

COUNCIL OF REPRESENTATIVES

February 25 & 26, 2022

APPROVED MINUTES

I. MINUTES OF MEETING

A.(1) Council voted to approve the minutes of its October 29 & 30, 2021, meeting.

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

A.(2) Council voted to approve forwarding to the Membership for a vote the following amendment to Article XI, Section 2 of the APA Bylaws (bracketed/strikethrough material to be deleted; underlined material to be added):

ARTICLE XI

BOARDS AND COMMITTEES

2. The Membership Board shall consist of no fewer than eight Members and one Affiliate of the Association. At least two of the members shall be Fellows of the Association. The remaining members shall be selected to represent the diverse membership of the Association. Members of the Board shall serve for staggered terms of three years each, except when filling a vacancy on the Board. The Board shall ~~[have responsibility for the oversight of membership recruitment and retention activities for]~~ provide guidance regarding membership engagement in advancing the mission of the Association. The Board shall have the authority to elect qualified persons to initial Member, Associate member, or Graduate Student member status. The Membership Board is responsible for establishing and regulating the APA criteria that the Fellows Committee uses to review and to recommend member nominees for election to Fellow status. The Board shall receive nominations from the Fellows Committee and shall forward recommendations without alterations or comments to the Board of Directors.

Additionally, Council voted to approve amending Association Rule 10-2.4 as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

10-2. MEMBERSHIP BOARD

10-2.1 The Membership Board shall consist of no fewer than eight members and one affiliate of the Association, three of whom shall be elected each year for a term of three years. At least one member of the board shall be an early career psychologist.

10-2.2 Nomination slates for election to the Membership Board shall be drawn in such a fashion as to reflect the diverse interests of APA members.

10-2.3 Members shall not serve on a division Fellows Committee, nor endorse initial APA Fellow candidates, during their term on the Membership Board.

10-2.4 The Membership Board shall ~~[oversee Association membership retention, recruitment and engagement activities and make annual reports on these activities to the Council]~~ provide guidance regarding membership engagement in advancing the mission of APA.

~~[10-2.5 In carrying out its mission, the Membership Board will host a summit meeting, on a periodic basis, of governance representatives for a one-day dialogue before the beginning of the Spring Consolidated Meetings. The purpose of the meeting is to gain insight and input from the various constituents on trends, potential opportunities and/or challenges in their respective areas as they relate to the recruitment, retention, and engagement of members and affiliates. This information would then be used to develop the Membership Board's long and short term strategic plan.]~~

At the request of Council, the bylaw amendment ballot will be sent to the membership with statements in favor of adopting and against adopting statements in addition to an explanatory statement.

B.(3) Council voted to approve forwarding to the Membership for a vote the following amendment to Article II, Section 6, of the APA Bylaws (bracketed/strikethrough material to be deleted; underlined material to be added):

ARTICLE II

Membership

6. Associate members shall be persons who are interested in the advancement of psychology as a science and as a profession and who have met the requirements described below.

Associate

members may not vote or hold office in the Association, but shall be entitled to all rights and privileges of the Association not specifically denied them in these Bylaws. Associate members shall achieve voting privileges after ~~[five consecutive years]~~ one year in the status of Associate membership.

At the request of Council, the bylaw amendment ballot will be sent to the membership with statements in favor of adopting and against adopting statements in addition to an explanatory statement.

C.(4) Council voted to refer the item, "4.Amendments to Association Rules Regarding APA Awards Committees" to the Board of Directors.

III. ETHICS

A.(3A) Council voted to approve the following motion:

WHEREAS nearly 7 million people in the U.S. are under correctional supervision (meaning incarcerated, on probation/parole, etc.) ([Bureau of Justice Statistics, 2021](#));

WHEREAS the number of people who have a criminal history is about the same as the number of people with a college degree ([Brennan Center for Justice, 2015](#));

WHEREAS research finds racial disparities ([Schleiden et al., 2020](#)) and disability-related disparities ([Crowe & Drew, 2021](#); García-Largo et al., 2020) in those who are likely to be arrested and involved in the criminal legal system;

WHEREAS imposing hurdles for justice-involved individuals violates the spirit of the APA Equity, Diversity, and Inclusion Framework (APA, 2021a), as diversifying the lived experiences of

professionals furthers the actualization of dismantling racism within APA and expands epistemological perspectives;

WHEREAS individuals who have been incarcerated experience unparalleled health and economic disparities ([Feingold, 2021](#));

WHEREAS “Ban the Box” efforts to remove felony questions from applications can be used to combat discrimination and “advance broader socioeconomic equality” ([Augustine et al., 2020](#); [Sugie et al., 2020](#));

WHEREAS researchers have argued that “requiring a disclosure of one’s criminal history may be more security theater than an actual security measure. As such, required criminal history disclosure may not serve its intended purpose and yet serves a substantial barrier to justice-involved individuals’ opportunities to obtain higher education, and subsequently, opportunities in professional psychology” (Wilcox & Taylor, in press);

WHEREAS the APA policy is discordant with some similar associations and a historical push among social justice organizations to “Ban the Box”;

WHEREAS an equivalent felony status question is not included in membership applications for the Association for Psychological Science, American Counseling Association, National Association of Social Workers, Correctional Education Association, Association of Public Safety Communications Officials, or, to our knowledge, any divisions of APA or regional APA associations;

WHEREAS the current APA membership application asks applicants to respond to, “Have you at any time been convicted of felony” and then explain an affirmative answer;

WHEREAS affirmative answers to the felony status question then undergo review by the APA Ethics Committee, which will contact applicants with additional requirements, which delays application review and imposes significant burdens;

WHEREAS criminal record history disclosures result in significant impacts including additional time and financial burdens, loss of hope or apathy in the application process, potential re-traumatization, and attrition from the process of joining the field of professional psychology (Wilcox & Taylor, in press);

WHEREAS the review process prevents prospective APA members from receiving timely membership approval, causing them to be deemed ineligible for awards, nominations for governance positions, and other opportunities that might require prompt APA membership acceptance;

WHEREAS research on employment and college admission applications suggests that people with criminal histories often discontinue their application when confronted with questions similar to those on the APA application ([Center for Community Alternatives, 2015](#); [Scott-Clayton, 2017](#));

WHEREAS according to the APA Ethics Office, up to 85% of individuals who check the application box regarding past behaviors (a broader category that encompasses not only self-reporting felonies) do not respond to the contact letter from APA and discontinue seeking membership;

WHEREAS as noted by the APA Ethics Office, most individuals who report prior felonies are undergraduates and the felony status question has already been removed from undergraduate student applications as part of an APA pilot program announced to Council in 2019;

BE IT RESOLVED that APA rescind all policies and procedures that require that applicants for membership indicate whether they have previously been convicted of a felony;

BE IT FURTHER RESOLVED that Association Rule 10-4.1 be changed in the following manner, with the bolded/ stricken-out text removed:

"All applicants for Associate member, Graduate Student member or Member status shall indicate whether or not they have previously been rejected for membership in the Association or had membership voided or have previously been ~~convicted of a felony~~ or sanctioned by any professional ethics body, licensing board, other regulatory body or any professional or scientific organization."

B.(21) Council received as information an update on the activities of the Ethics Code Task Force.

IV. BOARD OF DIRECTORS

No items.

V. DIVISIONS AND STATE AND PROVINCIAL AND TERRITORIAL ASSOCIATIONS

No items.

VI. ORGANIZATION OF THE APA

A.(5) Council voted to extend the expiration date for the *Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults* to December 31st, 2023.

B.(6) Council voted to approve withdrawal of Council New Business Item #12A/Feb 2020, "Remove Hoffman Reports (aka Independent Review), dated July 2, 2015 and September 4, 2015, from APA Website."

C.(7) Council voted to archive the 2014 *Resolution on Interrogations of Criminal Suspects*:

Resolution on Interrogations of Criminal Suspects

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

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

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

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

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

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

WHEREAS jurors and other triers of fact have difficulty distinguishing true and false confessions (Kassin, Norwick, & Meissner, 2005; Honts, Kassin, & Craig, in press) and whereas false confessions are highly counterintuitive (Leo & Liu, 2009; Levine, Kim, & Blair, 2010) and in part because these statements, & Blair, 2010) and in part because these statements, as seen in the confessions of defendants who were ultimately exonerated, typically contain vivid and accurate details about the offense and victim, facts that were not in the public domain, as well as other indicia of credibility (e.g., statements of motivation, apologies and remorse, corrected errors), indicating that the innocent confessor obtained the information from leading questions or other secondary sources of information (Garrett, 2010; Appleby, Hasel, & Kassin, 2008; Kassin, 2006; Leo, 2008; Leo & Ofshe, 1998; Ofshe & Leo 1997a, 1997b);

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

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

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

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

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

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

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

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

BE IT FURTHER RESOLVED that APA recommends that those who interrogate individuals who are young (with particular attention paid to developmental level and trauma history), cognitively impaired, those with impaired mental health functioning, or in other ways are vulnerable to manipulation receive special training regarding the risk of eliciting false confessions; and

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

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Additionally, Council voted to adopt as APA policy the following 2022 *Resolution on Interrogation of Criminal Suspects*:

Resolution on Interrogations of Criminal Suspects

WHEREAS suspect interviews and interrogations are common police practice, with the average investigator conducting dozens of interrogations each year (Kassin, Leo, Meissner, Richman, Colwell, Leach & La Fon, 2007);

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

WHEREAS prosecutors, upon learning of a suspect's confession, tend to charge suspects with the highest number and types of offenses, set bail higher, are less likely to dismiss the charges, and offer comparably less favorable plea deals (Drizin & Leo, 2004; Leo, 1996; Leo & Ofshe, 1998; Redlich, Yan, Norris, & Bushway, 2018);

WHEREAS youth, and individuals with developmental, mental, and intellectual disabilities are limited in their understanding of the Constitutional rights to silence and to counsel, lack the capacity to weigh the consequences of a rights waiver, and are more likely to waive their rights (Abramovitch, Higgins-Biss & Biss, 1993; Abramovitch, Peterson-Badali & Rohan, 1995; Colwell, Cruise, Guy et al., 2005; Cooper & Zapf, 2008; Clare & Gudjonsson, 1991, 1995; Everington & Fulero, 1999; Fulero & Everington, 1995; Goldstein, Condie, Kalbeitzer et al., 2003; Grisso, 1980, 1981; O'Connell, Garmoe & Goldstein, 2005; Redlich, Silverman & Steiner, 2003; Rogers et al., 2007; Singh & Gudjonsson, 1992; Viljoen, Klaver, & Roesch, 2005; Viljoen & Roesch, 2005; Wall & Furlong, 1985); a pattern that also afflicts adults without disabilities who are under stress (Rogers, Gillard, Wooley, & Fiduccia, 2011; Scherr & Madon, 2013);

WHEREAS interrogations that are excessive in length, include the presentation of false evidence, or bluffs that imply evidence, or include implicit or explicit promises of leniency, increase anxiety, create an incentive to escape the situation, mislead the suspect into believing that a confession is in one's best interests, and thereby increase the risk of false confessions (Drizin & Leo, 2004; Horselenberg, Merkelbach, & Josephs, 2003; Kassin & Kiechel, 1996; Kassin & McNall, 1991; Klaver et al., 2008; Leo & Ofshe, 1998; Meissner, Redlich, Michael, Evans, Camiletti, Bhatt, & Brandon, 2014; Nash & Wade, 2009; Ofshe & Leo, 1997a, 1997b; Perillo & Kassin, 2011; Redlich & Goodman, 2003; Redlich, Shteynberg, & Nirider, 2020; Russano et al., 2005; Swanner, Beike, & Cole, 2010; White, 2001);

WHEREAS youth and individuals with disabilities are more susceptible to involuntary and false confessions because of modern-day, accusatorial, interrogation techniques and because of increased levels of suggestibility, obedience to authority, and vulnerability to pressure, and decreased maturity of judgment (Appelbaum & Appelbaum, 1994; Cleary, 2017; Everington &

Fulero, 1999; Gudjonsson, Sigurdsson, Sigfusdottir, Asgeirsdottir, Gonzalez, & Young, 2016; Kassin et al., 2010; Owen-Kostelnik, Reppucci, & Meyer, 2006; Redlich, 2004; Redlich & Kassin, 2009);

WHEREAS innocent persons have falsely confessed to committing offenses of which they have been accused only later to be exonerated (Borchard, 1932; Drizin & Leo, 2004; Garrett, 2008; Gudjonsson, 1992, 2003, 2018; Kassin, 1997; Kassin & Gudjonsson, 2004; Kassin & Wrightsman, 1985; Lassiter, 2004; Lassiter & Meissner, 2010; Leo & Ofshe, 1998; Scheck, Neufeld, & Dwyer, 2000; <http://www.innocenceproject.org/>; <http://www.law.umich.edu/special/exoneration/Pages/about.aspx>);

WHEREAS false confessions are highly counterintuitive (Kassin, 2017; Kaplan et al., 2020; Leo & Liu, 2009; Levine, Kim, & Blair, 2010);

WHEREAS false confessions, as seen in the confessions of defendants who were ultimately exonerated, typically contain vivid and accurate details about the offense and victim, facts that were not in the public domain, as well as other indicia of credibility (e.g., statements of motivation, apologies and remorse, corrected errors), indicating that the innocent confessor obtained the information from interrogators' leading questions or other secondary sources of information, such as media accounts, crime scene photos or outings, or neighborhood rumors (Appleby, Hasel, & Kassin, 2009; Garrett, 2010, 2015; Kassin, 2006; Leo, 2008; Leo & Ofshe, 1998, Ofshe & Leo 1997a, 1997b);

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

WHEREAS jurors, law enforcement officers, and other triers of fact have difficulty distinguishing true and false confessions (Honts, Kassin, & Craig, 2014; Kassin, Norwick, & Meissner, 2005);

WHEREAS confessions, in large part due to their potency, increase the likelihood of true and false guilty pleas, in which defendants waive a whole host of constitutional rights (Leo, 1996; Redlich, Bibas, Edkins, & Madon, 2017; Redlich et al., 2018; Scherr, Redlich, & Kassin, 2019);

WHEREAS confessions can corrupt other evidence, including eyewitness identifications, polygraph interpretations, fingerprint and handwriting match identifications, alibi witness statements, and other forensic evidence (Elaad, Ginton, & Ben-Shakhar, 1994; Hasel & Kassin, 2009; Kassin, Bogart, & Kerner, 2012; Kassin, Dror, & Kukucka, 2013; Kienzle & Levett, 2018; Kukucka & Kassin, 2014; Marion, Kukucka, Collins, Kassin, & Burke, 2016; Scherr et al., 2019);

WHEREAS videotaping of interrogations in their entirety provides an objective and accurate audio-visual record of the interrogation, provides a vehicle by which to resolve disputes about the source of non-public details in a suspect's confession, and has the potential to deter interrogators from using inappropriate tactics and deter defense attorneys from making frivolous claims of police coercion (American Bar Association, 2004; Boetig, Vinson, & Weidel, 2006; Cassell, 1996a, 1996b; Drizin & Colgan, 2004; Geller, 1994; Gudjonsson, 2003; Kassin et al., 2010; Kassin, Kukucka, Lawson, & DeCarlo, 2014; Kassin, Kukucka, Lawson, & DeCarlo, 2017; Kassin, Russano, Amrom,

Hellgren, Kukucka, & Lawson, 2019; Leo, 1996c; Slobogin, 2003; Sullivan, 2004; The Justice Project, 2007);

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

WHEREAS the majority of police investigators support recording interrogations fully from start to finish (Kassin, Leo, Meissner, Richman, Colwell, Leach & La Fon, 2007; Sullivan, 2004; Sullivan et al., 2008);

WHEREAS initial evidence shows that concerns of those opposed to recording interrogations are not well-founded and, instead, suspects informed that they were being video recorded spoke as often as much as those not informed, were just as likely to waive *Miranda* rights and make admissions and confessions, and ultimate case dispositions were no different (Kassin, Russano, Amrom, Hellgren, Kukucka, & Lawson, 2019);

WHEREAS research suggests adversarial, accusatorial, and threatening interrogation methods increase innocent suspects' stress levels, which may increase risk for false confessions as interrogation time increases (Guyl et al., 2013; Guyl et al., 2019; Normile, & Scherr, 2018);

WHEREAS research suggests non-adversarial, information-gathering interrogation methods result in fewer false confessions while preserving the rates of true confessions when compared to adversarial, accusatorial interrogation methods (Meissner et al., 2014);

WHEREAS the findings set forth in this resolution regarding the phenomenon of false confessions are the product of established research methods and propositions that are widely accepted in a recent survey of experts (Kassin, Redlich, Alceste, & Luke, 2018); and as evidenced by the AP-LS scientific review paper (Kassin et al., 2010), which was carefully vetted (Thompson, 2010); a total of seven amicus briefs on false confessions submitted by the American Psychological Association; numerous publications in peer reviewed journals and books that are cited in the resolution and its supporting references;

WHEREAS there are documented racial and ethnic disparities in the policing and prosecution of Black, Indigenous, and other People of Color (Kovera, 2019), and theoretical reasons to believe that Black suspects (Najdowski, 2011), as well as other People of Color, may be at heightened risk of falsely confessing; and

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

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

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

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

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

BE IT FURTHER RESOLVED that APA recommends that those who interrogate individuals receive special training regarding the risk of eliciting false confessions, with special attention paid to the heightened risk for suspects who are young (with particular attention paid to developmental level and trauma history), are cognitively impaired, have impaired mental health functioning, or in other ways are vulnerable to manipulation; and

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

BE IT FURTHER RESOLVED that APA recommends that researchers examine whether suspects from marginalized communities (e.g., BIPOC, LGBTQIA+, women) experience disparate impact from high-risk interrogation techniques.

BE IT FURTHER RESOLVED that APA recommends that triers of fact should be presented with testimony from expert witnesses regarding the science of interrogations and confessions, and in particular the difficulties distinguishing between true and false confessions.

Suggested Citation

American Psychological Association. (2022). Resolution on interrogations of criminal suspects. Retrieved from <http://www.apa.org/about/policy/interrogations.aspx>

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D.(22) Council was provided with an update from the Council Effectiveness Implementation Oversight Task Force and the Council Leadership Team Evaluation Task Force.

E.(23) Council received as information an update from the Advocacy Coordinating Committee.

VII. PUBLICATIONS AND COMMUNICATIONS

A.(24) Council received as information an update on the Publications and Communications Board activities.

VIII. CONVENTION AFFAIRS

No items.

IX. EDUCATIONAL AFFAIRS

A.(8) Council voted to adopt as APA policy the *National Standards for High School Psychology Curricula* and approves December 31, 2031 as the expiration date for the Standards.

B.(18) Council was provided with an update on the business pending item, Reiteration of APA's Values on Discrimination in Light of Contemporary Resurgence in Discrimination and Hates Crimes (NBI #20A/Feb 2019).

C.(25) Council received as information an item titled, "Update on the Efforts to Develop an Accreditation System for Master's Programs in Health Service Psychology and Associated Efforts Related to Ensuring Continued Access to Pathways to Practice."

X. PROFESSIONAL AFFAIRS

A.(9) Council voted to adopt as APA policy the *Guidelines for Child Custody Evaluations in Family Law Proceedings* and approves December 31, 2031, as the expiration date for the Guidelines.

B.(10) Council voted to adopt as APA policy the following APA Policy Statement:

Psychology's Role in Advancing Population Health

Population health focuses on improving the health, health equity, safety, and wellbeing of entire populations, including individuals within those populations. This approach is supported by a multidisciplinary science base from psychology as well as sociology, cultural anthropology, medicine, economics, education, and other disciplines. Population health aims to address the cultural, economic, systemic, historical, environmental, relational, and occupational contexts that influence health status, wellbeing, and functioning across the lifespan. Its ultimate goal is equitable human flourishing.

Consistent with a social-ecological framework (see Figure 1¹), APA affirms that an individual's health cannot be considered in isolation from the relationships, communities, and societies to which they belong. There are major influencers and social determinants of health outside of the traditional healthcare system that include, but are not limited to, education, work and work setting, environment, legal and regulatory frameworks, income, racism and discrimination of other historically marginalized groups, social connectedness, and stigma; these often exist systemically and structurally, outside of individuals. To advance population health, a

¹ See Appendix A.

biopsychosocial perspective is important across the lifespan, and across the communities and settings where people live, work, learn, and play.

The term “population health” has different connotations in various contexts. While it is sometimes used interchangeably with public health, a population health lens focuses on both promoting health *and* reducing health inequities between populations. For its own activities, APA describes population health as a multi-tiered approach that includes: 1) universal provision of preventative tools and health promotion for all people, families, and communities; 2) monitoring, anticipatory guidance, and early intervention for those with risk factors for physical, mental health, and substance-related conditions; and 3) psychosocial and mental health/substance use care for those experiencing illness and/or escalating physical health and mental distress. (See Figure 2²).

Many of today’s key population health issues - including vaccination, climate change, addiction, violence, and trauma - involve important psychological components. The science and expertise that psychology brings to these challenges should continue to be recognized and promoted. Psychological scientists, educators, consultants, practitioners, and trainees are encouraged to engage in the design, implementation, operation, and evaluation of new and existing population health models. It is crucial for such models to be grounded in, and to promote, human rights and ethics. Because the pace of change in society is so rapid, it is important to continually evaluate the effectiveness, cost-effectiveness, efficiency, and impact of these models.

APA calls on the discipline and profession of psychology to support a population health approach. APA encourages its members, committees, divisions, and boards to use the following principles as a “lens” through which activities for health promotion can be viewed:

(1) Work within and across diverse systems to advance population health.

Psychologists can be essential partners in the development, promotion, and dissemination of science-based solutions to advance population health, but we cannot do it alone. Population health science and its applications continue to develop through the efforts of multiple disciplines. As such, it is important for psychologists to work collaboratively with partners across diverse systems and settings.

Society’s understanding of “health” should include traditional healthcare systems and expand beyond them. Psychologists and trainees can cooperatively partner with community leaders, local institutions, faith-based organizations, schools, employers, and others, that – when properly empowered – play a pivotal role in identifying and shaping solutions to unique challenges for that community, setting, and culture. Such solutions must be tailored, and culturally and linguistically aligned with the specific needs and available resources of the community. Social determinants of health must also be addressed; these include safety, housing, access to quality education, economic stability, healthy neighborhoods and workplaces, healthy food, and social connectedness.

It is important for psychologists and trainees to develop a deep understanding of the communities, systems, and settings in which they work. To be effective with varied and distinct settings and communities, it is crucial for all psychology professionals and trainees to have and to

² See Appendix A.

maintain competence in working with diverse populations and settings. Psychologists are encouraged to understand the cultural, financial, and operational models within the systems and settings in which they operate, especially the written policies, unwritten procedures, and organizational politics that guide strategy, priorities, and allocation of resources that affect health. This is essential to fostering inclusion and developing successful population-level interventions.

Alignment of payment systems and financial incentives supporting psychologists' involvement in population health efforts should be explored in order to increase access to research monies, education and training, community engagement, workplace and industry initiatives, and professional services within healthcare and hospital settings, independent practice, and all settings within and outside of the traditional healthcare system that can promote population health. Psychologists alone cannot change mechanisms to fund population health initiatives, but they can advocate for financial reforms alongside key partners, and across sectors and settings.

(2) Work “upstream” by promoting prevention and early intervention strategies.

Prevention and early intervention are crucial aspects of a population health approach. In collaboration with others, psychologists contribute to the development, dissemination, and implementation of science-based models of prevention and early intervention, as well as validated tools to screen and monitor unmet health needs. Early-intervention methods are known to improve resilience and coping, stress reduction, and adaptation. These methods also offer financial and practical benefits to families, employers, health systems, schools, payors, and others; people or communities at risk can receive assistance before escalating into a crisis. As an example, APA can advocate for innovative population-focused initiatives, such as mental/behavioral wellness checks.

Psychologists are encouraged to advocate for systemic changes that support prevention and early intervention. This can include increasing attention on mental/behavioral health within healthcare, universities, schools, workplaces, and other settings; practice-based research; applied interventions to facilitate the utility and sustainability of population health models; and routine engagement with communities and people with lived experience. An example of success has been school-based programs that identify at-risk students and families and provide wrap-around community, social, and mental/behavioral health services; such programs have demonstrated improved health, communication and social skills, and school performance, as well as reductions in bullying, substance use, asocial or antisocial behavior, and legal involvement.

APA should explore billing codes and value-based incentives within and outside of the healthcare system that are more flexible than those currently available; new financial incentives may facilitate innovative and evidence-based evaluation and treatment methods including psychotherapies of depth, insight and relationship; as well as health promotion, health equity, and social determinants of health.

(3) Educate psychologists and community partners on population health.

Advancing a population health approach requires investment in education of psychologists and trainees in all settings, specialties, and communities. It is important for the psychology workforce to understand population health concepts and community-engagement strategies. This requires

incorporation of population health competencies into the identity and functions of the discipline and profession of psychology. It is important to consider how population health can be included in post-secondary educational contexts. For example, instruction in multi-level research could include community examples drawn from studies of health and well-being.

Interprofessional education for the health and mental/behavioral health workforce is essential to building collaborations focused on health and wellness. Psychologists can support and work alongside other professionals - for example, by serving on integrated teams for clinical care or in a consultative role within an organization to address issues such as change management, workplace bullying, implicit bias, or wellness promotion.

Through EDI (equity, diversity, inclusion) -centered education about population health, psychologists can proactively work in partnership with local, state, and national experts, community leaders, and the broader public. In many underserved populations, broader societal issues, such as systemic racism, sexism, heterosexism, cisgenderism, etc., as well as poverty, discrimination, and poor social determinants of health are key stressors. Through education-focused initiatives, psychologists can be prepared to collaborate within communities and systems to help define, measure, and achieve better health outcomes. For example, embedding population health interventions in occupational settings can improve equitable recruitment and retention strategies, decent and dignified work environments, access to healthcare, worker protections and safety, and healthy lifestyles, among others.

(4) Enlist a diverse array of community partners.

Collaboration with a broad array of national, state, and local stakeholders is crucial to effectively implement a population health approach. Partnerships may include health care allies such as professional health care associations, hospitals and other healthcare services, indigenous and tribal healthcare authorities, and community mental health organizations. It may also include partners outside of traditional healthcare settings, such as a broad array of community-based institutions and organizations such as neighborhood, civic, and faith-based organizations; employers; schools and educational institutions; local businesses and business associations; non-profit organizations; government (federal, state, and local); law enforcement; media outlets; and others.

Psychologists can expand our efforts to promote population health by seeking partnership and leadership opportunities in local, state, or national coalitions or boards, community organizations, government entities, and global organizations. It is important to learn from population health strategies of other countries and global communities (e.g., United Nations, World Health Organization) so that efforts by psychological scientists and applied, health, clinical, and other psychologists can create linkages between new and existing population health efforts within the United States and around the world.

C.(19) Council received as information an update on the business pending item, Healthcare Practice Guideline Policy (NBI #13B/March 2018).

D.(26) 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 2020.

XI. SCIENTIFIC AFFAIRS

A.(11) Council voted to adopt as APA policy the revised *Guidelines for Ethical Conduct of Behavioral Projects Involving Human Participants by High School Students* and approves December 31, 2031 as the expiration date for the guidelines.

B.(12) Council voted to adopt as APA policy the *Guidelines for Ethical Conduct in the Care and Use of Nonhuman Animals in Research (2022)* and approves December 31, 2032 as the expiration date for the guidelines.

C.(13) Council voted to receive the Report of the Task Force on Climate Change.

XII. PUBLIC INTEREST

A.(14) Council voted to archive the following 2000 *Resolution on Poverty and Socioeconomic Status*:

Resolution on Poverty and Socioeconomic Status

WHEREAS the income gap between the poor and the rich has continued to increase, with the average income of the poorest fifth of the population down 6% and the average income of the top fifth up 30% over the past 20 years (Bernstein, McNichol, Mishel, & Zahradnik, 2000);

WHEREAS the poverty rate in the United States is higher now than in nearly all years of the 1970s, child poverty (at 18.9% in 1998, representing 13.5 million children) continues to be higher here than in most other industrialized nations, and the proportion of the population living below the poverty line in 1998 was 12.7% (representing 34.5 million people) (Center for Budget and Policy Priorities, 1999; U.S. Census Bureau, 1999);

WHEREAS although Whites represented the largest single group among the poor in 1998, ethnic groups were overrepresented, with 26.1% of African Americans, 25.6% of Hispanics, 12.5% of Asians and Pacific Islanders, and 31% of American Indians on reservations living in poverty (National Congress of American Indians, 2000; U.S. Census Bureau, 1999), compared with the 8.2% of Whites who were poor;

WHEREAS families* with a female head of household had a poverty rate of 29.9% in 1998 and comprised the majority of poor families (U.S. Census Bureau, 1999);

WHEREAS the Task Force on Women, Poverty, and Public Assistance of the APA Society of the Psychology of Women (Division 35) has documented from the social sciences research literature the root causes of poverty and its impact for poor women, children, and their families, and called for a more effective public policy founded on this research base (Division 35 Task Force on Women, Poverty, and Public Assistance, 1998);

WHEREAS poverty is detrimental to psychological well-being, with NIMH data indicating that low-income individuals are 2 to 5 times more likely to suffer from a diagnosable mental disorder than those of the highest SES group (Bourdon, Rae, Narrow, Manderschild, & Regier, 1994; Regier et al., 1993), and poverty poses a significant obstacle to getting help for these mental health problems (McGrath, Keita, Strickland, & Russo, 1990);

WHEREAS accumulating research evidence indicates that the greater the income gap between the poorest and the wealthiest in a society, the higher the death rates for infants and adults and the lower the life expectancy for all members of that society, regardless of SES (Kawachi & Kennedy, 1997);

WHEREAS the impact of poverty on young children is significant and long lasting, limiting chances of moving out of poverty (McLoyd, 1998), poverty is associated with substandard housing, homelessness, inadequate child care, unsafe neighborhoods, and underresourced schools (Fairchild, 1984; Lott & Bullock, in press), and poor children are at greater risk than higher income children for a range of problems, including detrimental affects on IQ, poor academic achievement, poor socioemotional functioning, developmental delays, behavioral problems, asthma, poor nutrition, low birth weight, and pneumonia (Geltman, Meyers, Greenberg, & Zuckerman, 1996; McLoyd, 1998; Parker, Greer, & Zuckerman, 1988);

WHEREAS environmental factors such as environmental contaminants (e.g., lead paint, etc.), crowding, substandard housing, lack of potable water, and so forth have detrimental effects on mental and physical development that perpetuate and contribute to poverty;

WHEREAS low socioeconomic status is associated in women with higher mortality rates and with osteoarthritis, hypertension, cervical cancer, coronary heart disease, AIDS/HIV infection, and other chronic health conditions (Adler & Coriell, 1997), and poor women are sicker and more likely to have disabilities than their nonpoor counterparts, limiting their employment options and straining their financial resources (Falik & Collins, 1996; Olson & Pavetti, 1997);

WHEREAS men living in poverty are at high risk of violence (Reiss & Roth, 1993) and women living in poverty are at high risk of all types of violence, including sexual abuse as children, with researchers documenting reports by two thirds of poor mothers of severe violence at the hands of a childhood caretaker and by 42% of child sexual molestation (Browne & Bassuk, 1997), as well as severe and life threatening assaults as adults (Bassuk, Browne, & Buckner, 1996; Brooks & Buckner, 1996; Colten & Allard, 1997; Roper & Weeks, 1993), which presents obstacles to work and self-sufficiency (NOW Legal Defense and Education Fund, 1997; Raphael, 1996);

WHEREAS lack of affordable health insurance, including mental health and substance abuse coverage, impedes health and well-being, and poor women are over 3 times as likely as higher income women to be uninsured: 36% versus 11%, respectively (National Center for Health Statistics, 1995);

WHEREAS children of teenage pregnancy and single motherhood are at high risk for a life of poverty, and birth control is not covered by health insurance plans for a significant number of women;

WHEREAS older adults often live on limited retirement incomes, have limited prospects for future earnings, and frequently face overwhelming health care costs; 13% of older women and 20% of older persons living alone or with nonrelatives in 1998 lived on incomes below the poverty level; and 49% of older African American women living alone lived in poverty in 1998 (U.S. Census Bureau, 1999, cited in U.S. Administration on Aging, 1999);

WHEREAS lower socioeconomic status among older adults is associated with higher rates of medical and psychological disorders, poor older adults have poorer access to medical care, prescription medications, long-term care, and community-based care (Estes, 1995), and Medicare funds mental health care at a lower rate than medical care, and this further limits the access for older adults in poverty to mental health and substance abuse services;

WHEREAS migrant families are by the nature of their work and life circumstances poorly served by health and mental health professionals (Portes & Rumbaut, 1996; Wilk, 1986);

WHEREAS undocumented immigrants are vulnerable to legal actions that inhibit their access to health and mental health services, compounding issues of poverty and limited English language proficiency (Olivera, Effland, & Hamm, 1993);

WHEREAS research focused on low-income groups including immigrants, ethnic minorities, minimum wage workers, families receiving public assistance, the homeless, migrant workers, and older women is limited;

WHEREAS low-income groups are the targets of discrimination based on their socioeconomic status as well as other social indicators such as race/ethnicity and gender (Lott, in press);

WHEREAS perceptions of the poor and of welfare – by those not in those circumstances -- tend to reflect attitudes and stereotypes that attribute poverty to personal failings rather than socioeconomic structures and systems and that ignore strengths and competencies in these groups (Ehrenreich, 1987; Katz, 1989; Quadagno, 1994), and public policy and anti-poverty programs continue to reflect these stereotypes (Bullock, 1995; Furnham, 1993; Furnham & Gunter, 1984; Rubin & Peplau, 1975);

WHEREAS programs that ensure that poor individuals and families have basic needs met are important in addressing the impact of poverty;

WHEREAS ethnic strife and war disrupt the economic, public health, and social systems comprising the safety net that helps ensure basic needs are met;

WHEREAS psychologists as researchers, service providers, educators, and policy advocates have a responsibility to better understand the causes of poverty and its impact on health and mental health, to help prevent and reduce the prevalence of poverty and to effectively treat and address the needs of low-income individuals and families by building on the strengths of communities;

WHEREAS psychologists are ethically guided to "respect the fundamental rights, dignity, and worth of all people" (American Psychological Association, Ethical Principles of Psychologists and Code of Conduct, 1992);

WHEREAS "psychologists are aware of their professional and scientific responsibilities to the community and the society in which they work and live" (American Psychological Association, Ethical Principles of Psychologists and Code of Conduct, 1992);

THEREFORE Be it resolved that the American Psychological Association:

1. Will advocate for more research that examines the causes and impact of poverty, economic disparity, and related issues such as socioeconomic status, classism, ageism, unintended pregnancy, environmental factors, ethnic strife and war, stereotypes, the stigma and feelings of shame associated with poverty, and mental and physical health problems, including depression, substance abuse, intimate violence, child sexual abuse, and elder abuse, as well as advocate for the broader dissemination of these research findings.
2. Will advocate for more research on prejudicial and negative attitudes toward the poor by other persons who may individually or collectively perpetuate policies that tolerate poverty and social inequality.
3. Will advocate for more research on special populations who are poor (women and children, immigrants, undocumented immigrants, migrants, ethnic minorities, older people, people with disabilities and other chronic health conditions such as AIDS/HIV infection, and rural and urban populations).
4. Will advocate for research that identifies and learns from indigenous efforts by low-income people to work together to solve personal and shared problems or create organizations that advocate effectively for social justice.
5. Will recommend that where possible and appropriate socioeconomic status be identified for published reports of social sciences research.
6. Will advocate for incorporating evaluation and assessment tools and for encouraging integrative approaches such as the building of public and private community partnerships in programs addressing the issue of poverty and the poor, which psychological research has identified as effective strategies for addressing community level issues and problems.
7. Will encourage in psychological graduate and postgraduate education and training curricula more attention to the causes and impact of poverty, to the psychological needs of poor individuals and families, and to the importance of developing “cultural competence” and sensitivity to diversity around issues of poverty in order to be able to help prevent and reduce the prevalence of poverty and to treat and address the needs of low-income clients.
8. Will support public policy that encourages access for all children to high-quality early childhood education and a high-quality public school education, better equipping individuals for self-sufficiency.
9. Will support public policy that ensures access to postsecondary education and training that allows working families to earn a self-sufficient wage to meet their family’s needs.
10. Will support public policy and programs that ensure adequate income, access to sufficient food and nutrition, and affordable and safe housing for poor people and all working families.

11. Will support public policy that ensures access to family-friendly jobs offering good quality health insurance, including coverage for comprehensive family planning, mental health and substance abuse services, flexible work schedules, and sufficient family and medical leave.
12. Will support public policy that ensures access to comprehensive family planning in private and public health insurance coverage.
13. Will support public policy that ensures parity with medical coverage for mental health and substance abuse services under Medicare and Medicaid and ensures for all individuals, regardless of ability to pay, access to health care and mental health and substance abuse treatment that is comprehensive and culturally sensitive, that accommodates the needs of the children of parents seeking treatment, and that addresses the special needs of older adults in poverty, including prescriptions and long-term care.
14. Will support public policy that encourages access for all children to high-quality early health care.
15. Will support public policy that ensures for all working families access to affordable, high-quality child care, which is available year round, for the full day, and for all work shifts, as well as before- and after-school care.
16. Will support public policy that provides early intervention and prevention for vulnerable children and families that enhance parenting, education, and community life so that children can develop the necessary competencies to move out of poverty.
17. Will support public policy that provides early interventions and prevention for vulnerable children and families that are strengths-based, community-based, flexible, sensitive to culture and ethnic values of the family, and that have a long-lasting impact.

*The word *family* should be understood to incorporate the functions of family members rather than their biological sex or sexual orientation, for example, lesbian heads of household.

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Additionally, Council voted to adopt as APA policy the 2022 *Resolution on Poverty and Socioeconomic Status*:

Resolution on Poverty and Socioeconomic Status

WHEREAS the income gap in the United States between the poor and the rich has continued to increase, with the average income of the poorest fifth of the population down 25% and the average income of the top fifth up 23% since the 1970s (Duncan et al., 2019) and where rates of poverty have increased to 11.4% in 2020 from 10.5% in the preceding year; where overall numbers of persons in 2020 who live in poverty are in excess of 37.2 million (U.S. Census Bureau. 2021a); and where persons with low socioeconomic status have limited access to acquiring wealth due to low wages, predatory lending and credit practices, and barriers to income generating resources;

WHEREAS in times of natural disasters, pandemics, and economic downturns associated with job loss and high rates of unemployment and under-employment persons of low socioeconomic status and those living in poverty in urban, suburban and rural locations experience more devastating and long lasting personal and financial repercussions than those with greater economic advantage (Buheji et al., 2020; Finch & Finch, 2020, McAlpine & Alang, 2021);

WHEREAS persons at the intersection of low socioeconomic status and multiple minoritized identities, including: persons of color; women; lesbians, gay, bisexual, queer, transgender, and non-binary individuals; persons with mental illnesses; immigrants; refugees; persons with physical and/or intellectual disabilities; people experiencing homelessness; and court system

involved persons have been historically and systemically discriminated against through policies, laws and ordinances as well as bias and stereotyping that have created a range of barriers to opportunities thus solidifying financial hardship and economic inequality (APA, 2020; Gonzales et al., 2020; Guedel & Colbert, 2016; Iguchi et al., 2005; McGarrity, 2014; Martinchek & Carther, 2021; Massey, 2020; Sakimura, 2020; Torres et al., 2018; Whittle et al., 2017; Wilson et al., 2020; Wright et al., 2014; U.S. Government Accountability Office, 2018);

WHEREAS compared to 8.2% of white persons who live in poverty, the rates are disproportionately higher among non-white populations, 26.8% American Indian and Alaska Natives, 19.5% Blacks, 17% non-white Hispanics, 8.1% Asians, who have been systematically excluded from opportunities to gain wealth while also having the potential for intergenerational wealth stolen (Akee, 2021; National Congress of American Indians, 2020; U.S. Census Bureau, 2021a): Notably, when considering population breakdowns by race/ethnicity in the U.S., rates of poverty are disproportionately higher for Asian, Black, and Indigenous individuals but lower than expected for white individuals (U.S. Census Bureau, 2021b). Diversity within these various groups should also be recognized (e.g., poverty rates for Asian individuals vary by country of origin: 13% Chinese, 7% Filipino, 8% Japanese, 11% Korean, 6% Indian, 12% Vietnamese (Pew Research Center, 2021);

WHEREAS there was an increase in child poverty rates, with the percentage of children and youth below the age of 18 living below the poverty line rising from 14.4% in 2019 to 16.1% in 2020 (U.S. Census Bureau, 2021a). Furthermore, Black, Hispanic, and Indigenous children are overrepresented among children living below the poverty line (Children's Defense Fund, 2018; Thomas & Fry, 2020). More specifically, 35.5% of Black people living in poverty in the U.S. are below the age of 18. Similarly, 40.7% of Hispanic people living below the poverty line in the U.S. are younger than age 18, and, 29.1% of American Indian and Native American children lived in poverty in 2018 (Children's Defense Fund, 2018). In contrast, approximately 21% of white people living in poverty in the U.S. are less than 18-years-old (Thomas & Fry, 2020);

WHEREAS families with a female head of household had a poverty rate of 26.2% and comprised the majority of low-income families in 2017 and where poverty rates amongst such families are have increased in 2020 in comparison to 2019 (U.S. Census Bureau, 2021a) with a direct impact on increasing numbers of children and other family members;

WHEREAS racial, ethnic, and gender economic gaps persist in the United States with white male workers making significantly more money than their female white, Black, Latinx, Asian, or Native American counterparts. Compared to every dollar paid to white, non-Hispanic men, Latinx women were paid 55 cents, Native American women were paid 60 cents, Black women were paid 63 cents, White women were paid 79 cents, and Asian women were paid 85 cents (National Partnership for Women & Families, 2021);

WHEREAS evidence establishes that the income gap between the poorest and the wealthiest in societies continues to be associated with significant inequity in morbidity and life expectancy (APA, 2021a; Bosworth, 2018). Low socioeconomic status is associated with higher mortality rates and with increased rates of pervasive and untreated mental illnesses, osteoarthritis, hypertension, diabetes, coronary heart disease, AIDS/HIV infection, cervical cancer, and other chronic health conditions in men and women across the lifespan (Schiller et al., 2012; Stringhini et al., 2017; Tobias, 2017) than those who are more economically advantaged. Where low-

income women are more likely to have chronic and other disabilities than their higher-income counterparts, thus limiting their employment options and straining their financial resources (Brault, 2012; Women's Bureau, U.S. Department of Labor, 2015);

WHEREAS demonstrable inequities associated with low socioeconomic status begin prior to birth with greater likelihood of fetal death and infant mortality (Gilman et al., 2017; Larson, 2007) and where many mothers, particularly those who are Black, Indigenous, People of Color (BIPOC) and living below the poverty line, receive inadequate prenatal and postnatal care resulting in significantly higher rates of maternal prenatal and perinatal complications and death (Gadson et al., 2017; Kaplowitz et al., 2018; Lefmann et al., 2017; Oropesa et al., 2001; Ross et al., 2020; Ross et al., 2019; Taylor et al., 2019). Where poverty has been identified as an adverse childhood event (ACEs), and where low-income children have significantly higher rates of exposure to a range of ACEs that are associated with poor physical and mental health outcomes across the life span (Crouch et al., 2020). This divide in morbidity and mortality rates along economic lines has continued to grow (Bosworth, 2018), with higher death rates for low-income infants (as well as adults), thereby decreasing the life expectancy for all members of society. This inequity may be compounded by an interaction with the negative health outcomes associated with United States racial constructs (APA, 2021d; APA, 2021f);

WHEREAS individuals living in economically depressed communities are more likely to experience adverse food and nutrition conditions such as "food deserts" or "food swamps". These locations are found in urban, rural, and remote locations are more likely to have limited access to fresh fruits and vegetables thereby impacting their nutrition, wellbeing and contributing to higher rates of morbidity and mortality (Banner et al., 2020; Fong et al., 2020; Madzia et al., 2020; Phillips & Rodriguez, 2020; Walker et al., 2010);

WHEREAS poverty is detrimental to psychological well-being, with low-income individuals being twice as likely to suffer from a diagnosable mental health disorder compared to those in higher income brackets (Lipman & Boyle, 2008; Sareen et al., 2011; Walker & Druss, 2017) and with poverty being a significant obstacle to accessing needed emotional and behavioral health treatment for adults and children (APA, 2021a; Ralston et al., 2019; Santiago et al., 2013), and experiencing mental illness, especially when untreated, increases the risk of individuals living below the poverty line and remaining economically disadvantaged across the lifespan (Anakwenze & Zuberi, 2013; Funk et al., 2012; McAlpine & Alang, 2021);

WHEREAS the impact of poverty on young children is significant and long-lasting, thus limiting opportunities to achieve improved socioeconomic status (Greenfield & Moorman, 2018; Cohen et al., 2010; Assari, 2018), where poverty is associated with substandard housing, hunger, homelessness, inadequate childcare, unsafe neighborhoods, and under-resourced schools (APA, 2021e; Chaudry & Wilmer, 2016; Ralston et al., 2019; Wimer et al., 2016); and low-income children are at greater risk than higher income children for a range of cognitive, emotional, and health-related problems, including detrimental effects on executive functioning, below average academic achievement, poor social emotional functioning, developmental delays, behavioral problems, asthma, inadequate nutrition, low birth weight, and higher rates of pneumonia (Aber et al., 2012; Bailey & Dynarski, 2011; Last et al., 2018; Shonkoff et al., 2009; von Stumm & Plomin, 2015);

WHEREAS living in poverty is associated with differences in structural and functional brain development in children, adolescents, and adults in areas related to cognitive processes that are critical for learning, communication, and academic achievement, including social emotional processing, memory, language, and executive functioning (Chan et al., 2018; Farah, 2017; Hair et al., 2015; Kim et al., 2013; Noble et al., 2015);

WHEREAS children and families living in poverty often attend under-resourced, overcrowded schools that lack educational opportunities, books, supplies, and appropriate technology due to local funding policies (Edley et al., 2019; Pfeffer, 2018; Schanzenbach, 2014; Spiegelman, 2018). Children living below the poverty line often live in school districts without adequate equal learning experiences for both gifted and special needs students with learning differences and where high school dropout rates are high (Kearney & Levine, 2016; Mason-Williams et al., 2015; Yaluma & Tyner, 2020);

WHEREAS students living in poverty are less likely to receive vocational training and/or upon high school graduation are significantly less likely to be able to attend college or employment training programs due to insufficient income for tuition, are more likely to accept student loans and default on loans (Hillman, 2014) thus negatively impacting future opportunities to acquire higher wages and stable employment (Koricich et al., 2018; Madaus et al., 2014);

WHEREAS living in poverty is associated with environmental injustice, including increased exposure to physical and social environmental stressors such as environmental pollution (e.g., lead paint, unclean air, contaminated water), inadequate infrastructure, under-resourced neighborhoods, crowding, excessive noise, substandard housing, infringement upon natural resources on Native reservation lands, inadequate water and sanitation services (Gasteyer et al., 2016; Rollings et al., 2015; Schüle & Bolte, 2015; USCCR, 2018), and diminished ability to evacuate or rebuild after destructive climate events, including hurricanes, earthquakes, and wildfires, and where the events of dislocation and destruction in totality have detrimental effects on mental and physical health in ways that perpetuate and contribute to poverty (Leichenko & Silva, 2014);

WHEREAS those living in poverty when compared with more advantaged populations are at substantially greater risk of exposure to community violence (Fonagy et al., 2012; Schüle & Bolte, 2015) and where women and children living in poverty are at increased risk of experiencing interpersonal violence (Ahmadabadi et al., 2017; Bunting et al., 2018; Crouch et al., 2020; Goodman et al., 2009; Nurius et al., 2020) and the associated sequelae of housing instability and homelessness, child welfare involvement (Dworsky et al., 2013), under-employment and unemployment (APA, 2021e; Crowne et al., 2010; Parapouch et al., 2021);

WHEREAS lack of affordable health insurance that includes preventive services, mental health, and substance abuse coverage, impedes health and well-being, with poor women being about 3 times more likely than more affluent women to be uninsured (20% versus 7%, respectively) and are more likely to have inadequate access to care (U.S. Census Bureau, 2020a), and where the inability to afford high transportation costs affects the accessibility, adequacy, and quality of the health care services provided to individuals with disabilities (Hamilton et al., 2020; Williamson et al., 2017) with unemployment and financial dependence major barriers to utilize health care services for women with disabilities (Matin et al., 2021), and where about 5.5% of children in the United States lack insurance coverage in 2018;

WHEREAS children born to teenage parents living in single parent homes are at increased risk of living in poverty across the lifespan, and where poverty is a significant predictor of teen parenthood (Young et al., 2004) and where adequate birth control and family planning services are not covered by health insurance plans for a significant number of women or are otherwise inaccessible to those seeking them (Lu et al., 2019);

WHEREAS older adults often live on limited incomes, have few prospects for future earnings, and frequently face overwhelming health care costs, and where 13.9% of older women and 9.2% of all older adults live on incomes below the poverty level in 2018, with the highest rates of poverty for those 80 years of age and older; and 22% of older African American women living alone live in poverty (Li & Dalaker, 2019; U.S. Census Bureau, 2020b);

WHEREAS older adults of low socioeconomic status when compared with more advantaged same-aged peers have higher rates of medical and psychological disorders, reduced access to medical care, prescription medications, long-term care, and community-based care (Kaye et al., 2010; Louie & Ward, 2011) and Medicare funds mental health care services at a lower rate than medical care, further limiting access to mental health and substance abuse services for older adults living in poverty; The underfunding of IHS has even greater negative impact on specific Native populations. Medicare funding is approximately three times higher than IHS funding per capita (Martinchek & Carther, 2021; U.S. Government Accountability Office, 2018);

WHEREAS migrant families are by the nature of their work and life circumstances poorly served by health and mental health professionals (Martinez et al., 2015) and are more likely to experience economic exploitation (Brennan, 2014; Hennebry, 2017);

WHEREAS undocumented immigrants often face harsh and unsafe conditions and are vulnerable to legal actions that displace them and further inhibit their access to health and mental health services, compounding issues of poverty and limited English language proficiency (Chen & Vargas-Bustamante, 2011; Hacker et al., 2015);

WHEREAS research that excludes BIPOC, Asians and other populations of marginalized identities and/or persons of low socioeconomic status contributes to prevailing negative stereotypes and reinforces systemic racism and where culturally sensitive research focused on low-income populations including racial and ethnic minorities, immigrants and refugees, persons with disabilities, minimum and low-wage workers, families receiving public assistance, older women, migrant workers, and people experiencing homelessness is limited (APA, 2021c; APA, 2021d; APA, 2021f; APA, 2019; [REDACTED] & Danzinger, 2009; Desmond, 2016; Rosen, 2014);

WHEREAS negative perceptions of persons of low socioeconomic status, including those who receive public assistance and other benefits arise in the context of misguided attitudes that poverty is a result of personal failings rather than the intentionally inequitable distribution of resources that benefit those with economic power and privilege; discriminatory policies and practices that perpetuate systemic racism and discriminatory acts; political systems that maintain the status quo for the benefit of persons with affluence and power while ignoring the strengths and competencies of less advantaged individuals and communities (American Enterprise Institute, 2016; APA, 2019; Gustafson, 2012; Howard et al., 2017; Katz, 2013); and

where APA has resolved to act to combat racism and its pervasive impacts on minoritized populations (APA, 2021c; APA, 2021d; APA, 2021f);

WHEREAS safe housing, adequate food, and access to health care are recognized as human rights (APA, 2021b) and many individuals are financially vulnerable and unable to enjoy equal access to safe and affordable housing, food, equitable wages and living conditions that promote well-being due to under-employment and instability in working hours; and where full employment for low-income workers at the legal minimum wage is often inadequate to cover basic needs for child care, rent, food, transportation, and other necessities; and where many jobs do not provide paid sick-leave, family leave, health insurance, or other benefits (APA, 2021e; Bureau of Labor Statistics, 2019);

WHEREAS working conditions for low-income individuals tend to be worse than those of more advantaged workers including fewer breaks, unpredictable work schedules, and poor physical working conditions (Fletcher et al., 2011); and where the APA supports the protection of human rights of all persons (APA, 2021b);

WHEREAS safety net programs and legislative and policy initiatives that ensure poor individuals and families have their basic needs met are of crucial importance in addressing the impact of poverty and remain underfunded (e.g., food stamps, free breakfast programs, universal health care, universal basic income, free preschool, and the Indian Health Service) (APA, 2021b; APA, 2021e; APA, 2021f; APA 2019; U.S. Government Accountability Office, 2018);

WHEREAS psychologists as researchers, clinicians, human service providers, educators, and policy advocates (and for whom many have privileged status in terms of educational, economic status, racial/ethnic background) have a responsibility and obligation to better understand the causes of poverty, structural racism and their impact on health and mental health, to help prevent and reduce the prevalence of poverty and to effectively treat and address the needs of low-income individuals and families by building on the strengths of communities (APA, 2021a; APA, 2021b; APA, 2021c; APA, 2021d; APA, 2021f; APA 2019; APA, 2017a); As stated in the ethic code, psychologists are ethically guided to "respect the fundamental rights, dignity, and worth of all people" and "psychologists are aware of their professional and scientific responsibilities to the community and the society in which they work and live" (APA, 2017a);

THEREFORE, be it resolved that the APA:

1. Will advocate for culturally sensitive and inclusive research that examines the causes and impact of poverty across the lifespan, including structural racism, economic disparities, and related intersectional issues including; socioeconomic status; classism; ageism; ableism; homelessness; environmental and psychosocial stressors; physical, mental, and behavioral health problems including, but not limited to, depression and substance abuse; partner and interpersonal violence; unintended pregnancy; child maltreatment and exploitation; elder abuse, trauma, and exploitation; and will advocate for the broader dissemination of these research findings via teaching and service (APA, 2021a; APA, 2021c; APA, 2021d; APA, 2021f).
2. Will advocate for more empirically based and culturally sensitive research focused on stereotypes, stigma, and bias associated with poverty, as well as eradicating prejudicial and negative attitudes about poverty and those living at a lower socioeconomic status and otherwise

challenge prevailing beliefs that collectively perpetuate policies and tolerate poverty and social inequality.

3. Will advocate for more research on special populations who are poor (women, children, immigrants, refugees, undocumented immigrants, migrants, people of color, older people, people experiencing homelessness, people with disabilities and other chronic health conditions such as AIDS/HIV infection, and rural and urban populations).

4. Will advocate for exploration and research about the role higher education loans play for students at all socioeconomic levels and their intersecting identities. Will advocate for programs that foster deeper awareness for students and their families prior to accepting student loans, with increased focus on mindful utilization of student loan funds by the institutions that receive them.

5. Will advocate for research that identifies and learns from indigenous efforts by low-income people to work together to solve personal and shared problems or create organizations that advocate effectively for social justice. This includes supporting policies that specifically recruit those who have had lived experience with poverty into positions of leadership and public policy institutions, research institutions, and learning institutions.

6. Will recommend that where possible and appropriate socioeconomic status be identified for published reports of social and health sciences research.

7. Will advocate for incorporating evaluation and assessment tools for both researchers and practitioners, and for encouraging integrative approaches such as the building of public and private community partnerships in programs addressing the issue of poverty and the poor, which psychological research has identified as effective strategies for addressing community-level issues and problems.

8. Will advocate for psychological graduate and postgraduate education and training curricula more attention to the causes and impact of poverty and homelessness, to the psychological needs of poor individuals and families, and to the importance of developing cultural humility and sensitivity to diversity around issues of poverty in order to be able to help prevent and reduce the prevalence of poverty and to treat and address the needs of low-income clients.

9. Will advocate for public policies that encourage access to high-quality early childhood education and a high-quality public school education for all children, better equipping individuals for self-sufficiency.

10. Will advocate for public policies that ensure access to secondary and postsecondary education and training that allows working families to earn a living wage to meet their family's needs.

11. Will advocate for public policies and programs that ensure access to sufficient and nutritious food, environments that enhance health, and affordable and safe housing and neighborhoods for all people.

12. Will advocate for public policies that ensure access to family-friendly jobs offering good quality health insurance, including mental health and substance abuse services, flexible work schedules, and sufficient family and medical leave.
13. Will advocate for public policies that ensure access to comprehensive family planning in private and public health insurance coverage.
14. Will advocate for public policies that ensures parity with medical coverage for mental health and substance abuse services under Medicare and Medicaid and ensures for all individuals, regardless of ability to pay, access to health care and mental health and substance abuse treatment that is comprehensive and culturally sensitive, that accommodates the needs of the children of parents seeking treatment, and that addresses the special needs of older adults in poverty, including prescriptions and long-term care.
15. Will advocate for public policies that encourage access for all individuals, regardless of their types and levels of disabilities, to high-quality health care.
16. Will advocate for public policies that ensure for all working families have access to affordable, high-quality childcare, which is available year-round, for the full day, and for all work shifts, as well as before- and after-school care.
17. Will advocate for public policies that provide early intervention and prevention for vulnerable children and families that enhance parenting, education, and community life so children can develop the necessary competencies to move out of poverty.
18. Will support public policies that provide early interventions and prevention for vulnerable children and families that are strengths-based, community-based, flexible, sensitive to culture and ethnic values of the family, and have a long-lasting impact.

*The word *family* should be understood to incorporate the functions of family members rather than their biological sex or sexual orientation, for example, family members responsible for childcaring and providing financial support. It should be highlighted that these functions are not mutually exclusive but include broad functions within the family system.

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B.(15) Council voted to adopt as APA policy the following *Resolution for Reproductive Justice: Affirming Abortion Access*:

Resolution for Reproductive Justice: Affirming Abortion Access

Whereas, in 1969 APA Council identified termination of pregnancy as a mental health and child welfare issue and a legitimate concern of APA, resolving that such termination should be considered a civil right of the pregnant woman, to be handled as other medical and surgical procedures in consultation with her physician, and in particular to be considered legal if performed by a licensed medical professional in a licensed medical facility;

Whereas, in 1989 APA Council adopted a resolution that decried misinformation and falsehoods in efforts to recriminalize abortion and to limit access to the full range of reproductive options; underscored and affirmed the preponderance of scientific data supporting the conclusion that freedom of choice and a woman's control over her critical life decisions promotes psychological health, and resolved that APA undertake an immediate initiative to disseminate scientific information on reproductive freedom to policymakers, to the public, and to state psychological associations and APA divisions;

Whereas, APA has a history of following up its declarations and resolutions with concrete social actions, including the development and dissemination of scientific and professional reports and papers, commentary on legislation such as the Hyde Amendment, and amicus briefs in a variety of cases (including *Akron v. Akron Center for Reproductive Health*; *Harris v. McRae*; *Bowen v. Kendrick*; *Thornburgh v. American College of Obstetricians and Gynecologists*);

Whereas, APA's published research, reports, and public interest advocacy have identified a host of health inequities related to cumulative adversity of social determinants of physical and mental health in diverse populations and communities (APA, 2021; Forde et al., 2019; Major et al., 2009). APA has continued to discuss how negative social issues such as drugs, poverty, and exposure to violence do not cause someone to have an abortion or mental health problems, even if associations with such factors have been observed. The research points out design flaws in studies that cite mental health risks because they did not account for prior mental health diagnoses;

Whereas, contemporary and historical violations of reproductive rights disproportionately targeting Black, Indigenous, and Women of Color (Borrero et al., 2009; Ceballo et al., 2015; Vamos et al., 2011), including coerced and forced sterilization against Black, Latina, and Indigenous women (Novak et al., 2018; Patel, 2017; Torpy 2000).

Whereas, The body of evidence developed from a health equity perspective shows that the harms of abortion restrictions “fall hardest on communities already struggling to access basic health care—whether because of their lack of financial resources, young age, disability, immigration status or because they are Black, Indigenous or other people of color” and can include a risk of death (Arnold, 2014; Fried, 2013; Guttmacher Institute, 2021 para 4; Prather et al., 2018);

Whereas, reproductive justice, including abortion rights, is a human rights issue that links to social, structural, and cultural inequalities. A reproductive justice framework includes economic, health, environmental and social justice issues that need to be considered within the scope of autonomy, agency, family planning, empowerment, and control (El Kotni & Singer, 2019; Fried, 2013; Gurr, 2011; Lopez, 2008; Luna, 2021 Price, 2021; Ross & Solinger, 2017). Longitudinal research shows that people restricted from abortions face increased psychological distress or anxiety in the short term (Biggs et al., 2016; Harris et al., 2014), life-threatening delivery complications, greater chronic pain, and economic insecurity (Chrisler, 2012; Foster, 2020; Russo, 2014; Russo & Steinberg, 2012).

Whereas, consistent with APA Ethical Principles of Justice and Respect for People's Rights and Dignity, (APA, 2017), everyone should have the right to self-determination which includes autonomy and agency over our own bodies.

Therefore, be it resolved that APA:

- reaffirms its denunciation of abortion restrictions and commitment to obtaining reproductive justice (e.g., including equal access to affordable contraception, comprehensive sex education, freedom from sexual violence; surveillance and accountability of systems to prevent reproductive human rights abuses) for childbearing individuals with particular emphasis on individuals from marginalized communities;
- urge local, state, and federal policymakers to safeguard the reproductive rights of all women and implement reforms to address oppressive policies;
- encourages action to use the considerable psychological science that continues to support the 50 year-old *Roe v. Wade* precedent and that court's holding of a woman's fundamental, constitutional right to privacy that protects her right to choose, up to the point of fetal viability, whether to have an abortion.
- seeks out opportunities to develop amicus briefs related to abortion in upcoming cases;
- supports and leads research, education, advocacy, intervention, prevention, and program development efforts that seek to advance behavioral health equity and reproductive justice, increase understanding of the role social determinants play in shaping behavioral health outcomes, and prevent deleterious behavioral health impacts of reproductive inequity in various populations.

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**Please keep in mind the guiding and operating principles, which can be found at <https://www.apa.org/about/apa/strategic-plan>*

C.(20) Council received as information an update on the business pending item, Police Citizen Contact New Business Item from Peace Psychology Division Violence Summit (NBI #21A/Feb 2017).

XIII. ETHNIC MINORITY AFFAIRS

A.(16) Council voted to refer the item titled, “Amendments to Association Rule 106-1: Committee on Ethnic Minority Affairs” to the Committee on Ethnic Minority Affairs.

XIV. INTERNATIONAL AFFAIRS

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

The American Psychological Association is an organization that stands for human rights and the psychological and physical health and well-being of all people worldwide. The recent military invasion of Ukraine threatens the life, liberty, physical, and psychological well-being of people in Ukraine and surrounding nations.

The American Psychological Association stands in solidarity with the National Psychological Association of Ukraine, the Ukrainian people, and colleagues in the Eastern European region, as the Ukrainian nation defends itself against military invasion. We are gravely concerned about the immediate and long-term trauma and psychological impacts on people of all ages, families, communities, and the environment. We deplore the human cost of such aggression, including violations of human rights, adverse humanitarian consequences, deep psychological distress, and the loss of dignity and freedom. We stand in solidarity with all who are raising their voices and working tirelessly to protect and safeguard human life.

XVI. FINANCIAL AFFAIRS

A.(27) Council received as information the 2020 IRS Tax Form 990 and 990-T Amendment.

On Friday, APA CEO, Arthur C. Evans, Jr., provided Council with a summary of the inventory of APA's work to eradicate systemic racism and engaged Council in a conversation about next steps.

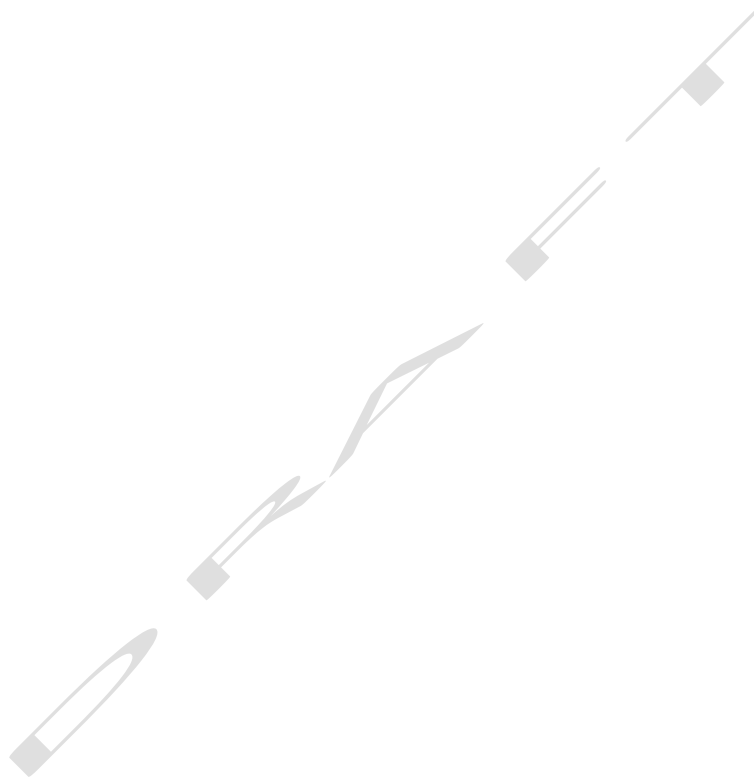


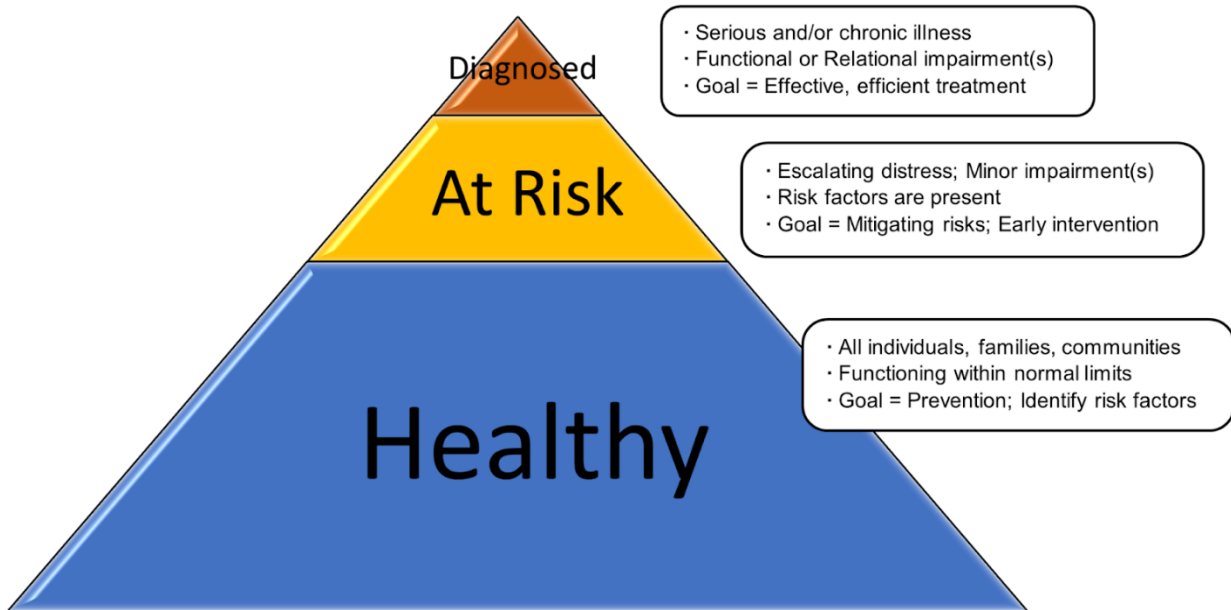
Figure 1: Social-Ecological Framework



Retrieved from: <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

Fig. 2 – Biopsychosocial Population Health Pyramid

Population Health Approach



People in any category can shift to another category as circumstances change. (i.e., these are not permanent characteristics of individuals.)

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