee Minutes.

On Wednesday morning, Kelly Kennedy, health policy reporter for USA Today, was recognized for being selected as the recipient of the 2011 News Media Recognition Award.

On Wednesday afternoon, Council participated in a Good Governance Project Working Session. The session was led by Sandra L. Shullman, PhD, Chair, and Ronald H. Rozensky, PhD, Vice Chair, Good Governance Project Team; and Marybeth Fidler and Cate Bower, Cygnet Strategy.

On Friday morning, Bonnie R. Strickland, PhD, received the 2011 Raymond D. Fowler Member Award; Joseph D. Matarazzo, PhD, and Ruth Matarazzo, PhD, were recognized for their generous contribution to the American Psychological Foundation; and John Norcross, PhD, John Moritsugu, PhD, Sandra L. Shullman, PhD, and Barbara Van Dahlen, PhD, received presidential citations.