

COUNCIL OF REPRESENTATIVES

February 21 & 22, 2025

APPROVED MINUTES

I. MINUTES OF MEETING

A.(1) Council voted to approve the minutes of its August 6 & 7, 2024, meeting.

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

A.(2) Council voted to approve sending to the Membership for a vote the following amendments to Article VIII, Sections 7 and 8 of the APA Bylaws (bracketed/strikethrough material to be deleted):

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

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

The Bylaw ballot will be sent to the Membership no later than November 2026. The bylaw amendment ballot will be sent to the Membership without pro and con statements.

Council also voted to approve amending APA's Association Rules as follows to become effective if and when the above Bylaws changes are approved by the Membership (bracketed/strikethrough material to be deleted):

110-9. RECORDING SECRETARY AND TREASURER ELECTION

110-9.1 Nominations are solicited from the voting Members of the Association. The slate is determined by the Board of Directors. There shall be at least two nominees on the final election ballot for Recording Secretary and Treasurer. Only APA members are eligible for nomination. Association Rule 110-1.2 provides additional requirements regarding the selection process.

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

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

III. ETHICS

A.(17A) Council was provided with an update of the work to-date and planned activities of the Ethics Code Task Force (ECTF).

IV. BOARD OF DIRECTORS

No items.

V. DIVISIONS AND STATE AND PROVINCIAL AND TERRITORIAL ASSOCIATIONS

A.(17B) Council was provided with an update on the APA-Division Workgroup which is comprised of members of the Board of Directors, the Committee on Division APA Relations (CODAPAR), and past and present leaders of a range of divisions.

VI. ORGANIZATION OF THE APA

A.(3) Council voted to adopt as APA policy the *Resolution on Advancing Evidence-Based Health Promotion and Prevention across the Lifespan*:

Resolution on Advancing Evidence-Based Health Promotion and Prevention across the Lifespan

WHEREAS psychological science has made unique contributions to support evidence-based prevention¹ and promote population health and health equity (American Psychological Association, 2021a; American Psychological Association, 2022a; American Psychological Association, 2024)

¹ In this resolution, "evidence-based" refers to strategies, programs, interventions, or policies that integrate the best available research on health promotion and prevention with population and community characteristics, cultures, and preferences (APA, 2021c).

WHEREAS the American Psychological Association (APA) has policy resolutions and reports emphasizing the role of psychology and psychological science in advancing population health and health equity, including for areas such as immigrant health and children's behavioral health (American Psychological Association, 2019; American Psychological Association 2021a; American Psychological Association, 2021b; American Psychological Association, 2022a);

WHEREAS the World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1945);

WHEREAS prevention is the foundation of population health and health equity, aiming to identify root causes of disease, reduce risks, promote health, diagnose and intervene early, and prevent complications, i.e., primordial, primary, secondary, tertiary, and quaternary prevention (AbdulRaheem, 2023). However, most recommended services are not received, and most financial and clinical resources are expended to manage disease across the lifespan (Borsky et al., 2018, Counts et al., 2018);

WHEREAS prevention promotes population health and advances health equity for all (National Academies of Sciences, Engineering, and Medicine, 2022), including marginalized populations at increased health risk, with consideration of intersectionality pertaining to age, socioeconomic status, level of ability, sex, sexual orientation, gender, gender identity, race/ethnicity, immigration status, language preference, and lived experiences (Asnaani, 2023);

WHEREAS prevention includes screening and early identification and intervention for conditions across the lifespan (e.g. autism, Alzheimer's disease) (Dodge, et. al. 2024; Patel et al., 2023; Sheldrick et al., 2022; Wiese et al., 2023);

WHEREAS prevention efforts provide both short- and long-term benefits, and should address the entire lifespan, from prenatal development (National Scientific Council on the Developing Child, 2020), maternal and paternal health (Jansen et al., 2024), perinatal mental health (Earls et al., 2019; Perigee Fund, 2022; U.S. Preventive Services Task Force, 2019), and early childhood through later life;

WHEREAS individual, social, and structural change for health promotion (e.g., tobacco cessation, increasing exercise, improving nutrition) is rooted in psychological science and practice, can advance population health, and reduce or eliminate health disparities (Heller et al., 2024; Sheeran et al., 2023; Zhang et al., 2024);

WHEREAS what happens early in life affects the brain, the body and lifelong health (National Academies of Science, Engineering and Medicine, 2023a; National Scientific Council on the Developing Child, 2020; National Scientific Council on the Developing Child, 2023; Shonkoff et al., 2021)

WHEREAS early life factors (such as education), midlife factors (including depression, physical inactivity, smoking, higher weight, and excessive alcohol) and late-life factors (social isolation, air pollution, and hearing and/or vision loss) are all potentially modifiable risks for Alzheimer's disease and other dementia, accounting for 45% of the risk of dementia (Livingston et al., 2024);

WHEREAS the largest cause of death in the total population and in older adults is heart disease, and modifiable lifestyle factors (e.g. smoking, physical activity, diet, weight) are key risk factors for morbidity and mortality across the life cycle (Tsao et al., 2023);

WHEREAS a significant body of research supports the effectiveness of two-generation (parents/caregivers and children) and family preventive interventions for promoting healthy development and reducing a host of negative outcomes (e.g., substance use disorder, suicide) during childhood, adolescence, and young adulthood (Blueprints for Healthy Youth Development, 2024; Connell et al., 2021; Feinberg et al., 2022; Reider & Sims, 2018; Sullivan et al., 2024);

WHEREAS social connectedness and well-being are key targets for prevention efforts related to loneliness (U.S. Surgeon General, 2023) with unique challenges and opportunities for older adults (National Academies of Sciences, Engineering, and Medicine, 2020);

WHEREAS addressing the social and structural determinants of health (NIMHD, 2017), including poverty (American Psychological Association 2022a; Garcini et al., 2022a; National Academies of Science, Engineering and Medicine, 2019a, 2023b; Nguyen, 2022), racism and discrimination (Shonkoff et al., 2021; Trent et al., 2019; Allen, 2020; Lei et al., 2021; Vargas et al., 2020), sexism and discrimination (Homan, 2021); Adverse Childhood Experiences (Centers for Disease Control and Prevention, 2019; Jones, et al., 2020; Merrick et al, 2019; Peterson, et al., 2023) and promoting the development of individual and system resilience (Garcini et al., 2022b; Heller et al., 2024; Masten et al., 2021; Nishimi et al., 2023), are fundamental to achieving equitable health outcomes (Forde et al., 2019; McCabe, 2024; Williams & Cooper, 2019);

WHEREAS interrupting the intergenerational transmission of risk (e.g. trauma, substance use, poverty, violence) and promoting the intergenerational transmission of resilience is crucial for breaking cycles of poor health and promoting healthy development across generations and communities (Ciciolla et al., 2021; Narayan et al., 2021; National Academies of Science, Engineering and Medicine, 2023b; Schofield, 2018; Woods-Jaeger et al., 2018);

WHEREAS safe and healthy school environments (Vincent et al., 2022) and evidence-based, culturally responsive² prevention programs that are implemented in schools enhance the reach of prevention for children and adolescents (Ayer et al., 2022; Ayer et al., 2023; National Academy of Science, Engineering and Medicine, 2024; Taylor et al., 2017);

WHEREAS integrated primary care provides nearly universally available evidence-based prevention to advance health equity across the lifespan (Hostutler et al., 2024; Lee et al., 2021; Leslie et al., 2016; McCabe et al., 2020; Shahidullah et al., 2023);

WHEREAS community-based prevention programs and infrastructure that support health are essential for both addressing local health needs and promoting population health and equity (Dodge et al., 2024; Hoagwood et al., 2018; National Academies of Science, Engineering, and Medicine, 2024; National Scientific Council on the Developing Child, 2023), including for high-risk populations where healthcare services have lagged behind the progress made in medical advancements (e.g., Rao, et al., 2019);

² APA defines “culturally-responsive” in its Multicultural Guidelines policy (APA, 2017).

WHEREAS work stressors are important risk factors for negative health outcomes (e.g., cardiovascular disease, hypertension, substance misuse, and mood disorders) (Frone, 1999; Landsbergis et al., 2015; Melchior et al., 2007; Woo & Postolache, 2008) such that creating and sustaining workplaces that promote physical and psychological health and safety (Flynn et al., 2018; Kleine et al., 2019; U.S. Surgeon General, 2022) and offering fair and equitable opportunities (Ahonen et al., 2018; Bilotta et al., 2022) is vital for employee health and well-being across the lifespan;

WHEREAS there is a need for both the dissemination and implementation of evidence-based approaches and for formative research to critically evaluate which interventions and delivery systems, including technology-driven ones, hold the most promise for specific communities in order to ensure that prevention efforts are efficacious and culturally appropriate (Lewis et al., 2024; Murry et al., 2022);

WHEREAS there exist evidence-based prevention approaches that have not yet been brought to scale across diverse communities and systems where they may be best suited to improve outcomes ([Blueprints](#) for Healthy Youth Development, 2024; Dodge et al., 2024; Fagan et al., 2019; National Academies of Science, Engineering and Medicine, 2017a, 2017b, 2019);

WHEREAS prevention approaches are optimally deployed among multiple disciplines and professions and across sectors (National Academies of Science, Engineering & Medicine, 2024), yet, responsibility for them is often unclear at the local, state, and national levels due to diffuse, duplicative, and overlapping management;

WHEREAS suicide prevention has been demonstrated to be effective and to decrease both suicide and attempted suicide among diverse populations (Ackerman & Horowitz, 2022; Hofstra et al., 2020);

WHEREAS research demonstrates that annual mental health wellness exams in integrated primary care settings are effective because they enable early identification and intervention, which has been shown to improve mental health outcomes (Webb et al., 2016). By detecting issues early, mental health exams help prevent the progression of mental disorders, reduce the risk of chronic conditions, and enhance overall wellbeing (Siu et al., 2016 and Talen et al., 2013);

WHEREAS many evidence-based prevention and early intervention efforts are cost-effective (Washington State Institute for Public Policy, 2023) yet, returns on investment may only be evident mid- and longer-term in the lifespan (Counts et al., 2023; Crowley et al., 2018);

WHEREAS there are reliable and valid measures of health (U.S. Preventive Services Task Force), social determinants of health (*PhenX Social Determinants of Health Assessments Collection*, National Institute of Minority Health and Health Disparities, 2023), and communities (*Child Opportunity Index*, Diversitydata.org, 2023; *Index of Concentration at the Extremes*, Sonderland et al., 2022; *Opportunity Index*, 2023) which can inform targets for prevention and measure impact;

WHEREAS there is growing demand to reimburse for assessments and interventions that address the social and structural determinants of health and to implement prevention (rather than the historical focus on diagnosis and treatment) during healthcare encounters to advance health

equity (Counts et al., 2018; National Academies of Science, Engineering & Medicine, 2019c, 2024; White House, 2023);

WHEREAS the downstream savings from prevention efforts (e.g., health care savings) are not always realized by the same budgets and sectors that bear the costs (e.g., education costs), complicating the allocation of resources (Counts et al., 2022; Mancini, et.al, 2023; Perrin et al, 2019), as well as creating barriers to resource alignment and a greater understanding of downstream cost and savings from prevention efforts;

WHEREAS some evidence-based prevention interventions have not yet been rated by the U.S. Preventive Health Services Task Force which could allow coverage under the *Affordable Care Act* (US Preventive Health Services Task Force, 2023);

WHEREAS the APA Commission on Accreditation described the scope of health services psychology as including “the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders” (American Psychological Association, 2015).

BE IT RESOLVED that the APA reaffirms its commitment to promoting population health and health equity through evidence-based prevention and early intervention strategies across the lifespan (Ackerman et al., 2022; APA, 2022a);

BE IT RESOLVED APA supports increased efforts to prevent the development of disease and illness, reduce or eliminate health disparities, and promote healthy development across the lifespan and within communities through targeted evidence-based prevention programs;

BE IT RESOLVED APA urges the implementation of evidence-based prevention efforts across the lifespan and settings, providing benefits from maternal health and prenatal development through midlife and older adulthood and across generations. These efforts must also acknowledge population-level issues and be tailored to honor individual differences, variations in contexts, and cultural diversity;

BE IT RESOLVED APA supports the implementation of evidence-based interventions that mitigate the effects of social and structural determinants of health and Adverse Childhood Experiences, and promote positive childhood experiences and resilience, both individual and systemic, to advance health equity;

BE IT RESOLVED APA supports multi-generational approaches be prioritized to improve health outcomes for both parents/caregivers and children and to interrupt the intergenerational transmission of risk (e.g. trauma) and enhance the transmission of resilience;

BE IT RESOLVED APA encourages advances in both the science and practice of health promotion and prevention for marginalized populations and those at increased health risk;

BE IT RESOLVED APA supports ensuring safe and healthy school environments that provide evidence-based, culturally responsive prevention programs for students of diverse backgrounds, particularly for youth from historically marginalized backgrounds (Durlak et al., 2022);

BE IT RESOLVED APA encourages the creation of healthy workplaces to support employee psychological and physical safety, and overall well-being, and to promote inclusion, equity and a sense of belonging;

BE IT RESOLVED APA promotes the integration of behavioral health and evidence-based preventive screening and interventions in primary care, behavioral health, and other health care settings;

BE IT RESOLVED APA supports and promotes community-based and community-led prevention programs to address local, culturally diverse health needs and foster health equity;

BE IT RESOLVED APA supports training in health promotion and prevention, in addition to training in treatment for psychological and other health-related disorders, in health service psychology programs;

BE IT RESOLVED APA supports the widespread implementation and dissemination of existing evidence-based prevention approaches to enhance reach of these interventions;

BE IT RESOLVED APA supports infrastructure and data-sharing for multi-sector collaboration and accountability for effective prevention approaches;

BE IT RESOLVED APA advocates for federal, state, and local policies that invest in prevention efforts and increase funding to support these initiatives across urban, suburban, rural and frontier communities;

BE IT RESOLVED APA supports the cross-disciplinary education for health and behavioral health providers, public health leaders, and organizations on effective prevention interventions;

BE IT RESOLVED APA advocates for building the evidence base for the cost/benefits of prevention to policymakers and payors, and encourages the Congressional Budget Office and Office of Management and Budget to more effectively analyze the potential long term savings associated with prevention (CBO, 2020);

BE IT RESOLVED APA supports and advocates for more community-engaged and participatory research, particularly focused on: (1) longitudinal studies that address prevention approaches within developmental stages and across the lifespan and generations; (2) integrative data analyses of raw data from multiple studies, as well as secondary analyses to examine “crossover effects” of preventive interventions for multiple outcomes; (3) innovations in data modeling that estimate the long-term returns on investment from preventive interventions early in the lifespan; (4) development of novel (and adaptation of existing) culturally sensitive interventions that target health equity (Murry et al., 2022); (5) implementation, scaling, and impact of evidence-based preventive interventions across diverse communities and settings; (6) advancement in prevention and early intervention studies that include markers of genetic and/or epigenetic risk; (7) exploration of technology platforms for culturally-appropriate delivery of evidence-based prevention interventions; and (8) advancement in measurement of individuals and environments that optimize prevention research and cross-sector collaboration, including expanded measurement of both adverse and positive childhood experiences;

BE IT RESOLVED APA advocates for the U.S. Preventive Services Task Force to continue to expand reviews of the evidence for two-generation and family-based preventive interventions to enable reimbursement for their delivery in healthcare settings;

BE IT RESOLVED APA encourages public and private payors to expand medical necessity criteria to allow for reimbursement of health care practitioners, including psychologists, for addressing social and structural determinants of health and implementing evidence-based prevention interventions to advance population health.

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B.(4) Council voted to approve the following revisions to the policy on the Doctorate as Minimum Entry Into the Professional Practice of Psychology (bracketed/strikethrough material to be deleted; underlined material to be added):

2006

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

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

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

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

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

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

2002

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

1. Uphold use of the title “psychologist” by only those with a doctoral degree in the field of psychology.
2. Encouragement and assistance to State, Provincial, and Territorial Psychological Associations (SPTAs) and state licensing boards ~~[to move to single level doctoral licensure]~~ choosing to update jurisdictional licensing regulations.
3. Active consulting to SPTAs in states that have dual level licensure or choose to implement dual level licensure.
4. Encourage the recognition of individuals holding terminal master’s degrees in psychology under existing or new state statutes, provided that such statutes ~~[do not recognize, regulate or govern the title or practice of psychology]~~ define an appropriate scope of practice consistent with APA policies, and do not use the term “psychologist[~~call~~” in defining the title [or scope of practice] for such persons.
5. Continue convening ~~[exploratory]~~ meetings focusing on issues involving education, training and credentialing~~[, at the Consolidated meetings]~~ with the Board of Directors, ~~[Committee for the Advancement of Professional Practice,]~~ Board of Professional Affairs, Board of Educational Affairs, American Psychological Association of Graduate Students, the Association of State and Provincial Psychology Boards and other relevant groups.

C.(4A) Council voted to adopt as APA policy the following *Statement Reaffirming APA’s Commitment to Justice, Human Rights, Fairness and Dignity*:

Statement Reaffirming APA's Commitment to Justice, Human Rights, Fairness and Dignity

The American Psychological Association (APA) reaffirms its commitment to justice, human rights, fairness, and dignity for all, recognizing these values as central to psychology. Psychological science grounded in these principles supports the well-being of individuals, families, communities, and organizations. Psychologists have an ethical obligation to challenge systemic injustices and advocate for policies that promote human welfare (APA, 2017a; APA, 2021a). These values are essential for the advancement of both psychology and society.

Recent and proposed policy changes and actions across the United States have raised concerns within the psychological community, as they hinder psychologists’ ability to provide care, deliver

services, and conduct research, especially for marginalized and vulnerable populations. These changes contradict established psychological science, reinforce exclusionary structures, and risk perpetuating harm. Protecting psychologists' ability to conduct research, educate, train, and apply psychological science that reflects diverse lived experiences is critical to supporting equitable access to care.

Research consistently shows that discrimination and systemic barriers—based on race, gender, sexual orientation, gender identity, social class, age, disability, religion, and national origin—contribute to health disparities and are harmful to mental health. Culturally responsive care improves patient satisfaction, reduces treatment disparities, and enhances clinical outcomes (Sue et al., 2009; APA, 2017b). Additionally, diverse and representative research samples are vital to prevent biased or incomplete findings (Pletcher et al., 2020).

Psychologists play a critical role in addressing systemic inequities and promoting inclusive systems in research, education, industry, clinical practice, and public policy. They are at the forefront of combating disparities and advocating for historically disadvantaged racial and ethnic groups, LGBTQ+ individuals, women, vulnerable populations and people with disabilities.

The APA is committed to utilizing psychological science to benefit society through advocacy in science, education, and practice. We will continue to champion justice, human rights, fairness, and dignity in both our words and actions.

We urge policymakers and leaders to commit to these principles that improve society for us all. This includes work that focuses on addressing the mental health disparities faced by underserved and marginalized communities. The APA calls on policymakers to support programs advancing fairness and justice; to promote culturally responsive mental health services; to prioritize grants and research initiatives that ensure broad and representative samples; to safeguard the role of psychology in public policy; and to increase public awareness and education on justice, human rights, fairness, and dignity in society.

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D.(5) Council voted to reject the following motion:

That Council adopts as APA policy *Guidelines for a Competency Framework for Master's and Doctoral Degree Education and Training in Health Service Psychology* and approves December 31, 2035 as the expiration date for the competencies.

E.(12) Council received as information an update on APA's diversity matrix. The Equity, Diversity, and Inclusion (EDI) Framework guides APA's long-term commitment to embed EDI principles into all aspects of its work.

F.(20) Council was provided with an update from the Council Liaison Oversight Committee (CLOC).

VII. PUBLICATIONS AND COMMUNICATIONS

A.(19) Council received as information an update on the Publications and Communications Board activities.

VIII. CONVENTION AFFAIRS

No items.

IX. EDUCATIONAL AFFAIRS

A.(6) Council voted to approve an extension of recognition of Sport Psychology as a proficiency in professional psychology for an additional period of one year, to expire in August 2026.

B.(7) Council voted to approve the following motion:

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

C.(8) Council voted to adopt as APA policy the *Guidelines on Trauma Competencies for Education and Training* and approves December 2035 as the expiration date.

X. PROFESSIONAL AFFAIRS

A.(9) That Council adopts as APA policy the following *APA Resolution on Protecting Psychological Test Security, Test Validity, and Public Safety*:

APA Resolution on Protecting Psychological Test Security, Test Validity, and Public Safety

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

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

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

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

WHEREAS "*test data*" means raw scores, responses to test questions or stimuli, and psychologists' notes and recordings concerning statements made and behavior exhibited during an examination. Those portions of test materials that include evaluatees' responses are included in the definition of test data;

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

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

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

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

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

WHEREAS failure to protect both the scientific integrity of test materials and the practitioner's own professional responsibility to uphold their current and future test safeguards may result in fewer psychologists agreeing to complete psychological evaluations, resulting in reduced access to services and further narrowing the pool of linguistically and culturally competent providers available to serve under-resourced, historically under-represented, and justice-involved populations;

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

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

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

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

WHEREAS states have different test security laws and courts vary in their interpretation and enforcement of such laws that sometimes result in judicial decisions that may create tensions among the APA Ethics Code, legal evidence rules, and due process requirements (American

Academy of Forensic Psychology, 2024; Frederick, Mikesell, Otto, Boone, Beattey, Sweet, Krauss, & Scroppo, 2024);

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

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

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

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

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

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

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B.(10) Council voted to adopt as APA policy the *Professional Practice Guidelines on Measurement-Based Care* and approves December 31, 2035 as the expiration date for the guidelines.

C.(11) Council voted to adopt as APA policy the *Guidelines for Psychological Practice in Health Care Delivery Systems* and approves December 31, 2035, as the expiration date for the Guidelines.

D.(12) Council voted to adopt as APA policy the *2025 APA Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults* and approves December 31, 2035 as the expiration date for the Guideline.

E.(21) Council received as information an update on the work of the Advisory Steering Committee for Development of Clinical Practice Guidelines and APA Guideline Development Panels and plans for 2024.

F.(24) Council received an update on the new business in progress item, Policy and Position Statement on the Use of Seclusion and Restraint: Avoiding Institutional Harm and Promoting Evidence-Based Practices in Psychiatric Settings (NBI #19A/Aug 2024).

XI. SCIENTIFIC AFFAIRS

A.(13) Council voted to adopt as APA policy the following *Resolution on the Protection of Neural and Cognitive Data*:

Resolution on the Protection of Neural and Cognitive Data

The intersection of human behavior and technology is experiencing rapid transformation as new forms of direct-to-consumer software and wearable devices collect expanding amounts of data. For example, a smart watch may collect biometric data like heart rate and rhythm to draw inferences about a person's sleep quality and subsequent cognitive status, while a virtual reality system may collect information about eye movement and pupillary response to draw conclusions about a person's ability to remain focused on a particular task or their reaction to specific stimuli. Among newer technological developments, a specially designed headband or headphones might collect neurophysiological data (i.e., EEG) for use in a non-invasive brain-computer interface (Jones, 2024). A high-tech pair of glasses (Heath, 2024; Meta, 2024; Stein, 2024) might collect eye gaze and pupillary responses to gather information (a) about where a person's attention is focused (e.g., Salvi et al., 2015; Servais et al., 2023a, 2023b) in order to present specific stimuli on an augmented reality screen on the glasses or via sound, or (b) about how a person's mind reacts to specific stimuli presented in the glasses (Castillon et al., 2024; Chartier et al., 2024; Nahari et al., 2019). Decades of research in cognitive psychology and cognitive neuroscience suggest that these data, when taken together, can provide insights into a person's mental state (Bixler & D'mello, 2016; D'mello et al., 2013), neural and cognitive

processes (Haji-Abolhassani & Clark, 2014; Hutt et al., 2024), psychological health (Akshay et al., 2023; Asha et al., 2024; Jyotsna et al., 2023; Kroger et al., 2020), and subconscious and unexpressed thoughts or intentions (Bednarik et al., 2012; Konkoly et al., 2024; Salvi et al., 2015; Servais et al., 2023a, 2023b); they can even determine a person's identity (Kohler et al., 2020). These data can also be used to inform models of artificial intelligence (AI), and the various technologies that utilize AI (Asha et al., 2024), including in ways that can enable AI to close the loop between *measured* neural data and *interventions* into neural and cognitive processes (Abiri et al., 2019; Horowitz et al., 2023; Molina-Cantero et al., 2021), potentially altering a person's mental state before they are even aware that the intervention is happening (Cassano & Vahedifard, 2022; Kim et al., 2024; McKendrick et al., 2015; Stewen, 2023). While the interface between these types of data and AI has enormous potential to benefit humanity and improve human quality of life, APA believes this type of data is highly sensitive and individuals should have a basic right to their mental privacy.

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

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

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

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

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

1. Endorses the principle that mental privacy must be considered among other privacy protections.
2. Commits to reviewing and updating APA policies and guidelines to ensure they reflect the highest standards for the protection of mental privacy.
3. Commits to keep APA members informed about legal and ethical issues related to mental privacy and to incorporate best practices in their professional activities.
4. Supports ongoing research and dialogue within the psychological community to address emerging challenges and opportunities related to mental privacy protections.
5. Advocates for the development of legislation that provides comprehensive mental privacy protections.

BE IT FURTHER RESOLVED that the APA will:

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

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XII. PUBLIC INTEREST

A.(14) Council voted to adopt as APA policy the following *APA Ageism Policy Statement*:

APA Ageism Policy Statement

Introduction

Consistent with the American Psychological Association's mission to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives, this policy statement affirms APA's support of the healthy aging of all individuals. For this statement, an older person is referred to as a person 65 years or older (NIH, 2025). With a growing number of individuals living longer and the population of adults 65 years and older, there is a need for psychologists to become more knowledgeable about how to address healthy aging and the behavioral health needs of the older population appropriately. Likewise, policymakers, educators, researchers, and health care providers should become better versed in the aspects of healthy aging as well as anti-aging attitudes. Furthermore, they should unite in their support to promote access to behavioral and physical health care as well as educational services for older adults and their families. This resolution addresses three key topics: supporting healthy aging, meeting the behavioral health needs of older adults, and breaking down barriers and anti-aging biases.

Policy Statement

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

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

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

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

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

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

WHEREAS older women often face unique challenges of invisibility, social devaluation, and irrelevance—exacerbated by cultural norms that may limit self-advocacy. Traditional roles and historical inequities in access to education, fairly compensated work, and unpaid care work that interferes with continuous employment have often restricted women's access to power in areas such as finance, employment, and decision-making (Cecil et al., 2022; Westwood, 2023). This is further compounded due to the intersection of age, gender, and other stigmatized identities (Ndobu et al., 2022);

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

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

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

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

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

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

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

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

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

THEREFORE BE IT RESOLVED THAT the American Psychological Association advocates to promote age-supportive practices to deter ageism in clinical, research, education, and community settings. Specifically, these resources address the critical intersection of age with other identities, including sex, race, gender, sexual orientation, disability, socioeconomic status, and social class.

THEREFORE BE IT RESOLVED THAT the American Psychological Association advocates for federal and state funding for research to understand better health needs of the older community and

brain health, including research on topics such as training curricula, and community -based initiatives that strive to improve health and wellness and better understand the effects of trauma in later life.

THEREFORE BE IT RESOLVED THAT the American Psychological Association encourages graduate psychology programs, pre- and post-doctoral training programs, and continuing education programs to rigorously train psychology students, psychologists, and other public health providers in evidence-based programs that address older adults' health and well-being.

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

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

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

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

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B.(15) Council voted to adopt as APA policy the following *APA Caregiving Policy Statement*:

APA Caregiving Policy Statement

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

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

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

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

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

WHEREAS girls and women may be involved in the care of all family members at all ages (National Alliance for Caregiving [NAC] and AARP, 2020). Women also provide the majority of nonmedical care for terminally ill persons. Women are less likely to be cared for by their spouses because they live longer than men and because women do the most unpaid caregiving throughout their lives, they have fewer financial resources to pay for their own caregiving when they need it (Canetto, 2001). Women's social contact and self-care also decline, due to the unpaid caregiving overload (Canetto, 2001).

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

WHEREAS family members are the primary source of care for persons with dementia in rural areas and often care for multiple people simultaneously, gaps exist in support and service

provision. Available services do not always meet families' needs and expectations (Roberto et al., 2022).

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

WHEREAS caregiving has significant consequences for the mental and behavioral health of family caregivers, including higher levels of stress and distress, depression, and emotional problems, than their non-caregiving counterparts (Haley et al., 2020; Schulz et al., 2020; NAC & AARP, 2020), and caregivers of people with dementia are more likely to experience more symptoms of depression and anxiety than non-dementia caregivers (The Alzheimer' Association, 2024; Ma et al., 2018; Sheehan et al, 2021).

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

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

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

THEREFORE BE IT RESOLVED that the American Psychological Association advocates for state and federal funding to promote the mental and behavioral health for women caregivers and advocates for physical issues for women such as menopause which impacts their mental health.

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

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

THEREFORE BE IT RESOLVED THAT APA supports federal and state legislation that elevates and supports family care of people living with chronic conditions and to align the critical work of

psychologists in the delivery and dissemination of evidence-based supports for dementia caregivers.

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

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

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

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C.(23) Council was provided with an update on the new business in progress item, APA Resolution on Developing Mechanisms for Addressing Global Armed Conflict (NBI #19C/Aug 2024).

XIV. INTERNATIONAL AFFAIRS

No items.

XVI. FINANCIAL AFFAIRS

A.(16) Council voted to approve the following motion:

That Council authorizes the Board of Directors to take and cause to be taken any steps the Board of Directors determines to be necessary to either 1) sell 10 G Street, NE, Washington, DC, as soon as practicable, or 2) in the event that the Board of Directors determines that the sale thereof is disadvantageous, investigate and implement other options for divestiture of the building, subject to whichever scenario is determined by the Board of Directors to minimize the combined impact of negative reputational harm to APA and projected negative cashflow to APA in the FY2025-2030 timeframe.

The Board of Directors will provide a confidential report to Council on the outcome and consequences of the transaction and its rationale.

B.(22) Council received as information the 2023 IRS Tax Form 990 and 990-T Amendment.

On Thursday evening, Dr. Miriam Delphin-Rittmon was awarded a presidential citation.

On Thursday evening, Council also engaged in a group activity where it was asked to consider questions related to APA's joint strategic priorities. A report with the results of this activity will be shared with Council once analyzed.

On Friday afternoon, Drs. Diane Hall and Larke Huang were awarded with presidential citations.

On Saturday during lunch, Council members were invited to participate in an optional session with Racial and Ethnic Diversity Consultative Task Force.
