

COUNCIL OF REPRESENTATIVES

February 23 & 24, 2024

APPROVED MINUTES

I. MINUTES OF MEETING

A.(1) Council voted to approve the minutes of its August 2 & 3, 2023, meeting.

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

A.(2) Council voted to approve a \$27 increase in the APA base member dues rate (\$247 to \$274) and reduction in the dues increase at years four through six of the dues ramp up (\$149 to \$124).

Additionally, Council voted to approve the following amendments to Association Rule 210-5 (bracketed/strikethrough material to be deleted; underlined material to be added):

210-5. Dues

210-5.2 The annual dues of Members, including Fellows, and Associate Members shall be established on a ramp up schedule based on years of membership. ~~[determined by Council based on recommendations from the Membership Board, Finance Committee and Board of Directors. Dues amounts will be based on the following guideline:~~

Associate member Step 1 (years 1-3) _____ ~~[40]~~ 36% of regular Member dues

Associate member Step 2 (years 4+) _____ ~~[72]~~ 65% of regular Member dues

Member (Postdoctoral) Step 1 (years 1-3) _____ ~~[40]~~ 36% of regular Member dues

Member (Postdoctoral) Step 2 (years 4-6) _____ ~~[60]~~ 45% of regular Member dues

Member Step 3 (year[s] 7 ~~[and 8]~~) _____ ~~[80]~~ 64% of regular Member dues

Member Step 4 (year 8 [years 9+]) _____ ~~[80%]~~ 82% of regular Member dues

Member Step 5 (years 9+) _____ 100% of regular Member dues]

III. ETHICS

No items.

IV. BOARD OF DIRECTORS

No items.

V. DIVISIONS AND STATE AND PROVINCIAL AND TERRITORIAL ASSOCIATIONS

No items.

VI. ORGANIZATION OF THE APA

A.(3) Council voted to approve extending the expiration date for the *Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts* to December 31, 2029.

B.(4) Council voted to approve APA's role in the following strategic plan of the American Psychological Association/American Psychological Association Services, Inc.:

Notes

- 1) *Throughout the plan, the term "psychologist" is used. When an area of psychology is not specified, the intention is that all areas of psychology are included – science, professional practice, education and training, applied, and in the public interest.*
- 2) *The order of the goals and objectives within the plan is not meant to indicate order of priority or hierarchy.*
- 3) *Throughout the plan, the term "health" is inclusive of, but not limited to, such terms as holistic wellness, mental, physical, and behavioral health.*

Vision

A strong, diverse, and unified psychology that enhances knowledge and improves the human condition.

Mission

To promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

Guiding Principles

The beliefs that guide and inform all that APA does. They apply equally across all areas of psychology including science, professional practice, education and training, applied, and in the public interest.

- **Engage, connect, and serve members.** Provide tools, resources, support, and networks that address member needs while creating an inclusive environment that fosters a sense of community and belonging.

- **Build on a foundation of science.** Advance research and efforts to translate, disseminate, and apply research findings in a range of settings while ensuring that the organization's policies, advocacy, and offerings are informed by the best available psychological science and knowledge.
- **Champion equity, diversity, and inclusion.** Infuse the principles of equity, diversity, and inclusion (EDI) into all aspects of APA and its work to create systemic, structural, and institutional change within APA, across the field of psychology, and throughout broader society.
- **Respect and promote human rights.** Focus on human rights, equity, and nondiscrimination for all peoples.
- **Advance psychology and support psychologists.** Demonstrate a steadfast commitment to promoting the discipline of psychology while advocating on behalf of APA's members and all psychologists.

Operating Principles

How all parts of APA will work together to execute the plan.

- **Increase organizational effectiveness.** Collaborate across APA to align resources, decision-making, and the contributions of elected and appointed leaders, staff, and the broader membership in service of advancing the strategic plan. Focus on the future, make evidence-informed decisions, and create capacity for new strategic initiatives.
- **Focus on outcomes.** Identify and pursue meaningful and measurable outcomes to significantly advance the interests of the public, the field, and psychologists.
- **Embrace cultural humility and reflexivity.** Commit to organizational self-reflection while partnering with and learning from the people, communities, and systems with which APA interacts.
- **Embrace a global perspective.** Advance psychology through global engagement, association programs, and meaningful collaborations with psychological associations and other relevant groups from around the world.
- **Build meaningful partnerships.** Collaborate with psychology partners, including APA Divisions, state, territorial and provincial psychology associations, ethnic psychology associations, and other relevant groups.

Strategic Goals and Objectives

Goals are the high-level descriptions of what APA must achieve to be successful. They are aspirational in that they are wide-ranging, complex, and ongoing. Objectives are more specific and address the component pieces of each goal.

Utilize psychological science and knowledge to make a positive impact on critical societal issues.

1. Increase access to care and focus on reducing disparities in health outcomes by advancing a population health approach.
2. Promote the application of psychology to improve the functioning of public and private institutions, organizations, systems, and communities.
3. Advocate for evidence-informed policy decisions at the global, national, state, and local levels.
4. Establish psychology as a key contributor in the development, evaluation, and application of technology.
5. Foster the advancement of human rights through the application of psychological science to human rights systems and mechanisms, and the utilization of human rights-based approaches.

Prepare the field of psychology for current and future opportunities and challenges.

1. Grow, diversify, develop, and support the next generation of psychologists.
2. Facilitate the continued professional development of experienced psychologists.
3. Advocate for increased federal and state level funding for psychology research, education, training, and service delivery.
4. Promote the use of new and established research findings, technologies, and methodologies in all settings.

Elevate the public's understanding, appreciation, and utilization of psychology.

1. Expand the public's understanding of psychology and psychologists to accurately reflect the full breadth of the field.
2. Engage and support educational systems to foster lifelong appreciation and application of psychology.
3. Make psychological science accessible and understandable to the public and key decision makers.
4. Promote psychology's unique contributions in health, health care, and human wellbeing.
5. Educate the public about the quality and effectiveness of psychology-related products, services, and technologies.

Strengthen APA's role as a leading voice for psychology.

1. Contribute to the advancement of psychological science and practice through the continued development and enhancement of publishing programs, products, and services.

2. Partner with state, provincial and territorial associations, APA Divisions, and other external groups to increase the effectiveness of federal, state, and local level advocacy operations.
3. Serve as a leading resource for standards and evidence-informed guidelines for the field.
4. Apply an ethical framework to guide behavior of psychologists within the discipline and profession, APA as an organization, and the broader society.
5. Expand and enhance APA's role as a developer and distributor of science, practice, education, and career resources for psychology.

C.(5) Council voted to receive the 2019 report of the Juvenile Justice Solitary Confinement Working Group entitled, "Uses of Individual Isolation of Youth in Juvenile Justice" and thanks the working group for their important work. The Working Group members were: Apryl Alexander, Psy.D., Frank DiCataldo, Ph.D., Joel A. Dvoskin, Ph.D., ABPP, Catherine M. Frizzle, J.D., Robert Kinscherff, J.D., Ph.D., Robert Morgan, Ph.D., and Jennifer Woolard, Ph.D.

Council also thanked the following individuals for updating the research and findings of the 2019 report to provide the support for the motions below: Craig Haney, J.D., Ph.D., Joel A. Dvoskin, Ph.D., ABPP, Robert Kinscherff, J.D., Ph.D., and Apryl Alexander, Psy.D.

Additionally, voted to adopt as APA policy the following *Resolution Opposing Involuntary Isolation of Youth in Juvenile Justice Settings*:

Resolution Opposing Involuntary Isolation of Youth in Juvenile Justice Settings

That Council consistent with APA's earlier position on this issue, the following specific recommendation provide that while Council continues to support "efforts to eliminate the practice" (APA, 2017), additional specificity is needed with respect to youth solitary confinement. Thus, Council adopts ten recommendations, based on a close examination of the best available science and practice in this area, enacts these recommendations as APA policy so that APA is positioned to advocate for approaches fostering positive, preventative youth development and behavior changes in adolescence and advocate against harmful involuntary individual isolation of youths in carceral or detention settings. Those ten recommendations (followed by a list of references) are:

- 1) The APA recommends that the solitary or room confinement of youths—involuntary isolation of a youth in a locked cell or room—be prohibited,¹ except under truly exigent or emergency circumstances, in response to instances in which the youth is an imminent danger of serious physical harm to themselves or to others. Thus, the brief involuntary

isolation of a youth from others must never occur unless it is truly necessary to achieve stabilization or protection of the youth and/or other persons from serious physical harm. Further, the separation of youths from others must never be a substitute for adequate staffing numbers, staff training, and supervisory and /or administrative support. In every instance, adequately trained staff must first employ alternative best-practices methods for de-escalation, stabilization, protection, and/or risk-reduction.

2) This placement should be allowed to continue only as long as the danger itself persists, and/or the exigent circumstance continues, a duration that should be the shortest amount of time needed until these circumstances abate and the person can return to programming in a manner safe for the person, other detainees, and staff. Consistent with best practices (e.g., Annie E. Casey Foundation, 2014), APA recommends that this time should be limited to no more than four hours, except as explained in #3, during which time the youth should be continually monitored and supported, ideally by qualified mental health staff. The youth should receive a mental health assessment in a timely manner and, when warranted, evidence-based treatment initiated. Staff must return the youth to programming as soon as they have regained self-control and no longer represent an imminent danger of serious physical harm to themselves or to others.

This is not intended to prohibit the widespread and routine practice of locking youth in their cells or rooms during non-waking hours.

3) In the exceedingly rare instance in which solitary confinement is deemed to be necessary beyond four hours, staff shall: a) document the reasons for solitary confinement and the basis for the extension, the date and time the youth was first placed there, and when they are eventually released; b) develop and implement an individualized plan that includes the goals and objectives to be met in order to expedite the youth's return to general population or transfer to a facility better equipped to address the youth's clinical, socialization, or other needs; c) document the interventions or treatments that have been attempted during their period of isolation; and d) obtain documented authorization by the facility superintendent or their designee every four hours thereafter.

4) Solitary confinement should never be used for punishment or disciplinary purposes, or for the protection of property. The separation of youths from others must never be a substitute for adequate staffing numbers, staff training, and supervisory and /or administrative support. At no point should a youth subjected to solitary confinement be deprived of educational or other services to which they are legally entitled.

5) Every youth subjected to this extremely rare sanction should be told why this has occurred and reassured that immediate steps are being taken to remove them to a more appropriate alternative setting. Staff should engage with youth to develop an individualized plan so they can be released in the least amount of time possible. The staff and supervisors should understand and clearly convey, in a language the youth understands, the fact that the goal is to support the youth's placement in a more appropriate, less restricted setting in as short a time as is possible.

6) Rather than relying on solitary confinement, youth carceral and detention facilities should always prioritize the use of evidence-based strategies for responding to undesirable behavior and enhancing positive youth development and learning experiences. Disciplinary infractions should signal a potential need for intensified assessment and/or intervention rather than any deprivation of services already supporting the youth, and should include enhanced access to educational, medical, and mental health services.

7) These recommendations are intended to apply to what are sometimes termed "time outs" or "room placements." They, too, should be exceedingly rare, used only as a last resort in response to imminent threats of harm to self or others, require de-escalation or therapeutic intervention, and be carefully time-limited. That is, they must occur in conjunction with ongoing staff supervision, and subject to clear rationales and consistently implemented policies and practices that limit the duration of separation and preclude harsh conditions of confinement.

8) This resolution applies specifically to what we have defined as solitary confinement—the involuntary isolation of a youth alone in a locked cell or room. We recognize that, although determining "voluntariness" in an inherently the coercive environment of a youth detention facility is extremely difficult, instances of "voluntary" isolation can be problematic and pose potentially serious risks. Because it deprives persons of meaningful human contact, prolonged voluntary isolation also can be harmful in many of the same ways that involuntary isolation is. In addition, choosing to be alone for prolonged periods may reflect underlying psychological issues that require caring treatment and/or legitimate safety concerns. For these reasons, voluntary isolation should precipitate a timely mental health assessment, appropriate therapeutic intervention, ongoing careful monitoring and support, and/or a determination and resolution of existing institutional safety concerns.

9) Youth of color are disproportionately subjected to harsh disciplinary sanctions (such as solitary confinement) and for longer periods of time. Other groups, such as persons with physical and/or intellectual disabilities neurodevelopmental disabilities (including autism

and intellectual disabilities) also may be subjected to disparate treatment in the youth justice system (e.g., Kincaid & Sullivan, 2020). Continued research is needed to assess how institutional policies and practices contribute to disparities among racial/ethnic, LGBTQ, and other particularly vulnerable youth populations, including those with physical and/or intellectual disabilities, in use of such harsh sanctions. Further, institutions must examine needs for administrative and staff training, provide training on implicit biases, trauma-informed care, culturally informed practices, and the range of negative consequences of unwarranted or harsh sanctions to aid in reducing these disparities.

10) The APA recommends that existing deficiencies in the collection and reporting of reliable data with respect to the full range of disciplinary sanctions applied to youth and their stated rationales be addressed. This includes a recommendation that federal agencies (e.g., Office of Juvenile Justice and Delinquency Prevention (OJJDP)) and/or state youth justice authorities keep accurate track of and publicly report the frequency, prevalence, duration, conditions, and rationales for various forms of individual confinement, disaggregated by subpopulations and identities (gender, racial/ethnic, LGBTQ, physical/intellectual disability, etc.).

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D.(6) Council voted to adopt as APA policy the following *Resolution to Support Parents With Disabilities*:

APA Resolution on Parents With Disabilities

Psychologists have the opportunity to ally with and support people with disabilities in their ongoing efforts to dismantle ableism, including with respect to parenting decisions. There are 4 million parents with disabilities with minor children, which is about 7% of all U.S. parents, about 4.4 million (National Center for Parents with Disabilities, 2022). Further, in 2019, 25.7% of U.S. families included at least one family member with a disability (Young, 2021; Young & Crankshaw, 2023). It is imperative that psychology more actively work to reduce biases, challenge stereotypes, and champion the provision of appropriate supports and resources for this diverse and often underserved population. As stated by Valdez and Swenor (2023), “Dismantling structural ableism needs to be prioritized, since more than 27% of U.S. adults have disabilities, which may be visible or invisible, congenital or acquired, static or dynamic” (p. 1827). Under the Americans With Disabilities Act (ADA), a person is considered to be disabled if they have a physical or mental impairment that significantly limits a major life activity, including include self-care, manual tasks, seeing, hearing, walking, speaking, breathing, learning, communicating, and working, have a history of such an impairment, or are perceived as having such an impairment. The 2008 amendment to the ADA clarified that episodic or in-remission impairments are considered disabilities if they substantially limit a major life activity when active and that the determination of impairment should not consider the ameliorative effects of mitigating measures (ADA, 1990; ADAAA, 2008). Disability is an inclusive term that includes people with a broad range of impairments. Although there is no universal agreement in the disability community about preferred terminology, person-first and identity-first approaches are both considered acceptable (Andrews et al., 2022) Some subgroups have specific preferences, which should be honored whenever possible (APA, 2020). The ADA definition of disability is one of the most inclusive and legally accepted terms available (Blanck, 2023).

The assumption that individuals with disabilities are unfit for parenting is long held, enduring, and often enshrined in policy (Mayes, Llewellyn, & McConnell, 2006). For example, the United States has a regrettable history of forcefully sterilizing women with intellectual disabilities (Murphy & Feldman, 2002) with the assumption that these individuals are incapable of making decisions regarding sexuality and parenthood (National Council on Disability, 2012). Deaf parents are often perceived as unable to stimulate their children’s spoken/aural language skills, while blind parents are assumed to lack the ability to provide sufficient attention and discipline (Powell, 2019). Parents with spinal cord injuries may face doubts about their capacity to adequately supervise their children. Similarly, parents with intellectual disabilities are presumed to be wholly incapable of caring for children or learning essential parenting tasks (Powell, 2019). Moreover, parents with psychiatric disabilities experience significant stigma, falsely suggesting they pose a danger to

their children, often without any factual basis. Such bias against parents with disabilities lacks scientific evidence (NCD, 2012). Studies show that parents with a disability are not inherently lacking in their capacity for parenting, yet face widespread stigma and long-standing bias (Cureton, 2016; Kirshbaum et al., 2003; Lanci, 2018). Thus, evaluations of and legal challenges to their fitness to parent should sit apart from their disability status.

Self-advocacy organizations and emerging research challenge stigmatized beliefs about parents with disabilities. All parents, including parents with disabilities, can benefit from early and ongoing support to enhance parenting skills (See Andrews & Ayers, 2016). Parents with disabilities indeed can play a meaningful role in the raising of their children (Andrews & Ayers, 2016).

The Role of Psychologists

Psychologists possess unique knowledge and training in evidence-based, culturally responsive assessment methodologies and treatment interventions, which they are ethically bound to use in their assessments and treatments of parents with disabilities. Therefore, psychologists can also assume important roles in disseminating evidence-based assessments, intervention methods, and parent training programs, within institutions and organizations. In addition, many psychologists are also parents with disabilities and can lend their own personal and professional knowledge. Further, some researchers have addressed the unique insights that persons with disabilities bring to parenting a child who may also have a disability (Crane et al., 2021).

For instance, psychologists play an important role in evaluating the parenting abilities of individuals with disabilities when conducting psychological assessments (APA, 2022) as well as in relevant legal proceedings (e.g., custody evaluations). Psychologists provide various forms of therapy, including individual, group, couples, and family therapy, to individuals with disabilities. These therapeutic approaches may address reproductive health concerns and parenting issues (Andrews & Dunn, 2019). It is thus critical that such assessments be culturally appropriate and fair (APA, 2022; AERA, APA, & NCME, 2014; Hill-Briggs et al., 2007). In addition, parents with disabilities must be provided reasonable and appropriate accommodations (NCD, 2012). Psychologists must diligently appraise the strengths and needs of both parents with disabilities and their children, shifting away from the traditional deficits-based approach that has historically prevailed in such assessments (Albert & Powell, 2020; APA, 2022).

Psychologists play a pivotal role in assessing the parenting abilities or prospective parenting skills of individuals with disabilities, particularly in cases involving the removal of children from their custody or when a parent with a disability seeks to adopt. Regrettably, parents with disabilities have historically encountered imbalanced treatment, limited or nonexistent accommodations, and the enduring biases of providers during these evaluations (Powell et

al., 2020; NCD, 2012). The outcomes of these evaluations carry immense significance, as they can be invoked in legal proceedings to terminate parental rights or impede the potential adoption of a child. Notably, the Convention on the Rights of Persons with Disabilities (CRPD) asserts the right of individuals with disabilities to adopt children, yet the United States has yet to ratify the CRPD. Nevertheless, equal protection is afforded through the Americans With Disabilities Act, although these protections seldom translate into equitable opportunities for adoption (Powell, 2019).

Disparities Within the Legal System

Accordingly, it is imperative for psychologists to possess a deep understanding of the biases and prejudices confronted by parents with disabilities. As noted by the American Bar Association, individuals with disabilities face biases, stereotypes, and stigma regarding their ability to perform tasks, including their ability to effectively parent (ABA, 2017; NCD, 2012; see also Andrews & Ayers, 2016).

In 2017, the American Bar Association (ABA) addressed disparities within the legal system faced by parents with disabilities and urged “all federal, state, territorial, and tribal governments to enact legislation and implement public policy providing that custody, visitation, and access shall not be denied or restricted, nor shall a child be removed or parental rights be terminated, based on a parent’s disability, absent a showing—supported by clear and convincing evidence—that the disability is causally related to a harm or an imminent risk of harm to the child that cannot be alleviated with appropriate services, supports, and other reasonable modifications” (ABA, 2017, p. 1). In its resolution, the ABA also urged “all federal, state, territorial, and tribal governments to enact legislation and implement public policy providing that a prospective parent’s disability shall not be a bar to adoption or foster care when the adoption or foster care placement is determined to be in the best interest of the child” (ABA, 2017, p. 1).

In its resolution, the ABA recognized that 30%–50% of parents with disabilities lose custody of their children (ABA, 2017; Booth & Booth, 2004) and that “removing a child from their parents creates severe emotional and psychological trauma, including lessened abilities to self-regulate behavior, handle social interactions, and build positive self-esteem and self-reliance” (ABA, 2017, p. 5).

The ABA also cited a report from the National Council on Disability detailing “persistent, systemic, and pervasive discrimination” against parents and prospective parents with disabilities within the child welfare and family law systems (NCD, 2012). Just as parents with disabilities are more likely to have their children taken into care, individuals with disabilities seeking to become parents are also likely to face significant legal and administrative agency hurdles in the fostering and adoption processes.

Health Care Needs

Psychologists actively collaborate with interdisciplinary healthcare providers to offer comprehensive reproductive health care, providing education, resources, and tailored programs to meet the sexual and reproductive health needs of people with disabilities (APA, 2022). Within this realm, psychologists must remain attuned to the prevailing stigma surrounding sexuality, reproduction, and disability while proactively striving to challenge ableist assumptions. Psychologists have the ability to meet the unique needs of parents with disabilities, offering support groups, skill-building workshops, and parent training programs. Psychologists can also offer insight at training programs for medical professionals (e.g., to challenge the misassumptions around sexuality, reproduction, and parenting). The effectiveness of these efforts hinge upon the involvement and input from the disability community to ensure cultural appropriateness (Andrews & Dunn, 2019). Input from marginalized people with disabilities should also be included.

Psychologists conduct vital research on the sexual and reproductive health needs of individuals with disabilities, aiming to identify health disparities and barriers to care (APA, 2022). They also explore disabled parenting experiences to enhance understanding and develop interventions (Rivera Drew, 2009). However, there is a noticeable research gap, with limited research on the experiences of parents with disabilities compared to the extensive literature on parenting disabled children (Andrews & Dunn, 2019).

Research on Parenting

Parents with disabilities often face unique challenges, including prejudice, limited support, and inadequate access to resources. Nevertheless, studies consistently demonstrate that they can be effective and capable parents (Feldman, McConnell, & Aunos, 2012). Many parents with disabilities express high levels of contentment and gratification in fulfillment of their parental roles, fostering strong bonds with their children, and creating nurturing environments (National Council on Disability, 2012). Relatedly, Hampton et al. (2022) found that while autistic parents had higher levels of stress, depression, and anxiety than parents not diagnosed with autism 6 months following the births of their children, there were no significant differences between these groups in positive parenting behaviors, including involvement and nurturance. In examining the self-esteem experiences of adult children with parents with various disabilities, Kraus and Olkin (2020) discovered that perceived stigma related to parental disability was associated negatively with self-esteem, whereas interaction with other disabled families was significantly associated with increased self-esteem. Positive outcomes were also correlated with the availability of family resources and support, highlighting the notion that parents with disabilities are fully capable when provided with necessary resources.

Mazur (2006) conducted a qualitative study focusing on adolescent children and their parents with disabilities. The adolescents reported a range of both positive and negative experiences. Positive experiences included open discussions about disability with their parents and meeting families with similar disabilities. The adolescents had mixed views on helping with household chores, perceptions which were in line with a typical adolescent mindset. However, both the adolescents and parents viewed the occasions when children needed to assist with personal care as a negative aspect. Most parents with disabilities do not routinely or intentionally use their children for caregiving tasks, but rather assign developmentally appropriate duties just as nondisabled parents do (Powell, 2019). Still, in some instances, parents with disabilities lack the resources and support they need, and reluctantly may have their child assist, when no alternative is available. Additional support and resources for parents with disabilities, as needed, can help address these issues when they do occur.

An 8-year study, which included a substantial sample of nearly 2,500 young adult children of parents with various disabilities, challenged prevailing assumptions (Jacob et al., 2018). Those young adults generally exhibited high self-esteem, perceived minimal levels of stigma associated with having a disabled parent, and reported positive upbringing experiences of being raised by a parent with a disability. This pattern of findings challenges the notion that having a parent with a disability is inherently detrimental or hampers developmental outcomes. It is important to note that a hierarchy exists, leading to heightened discrimination against parents with the most stigmatized disabilities, such as intellectual and mental health disabilities.

Diversity of Lived Experience

The experiences of parenting among individuals with disabilities are diverse and complex, making generalizations or stereotypes inappropriate (APA, 2022; Wołowicz-Ruszkowska, 2016). Various factors influence the outcomes of parenting in this context, including individual experiences, capacities, available support, and resources, as well as societal attitudes and perceptions (Lund et al., 2021; National Council on Disability, 2012). Studies examining outcomes are often complicated by the effects of economic hardships and lower educational levels (Powell et al., 2017; Sonik et al., 2018). As a result, negative outcomes historically attributed to parental disability may indeed be accounted for, as well as other family stressors. Psychologists can promote positive outcomes for parents with disabilities and their families by addressing these factors and advocating for equal access to needed resources and support (National Council on Disability, 2012).

Prejudices against parents with disabilities include diminished societal expectations regarding partnership and parenthood, along with stereotypes depicting individuals with

disabilities as vulnerable, inadequate nurturers, and incapable of caring for children (Andrews & Ayers, 2016; Kirshbaum & Olkin, 2002; Nario-Redmond, 2010). Parents with disabilities are often unfairly labeled as “selfish” for having children, presumed to rely on government aid, and judged as burdens on society alongside their children (National Council on Disability, 2012). These biases have real and sometimes permanent consequences for families, including forced separation (NCD, 2012).

Frederick (2017) noted how the medical model dominates social discourse on what good parenting practice is supposed to be. She indicated that nonnormative mothers, including those who are poor, queer, women of color, and those with disabilities are regarded as “risky mothers” who are not competent to undertake the responsibility of motherhood. Furthermore, gay, lesbian, and bisexual people with disabilities are seen to represent a “minority within a minority” (Bennett & Cole, 2007, as cited in Duke, 2011, p.1; Lund & Burgess, 2021) and may experience ableism, heterosexism, and homophobia on a regular basis within the sector of health and social services (Anedda et al., 2018; Gibson, 2016; Lund & Burgess, 2021). In that sense, parents experience multiple contexts in which they may be marginalized or stigmatized and may be discriminated against with regard to adoption and fertility practice because clinical providers may refuse to provide service to those they judged as unfit for pregnancy and parenthood on ethical or legal grounds. In many instances, their reasons for refusal are not valid and discriminate against persons with disabilities who desire parenthood (National Council on Disability, 2012).

Need for More Research

Although children of parents with intellectual disabilities may be at risk of developmental delays and behavioral issues (Feldman, 2002), few studies have explored important factors that mediate these outcomes, such as social and environmental support, caregiving style, and parenting-related education and training. Instead, these outcomes are often unjustly attributed solely to cognitive impairments (Andrews & Ayers, 2016). Additionally, although research on parent-training programs shows promise in providing skills and support to parents with intellectual disabilities, these programs are rarely used, and their availability and accessibility to parents are limited (Murphy & Feldman, 2002; Olsen & Clarke, 2003). More research is needed on how to best support families with a parent who has an intellectual disability.

Similarly, existing literature predominantly takes a deficit-based approach when discussing parents with mental health issues. Numerous studies outline the negative impact of parental mental illness on children, including emotions such as anger, isolation, shame, fear, sadness, grief, frustration, confusion, identity problems, poor self-esteem, and challenges with trust and intimacy (Nicholson, Sweeney, & Geller, 1998; Ackerson, 2003). However, the interpretation of these findings is complicated by the presence of multiple co-occurring

factors such as poverty, trauma, substance use, and homelessness (Andrews & Ayers, 2016; Gatsou et al., 2017). Assumptions persist that parental mental illness universally harms children, but it is important to recognize that the stigma associated with mental illness can contribute to poorer outcomes in families (Corrigan & Miller, 2004; Gatsou et al., 2017). For instance, women with psychiatric disabilities often unnecessarily stop taking medication during pregnancy and worry about losing custody of their children during periods of worsening mental health or hospitalization (Andrews & Dunn, 2019). The fear of forced separation by the legal system is a legitimate concern, as individuals with psychiatric disabilities have the highest rate of child removal among all disability groups (National Council on Disability, 2012; Nicholson et al., 1998). Further research is necessary to examine potential mitigating factors, such as effective parenting strategies, parenting training programs, social support, and other social and interpersonal factors (Andrews & Dunn, 2019). Research should also take an expansive and intersectional approach when addressing how disability status interrelates to such important factors as race, ethnicity, sexual orientation, religion, and socioeconomic status. It is crucial not to mistake the mere presence of mental illness for parental incapability (Andrews & Ayers, 2016), and intervention efforts should adopt a recovery-oriented approach that involves the entire family (Gatsou et al., 2017).

Call for Action

As highlighted in this resolution, it is imperative for psychologists to proactively acknowledge the pivotal role of psychology in advocating for fair and equitable treatment of parents with disabilities, while providing the necessary supports and resources they require. Moreover, psychologists must diligently deliver culturally appropriate services, while recognizing and challenging the detrimental impact of ableist assumptions on parents with disabilities and their children. To effect meaningful change, it is crucial that psychologists engage in unbiased research endeavors that authentically capture the diverse experiences of these families. By taking concerted action in these areas, psychologists can contribute to a more inclusive and just society for parents with disabilities and their children.

APA calls upon the field of psychology and policymakers to support increased psychological research, intervention, advocacy, and policy to inform and guide decisions related to parents with disabilities, and to reduce disparities and biases faced by this population.

Specifically:

- APA will disseminate research on the experiences of parents with disabilities in society, including but not limited to their interactions with health care, educational, and legal systems.

- APA Advocacy will advocate for expanded funding mechanisms to support this research.
- APA calls for institutions, organizations, and governmental agencies to work with parents with disabilities to develop culturally responsive educational programs to increase awareness of difficulties faced by parents with disabilities (e.g., bias, prejudice) across society.
- APA calls for institutions, organizations, and governmental agencies to implement assessment standards that emphasize the use of culturally responsive, -based evaluation measures which assess the skills of parents with disabilities in domains such as: cognitive functioning, social-emotional functioning, adaptive skills, and parenting skills.
- APA calls for institutions, organizations, and governmental agencies to encourage or engage in research examining the intersection of parental disability status and race, ethnicity, immigration status, sexual orientation, religion, and other relevant factors.
- APA calls for institutions, organizations, and governmental agencies to collaborate in the dissemination of low-cost, evidence-based, culturally informed parent training programs for parents with disabilities, which can be delivered by a broad range of health care providers and mental health professionals.
- APA echoes the 2017 Resolution of the American Bar Association (ABA), which urged all federal, state, territorial, and tribal governments to enact legislation and implement public policy:
- Providing that custody, visitation, and access shall not be denied or restricted, nor shall a child be removed or parental rights be terminated, based on a parent's disability, absent a showing—supported by clear and convincing evidence—that the disability is causally related to a harm or an imminent risk of harm to the child that cannot be alleviated with appropriate services, supports, and other reasonable modifications.
- Providing that a prospective parent's disability shall not be a bar to adoption or foster care when the adoption or foster care placement is determined to be in the best interest of the child.
- APA Advocacy will work with the ABA and legal entities to disseminate information about educational programs so that parents with disabilities and individuals in the legal process better understand their legal rights and protections.
- APA calls on policymakers to establish policies that prevent bias and discrimination towards parents with disabilities and actively support and empower parents with disabilities.

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E.(7) Council voted to adopt as APA policy the following *Resolution on the Secure Storage of Firearms and Lethal Means Safety Strategies to Prevent Suicides*:

Resolution on the Secure Storage of Firearms and Lethal Means Safety Strategies to Prevent Suicides

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 Resolution on the Secure Storage of Firearms and Lethal Means Safety Strategies has the primary goal to encourage psychologists to respond to the public health crisis of suicide by promoting secure storage of firearms and lethal means safety strategies for individuals at elevated risk;

WHEREAS Our nation is facing a suicide public health crisis;

WHEREAS Firearms are the means utilized in the majority of suicide deaths. In 2022, firearms were used in 54.6% of suicides (CDC, n.d.). Moreover, in 2021, 72% of suicides completed by veterans are attributed to firearms (Office of Mental Health and Suicide Prevention, 2023) and the most common suicide method among US youth aged 10–19 years has historically been by firearms (CDC, 2020);

WHEREAS Ninety percent of suicides attempted with a firearm are fatal (Conner, Azrael, & Miller, 2019). Thus, it is rare that individuals attempting suicide with a firearm will get a second chance to reconsider their decision. Suicidal crises often represent a conflicting wish to live or die (Bryan, Rudd, Peterson, Young-McCaughan, & Wertenberger, 2016), and two-thirds of those who survive an attempt will never try again (Owens, Horrocks, & House, 2002);

WHEREAS Most survivors of non-fatal suicidal behaviors using firearms report that the availability of firearms at home is the primary reason for their method choice (de Moore, Plew, Bray, & Snars, 1994; Peterson, Peterson, O'Shanick, & Swann, 1985);

WHEREAS The high-risk, acute phase of many suicidal crises arises quickly and is fleeting. Putting time and distance between a person in crisis and their chosen method for suicide — such as by temporarily removing ready access to a firearm — has been shown to prevent suicide (Lubin, Werbeloff, Halperin, Shmushkevitch, Weise, & Knobler, 2010);

WHEREAS Safety planning – a collaborative intervention that consists of recognizing warning signs, identifying individual coping strategies, and pinpointing external resources for help – is an evidence-based strategy for reducing suicidal ideation and behaviors (Rudd et al., 2001; Stanley & Brown, 2012);

WHEREAS The Department of Veterans Affairs and other health care institutions have comprehensive, evidenced-based trainings and curricula to inform psychology students, psychologists, health care professionals and the general public on voluntary secure storage options to prevent suicide (Lemle, 2020);

WHEREAS Healthcare associations such as the American Medical Association (AMA, 2022), the American Academy of Pediatrics (AAP, 2024), the National Association of Social Workers (NASW, 2021), and the American Psychiatric Association (ApA, 2018) advocate for secure firearms storage practices, trainings, and policies;

WHEREAS Studies show that patients experiencing suicidal thoughts have a substantial reduction in attempts and/or death when clinicians inquire about their access to firearms (Boggs, Beck, Ritzwoller, Battaglia, Anderson, & Lindrooth, 2020);

BE IT RESOLVED the American Psychological Association encourages graduate clinical and counseling psychology programs and continuing education programs to rigorously train psychology students, psychologists, and other public health providers in evidence-based lethal means safety and secure firearms storage to prevent suicide.

BE IT RESOLVED the American Psychological Association encourages secure firearms storage trainings, initiatives, and research to be culturally responsive in considering and addressing the distinct lived experiences of individuals with diverse backgrounds across the lifespan and attend to the impact of secure firearm storage on groups that are most disproportionately impacted. These efforts to prevent firearms injuries, fatalities and deaths by suicides should take an intersectional approach that is inclusive of gender, persons of color, children and adolescents, older adults, military and veterans, persons with disabilities, immigrants, and LGBTQ+ persons.

BE IT RESOLVED the American Psychological Association encourages promoting knowledge in secure firearms storage strategies and lethal means safety.

BE IT RESOLVED the American Psychological Association seeks to develop training in secure firearms storage as part of safety planning, an evidence-based suicide prevention strategy.

BE IT RESOLVED the American Psychological Association highlights in its materials and website information the range of methods for secure in-home and out of home firearm storage.

BE IT RESOLVED the American Psychological Association promotes training of interprofessional team members in lethal means safety.

BE IT RESOLVED the American Psychological Association advocates for federal, state, and local funding to promote secure firearms storage strategies and lethal means safety trainings for firearms owners and firearms users as a public health measure to prevent suicides.

BE IT RESOLVED the American Psychological Association advocates for federal, state, and local funding to train health care providers on secure firearms storage strategies and lethal means safety trainings.

BE IT RESOLVED the American Psychological Association advocates for federal, state, and local funding for suicide prevention research including research in topics such as the evaluation of trainings, curricula, and initiatives in secure firearms storage.

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F.(8) Council voted to adopt as APA policy the following *Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals, Addressing Misinformation, and the Role of Psychological Practice and Science*:

Policy Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals, Addressing Misinformation, and the Role of Psychological Practice and Science

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 for unobstructed access to healthcare and evidence-based clinical care for transgender gender diverse, and nonbinary children,

adolescents, and adults, and for increased public accessibility to timely and accurate information, founded in clinical and psychological science. Furthermore, this resolution addresses the spread of misleading and unfounded narratives that mischaracterize gender dysphoria and affirming care, likely resulting in further stigmatization, marginalization, and lack of access to psychological and medical supports for transgender, gender-diverse, and nonbinary individuals. Misinformation further creates distress and confusion for families and loved ones of transgender, gender diverse, and nonbinary individuals, as they make decisions about their healthcare. The primary goal is to encourage psychologists to unite in their support for access to psychological and all appropriate healthcare services and treatment for transgender, gender diverse and nonbinary gender diverse individuals.

Policy Statement

Whereas gender diversity is present throughout the lifespan and has been present throughout history (Gill-Peterson, 2018; Hunt, 2016; Stryker, 2017); and

Whereas gender-based bias and mistreatment (e.g., discrimination, violence, non-affirmation, or rejection in response to gender diversity) pose significant harm, including risk of suicide, to the well-being of children, adolescents, adults, and families. (Delozier et al., 2020; Kosciw et al., 2022; Puckett et al., 2023; Trevor Project, 2023); and

Whereas transgender, gender diverse, and nonbinary individuals experiencing systemic discrimination and mistreatment targeting their gender identity or expression, may also face racial, ethnic, socioeconomic, religious, and other forms of discrimination, translated into greater discrimination and psychological distress than their counterparts (Castro-Ramirez et al., 2021; Hendricks & Testa, 2012; Lefevor et al., 2019; Lytle et al., 2016; Turban, et al., 2020; van der Miesen et al., 2020); and

Whereas gender-related distress is a complex and nuanced psychological experience, informed by a rapidly evolving basis in new scientific findings and advances, which often requires specialized understanding and expertise (APA, 2015; Coleman et al, 2022); and

Whereas psychologists often play a vital role in assisting individuals experiencing gender dysphoria and their parents, caregivers, and families, offering valuable insights into their mental health and well-being (APA, 2015; dickey & Puckett, 2023; Hughto, et al., 2015); and

Whereas psychologists can play an important and essential role in facilitating the support for client-led exploration of gender identity, assisting individuals in navigating their unique experiences (APA, 2015; Coleman et al., 2022); and

Whereas affirming mental health services provided by psychologists can positively contribute to the holistic care of individuals participating in gender-affirming healthcare or experiencing gender dysphoria, gender incongruence, and/or distress associated with discrimination and mistreatment; (Anzani et al., 2019; Expósito-Campos et al., 2023; Hembree et al., 2017; Wittlin et al., 2023; World Health Organization, 2022); and

Whereas legislative efforts to restrict access to care have involved the dissemination of misleading and unfounded narratives (e.g., mischaracterizing gender dysphoria as a manifestation of traumatic stress or neurodivergence, and equating affirming care for transgender, gender-diverse, and nonbinary youth with child abuse), creating a distorted perception of the psychological and medical support necessary for these youth and creating a hostile environment that adversely affects their mental health and wellbeing (APA, 2023; Ashley, 2023; Hughto et al., 2022; Kremen et al., 2021; McNamara et al., 2022); and

Whereas such misinformation is widely disseminated through formal and informal networks, yet credible scientific evidence has not been widely disseminated and is not readily accessible to the public, having the potential to further stigmatize and marginalize all transgender, gender-diverse, and nonbinary individuals, hindering their access to indicated and necessary healthcare, worsening existing geographic disparities in healthcare access, and fostering an environment that may lead to discrimination (DuBois et al., 2023; Goldenberg et al., 2020; Weixel & Wildman, 2022); and

Whereas state bans on gender-affirming care and the imposition of legal penalties on providers engaging in evidence-based care disregard the comprehensive body of psychological and medical research supporting the positive impact of gender-affirming treatments, which include as a standard of care non-coercive, developmentally appropriate support for gender exploration and decision-making in alleviating psychological distress and improving overall well-being for transgender, gender-diverse, and nonbinary individuals across the lifespan (Achille et al., 2020; Ashley, 2023; Green et al., 2022; Ramos et al., 2021; Tordoff et al., 2022); and

Whereas state bans on gender-affirming care disrupt not only the role of providers in offering evidence-based care but also obstruct patient and parental rights in shared decision-making (Clark & Virani, 2021); and

Whereas the imposition of such bans poses a direct threat to the mental health and emotional well-being of transgender, gender-diverse, and nonbinary youth, exacerbating the already high rates of depression, anxiety, and suicide attempts among this vulnerable population (Abreu, et al., 2022a; Abreu et al., 2022b; Hughes et al., 2021; Kidd et al., 2021); and

Whereas, obstructing access to psychological and medical interventions, including gender-affirming care, heightens the risk of negative mental health outcomes among children,

adolescents, and adults; (Chen, et al., 2023; McGregor, et al. 2023; Turban, et al., 2020; Turban, et al. 2022; van der Miesen, et al., 2020); and

Therefore, be it resolved that the American Psychological Association (APA) steadfastly supports evidence-based clinical care for all children, adolescents, and adults inclusive of gender identity and expression.

Therefore, be it resolved that the APA upholds the rights of all individuals to unbiased health insurance coverage, rejecting discrimination based on gender identity and advocating for the inclusion of gender-affirming care, including psychological care.

Therefore, be it resolved that the APA underscores the necessity for access to comprehensive, gender-affirming healthcare for transgender, gender-diverse, and nonbinary children; adolescents, and adults.

Therefore, be it resolved, the APA emphasizes that an accurate understanding of evidence-based care is essential to promote inclusivity, protect the rights of transgender, gender-diverse, and nonbinary individuals, and ensure they receive the necessary support and full healthcare attention, inclusive of psychological and medical care, in a compassionate and affirming manner; and

Therefore, be it resolved the APA supports efforts to address and rectify the dissemination of false information to ensure the well-being and dignity of transgender, gender-diverse, and nonbinary individuals.

Therefore, be it resolved the APA opposes state bans on gender-affirming care that are contrary to the principles of evidence-based healthcare, human rights, and social justice, and which should be reconsidered in favor of policies that prioritize the well-being and autonomy of transgender, gender-diverse, and nonbinary individuals.

Therefore, be it resolved, that insurance plans should extend coverage for healthcare services tailored to the developmental needs of children, adolescents, and adults identifying as transgender, gender diverse, or nonbinary, encompassing both psychological and medical gender-affirming care; and

Therefore, be it resolved that equitable health insurance access is necessary to facilitate essential gender-affirming care, including access to mental health supports.

Therefore, be it resolved the APA opposes efforts to obstruct access to evidence-based interventions for children, adolescents, and adults, advocating for inclusive healthcare coverage without gender-based discrimination.

Therefore, be it further resolved the APA emphasizes the importance of psychological and medical care from an intersectional perspective, which takes into consideration the many facets of an individual's experience and provides services that are anti-discriminatory in all areas, including opposing racial, ethnic, socioeconomic, religious, and gender-based discrimination.

Therefore, be it further resolved the APA urges support for policies facilitating access to comprehensive, gender-affirming healthcare for children, adolescents, and adults, recognizing the positive impact on mental health outcomes.

Therefore, be it further resolved the APA encourages insurance providers to offer coverage addressing the healthcare needs of children, adolescents, and adults who identify as transgender, gender diverse, or nonbinary.

Therefore, be it further resolved the APA affirms the essential role and legal rights of parents and caregivers in taking action to ensure the well-being of children and adolescents while honoring their expressed gender identity, including involvement in the process of healthcare decision-making, as well as the role of parents, caregivers, and providers in supporting developmentally appropriate youth self-advocacy.

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G.(9) Council voted to approve the following motion:

That Council approves that there will be no Association rule changes, and the Council Leadership Team will continue to provide recommendations on action items coming forward to Council for consideration using the principles of evidence-based policies, thorough item development and review, and alignment with APA's mission, resources, and strategic plan. CLT will provide one of the following recommendations to move an item to final form: CLT recommends that Council approve the motion, CLT recommends that Council oppose the motion, CLT recommends the motion for final form and that it be placed on the Council meeting agenda. A vote tally on CLT recommendations on actions items will be provided to Council.

(12) Council received as information an update on the Council Leadership Team's efforts to implement recommendations found in the Council Effectiveness Implementation Oversight Task Force report.

VII. PUBLICATIONS AND COMMUNICATIONS

A.(13) Council received as information an update on the Publications and Communications Board activities.

VIII. CONVENTION AFFAIRS

No items.

IX. EDUCATIONAL AFFAIRS

No items.

X. PROFESSIONAL AFFAIRS

A.(14) 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.

XI. SCIENTIFIC AFFAIRS

A.(9A) Council voted to adopt as APA policy the following *Resolution on Combating Misinformation and Promoting Psychological Science Literacy*:

Resolution on Combating Misinformation and Promoting Psychological Science Literacy

WHEREAS, the amount of misinformation a person encounters as part of their overall media consumption may vary, there is evidence to demonstrate that up to 20% of political media

content can be classified as misinformation (Yang et al., 2023), and other findings that specify health misinformation is highly prevalent and a growing and pernicious threat to public well-being, especially with the potential for rapid spread on social media (Gallotti et al., 2020; Wang et al., 2019).

WHEREAS, regardless of prevalence, misinformation has been found to promote discord by increasing political polarization (Van Bavel et al., 2021) and eroding trust in democracy, the media, science, and public health authorities (Calleja et al., 2021; Jones-Jang et al., 2021; Ognyanova et al., 2020).

WHEREAS, the World Health Organization (2020) has declared a worldwide “infodemic” based on the global and rapid spread of misinformation that leads to mistrust and poses a threat to public health. The World Health Organization recommends building resilience to misinformation and engaging and empowering communities to take positive action.

WHEREAS, to fully understand the impact of misinformation, it is necessary to understand the psychological factors that drive people to believe and share it, the levers of manipulation used by its creators, and the network effects induced by today’s media and political landscape that impact its spread.

BE IT RESOLVED the American Psychological Association encourages psychologists, educators, researchers, and policymakers to actively engage in efforts to raise public awareness about the psychological mechanisms underpinning the creation and spread of misinformation.

BE IT RESOLVED that the American Psychological Association will promote understanding of the psychological factors influencing the acceptance and rejection of health information, and the development of effective interventions to mitigate the impact of misinformation including efforts to restore and maintain trust in science.

BE IT RESOLVED that the American Psychological Association calls on stakeholders to collaborate with psychologists and other experts to develop and implement strategies that promote accurate health information, science literacy, and counteract misinformation.

BE IT RESOLVED, that the American Psychological Association encourages the inclusion of psychological science perspectives in public health campaigns, educational programs, and policy initiatives addressing health misinformation.

BE IT RESOLVED, that the American Psychological Association commits to actively disseminate psychological science findings and recommendations across its networks and to promote ongoing dialogue among psychologists, policymakers, and the public to address the multifaceted challenges posed by misinformation, and to promote psychological science literacy.

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promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation

Yang, Y., Davis, T., & Hindman, M. (2023). Visual misinformation on Facebook. *Journal of Communication*, 73(4), 316–328, <https://doi.org/10.1093/joc/jqac051>

XII. PUBLIC INTEREST

A.(10) Council voted to adopt as APA policy the 2024 *Guidelines for Psychological Practice with Older Adults* and approved December 31, 2034 as its expiration date.

B.(16) Council received an update on the new business in progress item entitled, Resolution on Supporting Psychologists' Education and Research about, and Activism against Violations of Girls' and Women's Human Rights Globally (NBI #11C/Feb 2023).

XIV. INTERNATIONAL AFFAIRS

No items.

XVI. FINANCIAL AFFAIRS

A.(15) Council received as information the 2022 IRS Tax Form 990 and 990-T Amendment.

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

On Friday afternoon, Council heard from a keynote speaker, Dr. Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Abuse in the US Department of Human Services.

On Saturday morning, Council engaged in a continuing education session on Artificial Intelligence (AI) and Psychology. Council discussed in breakout groups several questions related to AI and shared those notes with staff.
