COUNCIL OF REPRESENTATIVES  
March 9 & 10, 2018  
APPROVED MINUTES

I. MINUTES OF MEETING

A.(1) Council voted to approve the minutes of its August 2 & 4, 2017, meeting.

B.(1A) Council voted to rescind the minutes of its February 24 & 25, 2017 meeting.

C.(1B) Council voted to approve the following amendment to the minutes of its February 24 & 25, 2017 meeting:

   C.(16) Council voted to adopt as APA policy the APA Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder in Adults and approved March 2022 as the expiration date for the Guidelines.

   Council also requested that a Professional Practice Guideline [that addresses other issues, including those relevant to psychological practice with individuals] related to issues important to the treatment of individuals who have Posttraumatic Stress Disorder [.] be developed [in an expeditious fashion] as expeditiously as possible.

The amended February 24 & 25, 2017, minutes are included as Attachment A.

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

No items.

III. ETHICS

A.(15) Council received as information an update on the Board of Directors consideration of recommendations stemming from the Report of the APA Commission on Ethics Processes.

B.(16) Council received as information an update on the selection of the new Ethics Code Task Force.

C.(23) Council received as information an update on the new business in progress item, “Resolution to Amend Council’s 2009, 2013, and 2015 Resolutions to Clarify that Psychologists May Provide Treatment to Detainees or Military Personnel in National Security Settings (NBI 35B/Aug 2017).”

IV. BOARD OF DIRECTORS

No items.

V. DIVISIONS AND STATE AND PROVINCIAL AND TERRITORIAL ASSOCIATIONS

No items.
VI. ORGANIZATION OF THE APA

A.(2) Council voted to postpone the item, “Transparency of Decisions (NBI #23C/Feb 2016)” to its August 2018 meeting and requested that the President and CEO develop appropriate language taking into account the discussion at the March 9 & 10, 2018 meeting.

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

That Council approves the joint 501(c)3/501(c)6 organization membership agreement and the following implementation plan:

- All APA members and affiliates will automatically become members of the APA 501(c)3 organization and a 501(c)6 organization, named the APA Institute for Psychology. All members will pay a required, combined annual dues fee for membership in both organizations;
- Upon joining and at renewal, all APA members and affiliates will complete the joint 501(c)(3) and 501(c)(6) organization membership agreement;
- The required, combined dues fee for membership in both organizations will be effective beginning with the 2019 dues cycle.*

That Council directs the President to appoint a work group** to develop a plan for implementation of the joint 501(c)3/501(c)6 organization membership for approval at Council’s August 2018 meeting. The plan will include:

- Integration of priorities across both organizations;
- Use of existing APA governance structure to achieve the integration of priorities across both organizations;
- Recommendation for the percentage of 2019 dues to be allocated between the 501(c)3 and 501(c)6 organizations and the process for future dues allocations;
- Any amendments to the APAPO Bylaws and APA Association Rules necessary for implementation.

*For at least three years (2019-2021 dues cycles), there will be no increase to APA dues. All APA members and affiliates will pay only what they paid in APA dues in 2018, or are scheduled to pay in the existing APA dues step-up schedule. APA’s life members who are dues exempt will continue to pay no dues. American Psychological Association Practice Organization (APAPO) dues will be eliminated beginning with the 2019 dues cycle.

** The work group will be appointed using Council’s previously approved matrix selection process that considers multiple criteria, including areas of expertise as well as diversity characteristics broadly defined. The work group will provide at least monthly updates to Council on the progress of its development of recommendations and will solicit input from Council.

C(4) Council voted to approve rescinding the following 1991 Resolution on The Use of Anatomically Detailed Dolls in Forensic Evaluations:

Anatomically detailed dolls are widely used in conducting assessments in cases of alleged child sexual abuse. In general, such dolls may be useful in helping children to communicate when their language skills or emotional concerns preclude direct verbal responses. These
dolls may also be useful communication props to help older children who may have
difficulty expressing themselves verbally on sexual topics.

These dolls are available from a variety of vendors and are readily sold to anyone who
wishes to purchase them. The design, detail, and nature of the dolls vary considerably across
manufacturers. Neither the dolls, nor their use, are standardized or accompanied by
normative data. There are currently no uniform standards for conducting interviews with
the dolls.
We urge continued research in quest of more and better data regarding the stimulus
properties of such dolls and normative behavior of abused and nonabused children.
Nevertheless, doll-centered assessment of children when used as part of a psychological
evaluation and interpreted by experienced and competent examiners, may be the best
available practical solution for a pressing and frequent clinical problem (i.e., investigation of
the possible presence of sexual abuse of a child).

Therefore, in conformity with the Ethical Principles of Psychologists, psychologists who
undertake the doll-centered assessment of sexual abuse should be competent to use these
techniques. We recommend that psychologists document by videotape (whenever possible),
audiotape, or in writing the procedures they use for each administration. Psychologists
should be prepared to provide clinical and empirical rationale (i.e., published studies, clinical
experience, etc.) for procedures employed and for interpretation of results derived from
using anatomically detailed dolls. (Fox, 1991).

Work Group, Leilani Salvo Crane, PsyD, MBA, Milton Fuentes, PsyD and Gayle Skawen:nio Morse, PhD,
provided a verbal report at the meeting.

E.(13D/March 2018) A new business item, “Removal of Independent Review from APA Website” was
referred to the Committee on Legal Issues.

F.(17) Council received as information the 2016 Annual Report to the Association of the Policy and
Planning Board titled, Organizational Challenges, Resilience, and Healing.

G.(18) Council received as information a notification from the Policy and Planning Board that the
following guidelines automatically sunset on December 31, 2017 in accordance to Association Rule 30-
8.4: Practice Parameter: Screening and Diagnosis of Autism (2000); Principles for the Validation and use
of Personnel Selection Procedures (2003) and the Guidelines for Psychological Practice with Girls and

VII. PUBLICATIONS AND COMMUNICATIONS

A.(19) Council received an update on APA publishing efforts in 2017 and on matters recently handled by
the APA Publications and Communications (P&C) Board in the year 2017.

VIII. CONVENTION AFFAIRS

No items.
IX. EDUCATIONAL AFFAIRS

A.(6) Council voted to support pursuing accreditation of master’s level programs in psychology in areas where APA already accredits.

B.(7) Council voted to adopt as APA policy the Guidelines on Core Learning Goals for Master’s Degree Graduates in Psychology and approved March 2028 as the expiration date for the Guidelines.

X. PROFESSIONAL AFFAIRS

A.(8) Council voted to adopt as APA policy the Guidelines for Psychological Practice with Girls and Women and approve March 2028 as the expiration date for the Guideline.

B.(9) Council voted to adopt as APA policy the APA Clinical Practice Guideline for Multicomponent Behavioral Treatment of Obesity and Overweight in Children and Adolescents: Current State of the Evidence and Research Needs and approve March 2023 as the expiration date for the Guideline.

C.(13A/March 2018) A new business item, “Resolution for the Use of the Term “Patient” In American Psychological Association Policies, Rules, and Public Relations Activities When Referring to the Health-Related and Scientific Activities of Health Service Psychologists and Scientists in Health Care Services and Settings” was referred to the Board of Professional Affairs, Board of Educational Affairs, Board of Scientific Affairs, Committee on Legal Issues and the Publications and Communications Board.

D.(13B/March 2018) A new business item, “Healthcare Practice Guideline Policy” was referred to the Board of Professional Affairs and Board of Scientific Affairs.

E.(14) Council received as information an update on the business pending item, “Guidelines for Psychologists Regarding the Assessment of Trauma for Adults (NBI #25A/Aug 2013).”

F.(20) 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 2018.

G.(20A) Council received as information an update on the development of a professional practice guideline that will address issues of psychotherapy practice and complement efficacy based recommendations in clinical practice guidelines.

XI. SCIENTIFIC AFFAIRS

A.(24) Council received as information an update on the new business in progress item, “Archiving the 2015 Resolution on Violent Video Games Due to Inconsistent Evidence Based on Effects (NBI 35A/Aug 2017).”

XII. PUBLIC INTEREST

A.(10) Council voted to adopt as APA policy the following Resolution on Pregnant and Postpartum Adolescent Girls and Women with Substance Abuse Related Disorders:
WHEREAS substance-related disorders are a public health problem with multiple risk factors and complex etiologies (e.g., genetics, traumatic experiences, environmental factors) (Khoury, Tang, Bradley, Cubells, & Ressler, 2010; NIDA, 2010; NIDA, 2011; NIDA, 2016);

WHEREAS the prevalence of pregnant adolescent girls and women who use illicit substances in the U.S. has remained essentially unchanged at 4.7 percent for the past five years (Center for Behavioral Health Statistics and Quality, 2016 SAMHSA, 2014);

WHEREAS several risk factors are associated with increased likelihood of substance use while pregnant including: adolescent girls and women younger than 25 (Center for Behavioral Health Statistics and Quality, 2016 ); in first or second trimester compared to the last trimester (Center for Behavioral Health Statistics and Quality, 2016 ); adolescent girls and women who meet criteria for possible psychopathology, including depressive, anxiety, and panic disorders, as well as PTSD (Havens, Simmons, Shannon & Hansen, 2009; Smith, Costello, & Yonkers, 2015). For example, pregnant women who abuse prescription opioids are more likely than non-users to have major depressive disorder (16% v. 8%), generalized anxiety disorder 18% v. 9%), PTSD (11% v. 4%), or panic disorder (6% v. 4%) (Smith, Costello, & Yonkers, 2015). Other possible risk factors include substance use by the biological father, being unmarried, childhood trauma, and delinquency (el Marroun et al., 2008; Young, Deardorff, Ozer, & Lahiff, 2011);

WHEREAS the use of illicit substances by pregnant adolescent girls and women can result in increases in premature birth, low birth weight, being small for gestational age, as well as behavioral and cognitive effects, including attention deficit disorders, language development, emotional reactivity, and externalizing (Derauf et al., 2016; El-Mohandes et al., 2003; Eze, et al., 2016; LaGasse, et al., 2012; Lester, Adreozzi, & Appiah, 2004);

WHEREAS there is a need for research identifying the rate of illicit drug use by pregnant adolescent girls and women who identify with a sexual minority group (Fredriksen-Goldsen et al., 2013); and a need for scientific literature identifying evidence based practices for pregnant adolescent girls and women who identify either with a sexual minority group;

WHEREAS there is a need for research identifying the rate of illicit drug use by pregnant adolescent girls and women who identify with a disability (National Council on Disability, 2012); and a need for scientific literature identifying evidence based practices for pregnant adolescent girls and women who identify with a disability (National Council on Disability, 2012);

WHEREAS there is a need for scientific literature assessing the interplay of the biological impact of illicit substance use on infant and child outcomes, including outcomes of behavioral dysregulation during early childhood and into adolescence as well as cognitive outcomes; as well as literature comparing these outcomes to other child risk and protective factors such as maternal mental health and stress, connectedness to parents/others, expectancy and motivation, parental supervision, and attitudes towards deviance (Fisher et al., 2011; Konijnenberg, Lund, & Melinder, 2015; Lester, Adreozzi, & Appiah, 2004);
WHEREAS prenatal care significantly improves birth outcomes for all pregnant adolescent girls, women, and their babies, it is especially helpful for pregnancies affected by substance use disorders (el-Mohandes et al., 2003; Lester, Andreozzi, & Appiah, 2004; Parrott & Daniels, 1996);

WHEREAS state support for substance abuse treatment for pregnant women is limited in that only 19 states have either created or funded specialized treatment programs; only 12 provide pregnant women with priority access to state-funded programs; and only four states prohibit state-funded programs from discriminating against pregnant women (Guttmacher Institute, 2016);

WHEREAS a 2017 SAMHSA report notes that only 13% of more than 13,000 treatment facilities in the United States offered specialized services to pregnant women and only 7.5% offered childcare services (Smith & Lapari, 2017);

WHEREAS the intersection of substance use and pregnancy is underrepresented in practice settings of psychologists (deAngelis, 2001) and in the psychological literature and research publications;

WHEREAS 18 states currently seek to punish women for using substances while pregnant by charging them with child abuse and/or neglect, reckless endangerment, assault, or homicide of the fetus (Angelotta & Weiss, 2016; Lester, Andreozzi, & Appiah, 2004). Such laws seldom account for standard medical protocols that involve prescription of methadone or an alternate opioid-like substance as part of medication assisted therapy that in itself may result in positive tests for the presence of opioids, effectively making it a crime for pregnant women or girls to adhere to a prescribed medical regimen;

WHEREAS punitive approaches and stigmatization result in pregnant women with substance related disorders and HIV/AIDS which often co-occurs with substance abuse disorders being significantly less likely to seek substance use treatment and prenatal care due to fear of prosecution, fear of the removal of infants and other children from their custody, and reduced access to specialized treatment programs (Amaro, Larson, Zhang, Acevedo, Dai & Matsumoto, 2007, Lee, King, Duan & Amaro, 2015, Lester, Andreozzi, & Appiah, 2004; Sunil, Spears, Hook, Castillo, & Torres, 2010; Roberts & Pies, 2011), thereby undermining the health of the fetus such laws purport to protect;

WHEREAS laws to discourage use and reduce crime through punishment, the arrest, incarceration, or termination of parental rights of pregnant adolescent girls and women leads to a lower availability of viable specialized treatment services in justice facilities, loss of welfare benefits, and dissolution of family bonds, which in turn encourage a return to drug use, increased criminal activity and re-incarceration, and exacerabtes individual and community health problems (Allard, 2002; Van Olphen, Eliason, Freudenberg, & Barnes, 2009);

WHEREAS evidence demonstrates that women of color and their newborns are significantly more likely than other perinatal and peripartum women to be assessed as high risk and
screened for drug use (Ellsworth, Stevens, & D’Angio, 2010; Kunins, Bellin, Chazotte, Du, & Arnsten, 2007), suggesting substance use testing guidelines are implemented unevenly;

THEREFORE BE IT RESOLVED that the American Psychological Association affirms that substance-related disorders manifest as behavioral and biomedical health problems, and recommends providing rehabilitative services rather than criminalizing pregnant women and girls’ substance use and prioritizing substance use treatment services for pregnant women (see Guidance to States: Treatment Standards for Women with Substance Disorders, NASADAD, 2008).

BE IT FURTHER RESOLVED that the American Psychological Association opposes mandatory or nonconsensual drug testing of infants, adolescent girls, and women in the course of the provision of perinatal and supportive services, except for (a) the purposes of collecting confidential epidemiological surveillance data and (b) that which is necessary solely to determine treatment; and the American Psychological Association clarifies that drug testing should be conducted with the opportunity to participate in voluntary, evidence-based substance use treatment; and that the American Psychological Association opposes withholding of benefits based on drug testing.

BE IT FURTHER RESOLVED that the American Psychological Association affirms that laws, regulations, and policies relevant to healthcare professionals’, including psychologists, interactions with substance using girls and women should be framed to encourage women and girls’ help seeking and attaining prenatal and substance use treatment services and support the provider-patient relationship rather than requiring healthcare professionals to police pregnant adolescent girls’ and women’s behaviors (Lester, Andreozzi, & Appiah, 2004; Sunil, Spears, Hook, Castillo, & Torres, 2010; Roberts & Pies, 2011).

BE IT FURTHER RESOLVED that the American Psychological Association recommends additional state and federal funds be allocated for research toward developing, implementing, and evaluating innovative and effective gender-specific health promotion (strategies to support behavioral health and resilience) and substance use prevention (interventions to prevent or reduce risk of using substances and prevention and treatment of HIV/AIDS) with respect to pregnant and peripartum adolescent girls and adult women across minority groups (race, ethnicity, sexual orientation, ability, socioeconomic status, and religion).

BE IT FURTHER RESOLVED that the American Psychological Association urges governmental, both federal and state, and private entities to increase current funding and efforts toward developing, implementing, evaluating, and increasing the availability of gender-specific treatment programs for pregnant and parenting adolescent girls and women with substance-related disorders that include evidence-based components of child care, prenatal care, women-only programs, supplemental services and workshops that address women-focused topics, mental health programming, and comprehensive programming (Ashley, Marsden & Brady, 2003).

BE IT FURTHER RESOLVED that the American Psychological Association recommends enhancement of current health and human services professional education and training programs for medical, psychological, and behavioral health professionals to include an
understanding of substance use and substance related disorders as well as the co-
ocurrence of HIV/AIDS in the lives of women of reproductive age, and especially in
pregnant and parenting adolescent girls and women.

BE IT FURTHER RESOLVED that the American Psychological Association recommends
psychologists collaborate with other health and education disciplines to take an
interdisciplinary approach that will best address the needs of women of reproductive age
who are using substances, and especially adolescent girls and women who are pregnant and
are parents.

BE IT FURTHER RESOLVED that the American Psychological Association encourages
psychologists to conduct research on the interplay of biology and environment in sequelae
of maternal substance use during pregnancy and on treatment effectiveness.
BE IT FURTHER RESOLVED that the American Psychological Association supports and
promotes the publication of psychological research on the effects of substance use during
pregnancy on pregnant adolescent girls and women, and the effective treatments of
substance related disorders during pregnancy, in research publications including its own
journals.

References


trauma intervention on HIV sexual risk behaviors among women with co-occurring
disorders in substance abuse treatment. Journal of Community Psychology, 35(7),
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Ashley, O.S., Marsden, M.E., & Brady, T.M. (2003). Effectiveness of substance abuse
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Administration, Rockville, MD. Retrieved from
http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-
DetTabs-2015/NSDUH-DetTabs-2015.htm#tab1-28a


C.(13C/March 2018) A new business item, “Differences in Sex Development (DSD) Task Force” was referred to the Board for the Advancement of Psychology in the Public Interest, Board of Scientific Affairs and Committee on Sexual Orientation and Gender Diversity.

D.(25) Council received as information an update on the new business in progress item, “Police/Citizen Contact New Business Item from Peace Psychology Division Violence Summit (21A/Feb 2017).”

**XIII. ETHNIC MINORITY AFFAIRS**

No items.

**XIV. INTERNATIONAL AFFAIRS**

A.(21) Council received as information the 2017 Annual Report from APA’s non-governmental organization representative team at the United Nations.
XVI. FINANCIAL AFFAIRS

A(12). Council voted to postpone the item, “Amendments to Association Rules 210: Finance” to Council’s August 2018 meeting.

B(22) Council received as information the 2016 IRS Tax Form 990 and 990-T Amendment.

On Friday morning, Council participated in small and large group discussions related to master’s level practice in psychology. At the conclusion of the discussion, there was agreement among Council members that 1) there is a benefit to uniformity in title and 2) there should be standards for the scope of practice of master’s level practitioners. Council was informed that staff will compile the notes from each table in order to inform recommended next steps for potential future action by Council on these two issues.

On Friday afternoon, Arline L. Bronzaft, PhD, was recognized with an APA Citizen Psychologist presidential citation.
COUNCIL OF REPRESENTATIVES
February 24 & 25, 2017

APPROVED MINUTES
Amended by Council in March 2018

I. MINUTES OF MEETING

A.(1) Council voted to approve the minutes of its August 3 & 5, 2016, meeting.

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

No items.

III. ETHICS


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 forwarding to the Membership for a vote the following amendments to the APA Bylaws (bracketed/strikethrough material to be deleted; underlined material to be added):

ARTICLE V

Composition of the Council of Representatives

1. Council shall be composed of Representatives of Divisions; Representatives of State, Provincial and Territorial Psychological Associations; members of the Board of Directors; the Officers of the Association (the chief staff executive officer shall serve without vote); and the Chair, Chair-elect or other designee from the Executive Committee of the American Psychological Association of Graduate Students (APAGS). In the event that any Representatives of a given Division or State/Provincial/Territorial Association cannot be present, Council will seat one member as an Alternate Representative for that meeting, provided such member is an officer of or has been designated in advance by the relevant Division or State/Provincial/Territorial Association. Representatives shall hold office until their successors are elected and qualify, except that a
Representative who has been elected to the Board of Directors shall continue to be a member of Council after the expiration of the individual's term as Representative, and after the election and qualification of the individual's successor as Division or State/Provincial/Territorial Association Representative, until the expiration of the individual's term as a member of the Board of Directors.

**ARTICLE VII**

**Board of Directors**

1. The Board of Directors shall consist of the President, the President-elect, the Past President, the Recording Secretary, the Treasurer, the chief [staff] executive officer (without vote), the APAGS Past Chair or other designee from the APAGS Executive Committee, the Chair and Chair-elect of any leadership group elected by Council, six members-at-large and the Public Member. All members of the Board of Directors shall serve until their successors are elected and qualify.

2. The members-at-large of the Board of Directors shall be Members of the Association elected by a preferential ballot by the voting Members of the Association and shall serve for staggered terms of three years. The members-at-large shall not succeed themselves in this office nor be eligible to appear as a candidate on the Recording Secretary or Treasurer election ballots for at least one year after their term has expired.

3. The Public Member shall be appointed by the Board of Directors for a three-year term under procedures defined in the Association Rules. The Public Member shall not succeed themself in this office.

4. Regular meetings of the Board of Directors shall be held not less frequently than semi-annually at a time and place to be specified by a vote of the Board of Directors. The Board of Directors shall also establish a mechanism to provide continuing and prompt attention to such problems as may arise. A quorum at any meeting shall consist of a majority of its entire membership.

5. In the case of death, disability, resignation, or removal of a Director, vacancies shall be filled by procedures defined in the Association Rules.

6. The Board of Directors shall be the administrative agent of Council, shall supervise the work of the chief [staff] executive officer of the Association, and shall exercise general supervision over the affairs of the Association. In the interval between the Annual Meetings of Council, the Board of Directors shall have authority to take such actions as are necessary for the conduct of the Association's affairs in accordance with these Bylaws and the policies of Council. If an emergency is declared by a majority of the Board of Directors, the Board shall have power to take actions as though such action were taken by Council. The Board of Directors shall make a report of such emergency actions not later than the next meeting of the Council. It shall furnish a report of all such transactions at each Business Meeting of Council held in conjunction with the Annual Convention.
ARTICLE VIII

Leaders of the Board

Officers of the Association

1. The Leaders of the Board of Directors shall be as follows: a President, a President-elect, a Past President, a Recording Secretary, and a Treasurer, and a chief staff officer. They shall hold these roles until their successors are elected and qualify. Leaders of the Board shall not be considered officers of the Association.

2. The President shall be a Member of the Association who has just completed a term as President-elect. During the term of office, the President shall serve as presiding member of the Association, the Board of Directors, and Council and the Association. The President shall perform such other duties as are prescribed in the Bylaws, as are incident to the role of the chair of the Board, or as may properly be required of the President by vote of Council or the Board of Directors.

3. The President-elect shall be a Member of the Association, elected by preferential ballot, and shall become President-elect on January 1 of the year following the individual’s election. During the term of office, the President-elect shall serve as presiding member of the Association, the Board of Directors, and Council and the Association in the absence of the President.

4. In the event that the President shall not serve out a term for any reason, the President-Elect shall succeed to the unexpired remainder thereof and continue through the individual’s own term. In the event that the President-elect shall not be able to serve out a term, both a President and a President-elect shall be nominated and elected at the time of the next election and shall assume the role by declaration of Council on January 1 of the year following the individual’s election.

5. In the event that both the President and the President-elect shall be unable to serve, the Board of Directors shall elect one of its members to serve as presiding member of the Association, the Board of Directors, and Council and the Association.

6. The Past President shall be the most recently retired President and shall chair the Election Committee. The Past President shall not be eligible to appear as a candidate on the President-elect election ballot.

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

8. The Treasurer [of the Association] shall be a Member of the Association, elected by the
immediately previous Council following nominations by the Board of Directors. The Treasurer
shall [take office] serve for a term of three years, beginning on January 1 of the year following the
individual’s election and shall not succeed themself in [this office] the role more than once. The
Treasurer shall not be eligible to appear as a candidate on the Board member-at-large or
Recording Secretary election ballots for at least one year after the individual’s term has expired.
[During the term of office, the Treasurer shall serve as senior financial officer of the Association
and shall perform such other duties as may be prescribed in these Bylaws. The Treasurer shall
have authority to sign checks and drafts on behalf of the Association for disbursement of funds
for duly authorized purposes of the Association as provided by Bylaws or by vote of Council or the
Board of Directors.] The [individual] Treasurer shall deliver an audited report for each fiscal year
to the Finance Committee and the Board of Directors. The Treasurer shall chair the Finance
Committee and serve ex officio, without vote, on the Publications and Communications Board. In
the event that the Recording Secretary shall not be able to complete a term for any reason, the
Treasurer is authorized to perform the duties normally assigned to the Recording Secretary until
the individual is replaced under procedures defined in the Association Rules.

9. Officers of the Association: The Board of Directors shall nominate a Member of the Association
to Council for confirmation as chief [staff] executive officer who shall be the [administrative]
executive officer of the Association and Director of the Central Office. The chief [staff] executive
officer’s official title shall be determined by the Board of Directors. The chief [staff] executive
officer shall be responsible for the staff, their hiring, training, performance, and termination. The
chief [staff] executive officer shall perform such duties as may be assigned by the Board of
Directors and Council or as may be prescribed in these Bylaws. Confirmation of the chief [staff]
executive officer shall be by a two-thirds vote of those Council members voting. The chief [staff]
executive officer shall be confirmed for a term not to exceed five years and may be reconfirmed.
During this term the chief [staff] executive officer shall not hold any other office within the
Association or any of its Divisions or State, Provincial or Territorial Psychological Associations.

10. Any member of the Board of Directors may be removed from office before the expiration of
a term by a two-thirds vote of a quorum of Council if it appears that the member’s continued
service in this position is not in the best interest of the Association.

11. [The officers of the Association] Board Leaders shall be bonded by an amount fixed by the
Board of Directors.
ARTICLE XI

Boards and Committees

8. The Publications and Communications Board shall consist of no fewer than nine Members of the Association. Members of the Board shall serve for staggered terms of six years. In addition, the Treasurer and chief [staff] executive officer shall be ex-officio members, without vote, of the Publications and Communications Board. It shall be the function of this Board to make recommendations on current and innovative plans and policies on the acquisition, management, initiation, or discontinuance of journals, separates, bibliographic and related publications, and information services. It shall appoint Editors, except the Editor of the official organ of the Association.

ARTICLE XVI

Central Office

1. The Association shall maintain a Central Office for the promotion of the objectives of the Association, its Divisions, and State/Provincial Associations. The Central Office shall be established at such a place and with such facilities and functions as Council may direct. The chief [staff] executive officer shall be the Director of the Central Office. [He/She] The chief executive officer shall report annually on the operations of the Central Office to the Board of Directors, to Council, and by publication to the membership.

Additionally, Council voted to not include pro and con statements with the bylaw amendment ballot. The ballot will be sent to the membership with only an explanatory statement.

B.(4) Council voted to approve the following Resolution on Duties of Council and Trial Delegation of Specific Duties to the Board:

Duties of Council and Trial Delegation of Specific Duties to the Board

WHEREAS, in 2013, the American Psychological Association embarked on a project of good governance (the “Good Governance Project” or “GGP”) in order to enhance and improve the efficiency, nimbleness and effectiveness of APA’s governance infrastructure;

WHEREAS the Good Governance Project Team brought forth to Council the Good Governance Project Report detailing ways that the governance infrastructure of APA can be more effective, more nimble and more efficient;

WHEREAS the GGP Report was received by Council at its July/August 2013 meeting;

WHEREAS the GGP Team brought forward for a vote to Council in July/August 2013 eight (8) motions relating to the implementation of the GGP Report including:

- Technology
- Leadership Development
- Triage
WHEREAS among these motions, Council adopted the following motion at its July 31 & August 2, 2013:

**Motion #5 Fiduciary Roles (108/50/1)**

*Council supports delegating the authority for the following areas of fiduciary responsibility to the Board of Directors on a trial basis for a three-year period following implementation:*

- Financial/budget matters
- Hiring, evaluation and support for the Chief Executive Officer
- Assuring alignment of the budget with the APA strategic plan
- Internally focused policy development

*In addition, Council will receive regular reports from the Board on the delegated areas during the trial period and retains its responsibility as set forth in the Bylaws. In the interest of transparency, such reports to Council will also be made available to the entire membership.*

WHEREAS Council has determined that it is in the best interests of the Association, and will facilitate APA fulfilling its mission, to allow Council to focus its work more fully on developing and adopting policy and ensuring APA policies are aligned with APA’s plans.

WHEREAS Council has determined that it can best meet its fiduciary duty to the Association as a whole, and in particular in the areas of financial and budget matters, alignment of the budget with the strategic plan, management of Chief Executive Officer, and internally focused policy development, by delegating evaluation, oversight, management and decision making authority for these areas to the Board of Directors.

WHEREAS pursuant to Motion #5 noted above, in order to allow Council to fulfill its fiduciary responsibility more fully so that it may focus its work on policy issues and alignment of policy with APA’s mission and strategic plan, the Council of Representatives voted to evaluate on a trial basis the effectiveness of delegating authority for that part of its fiduciary responsibility to certain financial and administrative tasks to the Board to discharge for a trial period of three years beginning on March 1, 2014;

WHEREAS in the intervening three years since Council adopted Motion #5, for the reasons stated in the December 2016 Finance Committee’s extensive analysis of the trial delegation, Council has not been able to fully develop its policymaking role and the Board has not been fully able to regularize its process for its delegated responsibilities;

WHEREAS the Board of Directors, Council Leadership Team and Finance Committee have all recommended a three-year extension of trial delegation and allocation of duties through Council’s first meeting in 2020;
WHEREAS in light of the issues encountered during the current three-year delegation period, Council now wishes to extend the trial period for the delegation of authority and allocation of duties between the Board and Council for an additional trial period of three years beginning on March 1, 2017;

THEREFORE BE IT RESOLVED pursuant to its authority as set forth in Article IV, Sections 1 and 7 of the Bylaws, and pursuant to a suspension of Association Rules to the extent necessary, the Council of Representatives hereby delegates to the Board of Directors, for a period of three years ending following Council’s first meeting in 2020, authority for the following areas:

- Financial and budget matters, with the exception of 1) any single, unbudgeted item that exceeds $3 million or 2) sale of Association real estate,
- Hiring, evaluation and support of the CEO,
- Assuring alignment of the budget with the APA Strategic Plan, and
- Internally focused policy development

The Board shall prepare and provide to Council semi-annual reports on these delegated areas during this period, which shall also be available to the membership.

During the three year period:

1) Council will rely on the Board of Directors to carry out its responsibilities in these four areas, subject to Council’s overall power and authority as set forth in the Bylaws, while Council will focus on development of policy for the discipline of psychology, and;

2) Those portions of the Association Rules requiring a vote of approval by Council for action in these four areas shall be suspended until further action by Council, such as:

- Rule 110-10 through 110-12 (Chief Staff Officer confirmation, evaluation and reconfirmation);
- Rule 210-2.3/210-4 (approval by Council of long term goals for investing recommended by the APA Finance Committee);
- Rule 210-2.5 (approval by Council of Presidential Discretionary Fund);
- Rule 210-5 (approval of dues);
- Rule 10-12 (Life Membership Status dues exemption);
- Rule 50-3 (approve new ad hoc group if new funding is needed);
- Rule 210-2.2 (approval of budget by Council)

3) For the evaluation process:

- The Chief Financial Officer, on behalf of the Board of Directors, Finance Committee and APA staff, will provide a semi-annual report to Council. This report will provide Council detail on how APA is meeting the organizational financial goals as set forth in the Association Rules.
• The President, on behalf of the Board of Directors, will provide a semi-annual report to Council on the state of the Association. This report will provide Council detail as to how APA is meeting the organizational governance goals set forth in the Association Rules, on hiring, evaluation and support of the CEO, and on any new internally focused policy developments.

• The Council Leadership Team will name a subgroup of Council to evaluate how Council is fulfilling its role to develop policy for the discipline of psychology, and also provide an annual report to Council.

• Two evaluations related to financial and budget matters will be conducted under the direction of the Finance Committee which will solicit input from Council, Board of Directors, Finance Committee and appropriate APA staff.

  o The first evaluation will be conducted in the spring of 2018. The Treasurer will report the findings of the evaluation to Council at its August 2018 meeting. Data collected will be used to modify the on-going trial.

  o The second evaluation will be conducted in the spring of 2019. The Treasurer will report the findings of the evaluation to Council at its August 2019 meeting. Data provided will be used to improve the on-going trial period.

• At the end of the trial period during its first meeting in 2020, Council will decide how to proceed.

C.(S) Council voted to approve the following amendments to Association Rule 110-13.1 (underlined material to be added):

110-13.1 The Needs Assessment, Slating and Campaigns Committee (NASCC) conducts a comprehensive needs assessment and develops position descriptions based on the needs assessment for the open Board member-at-large seats. The descriptions are broadly disseminated to the membership when nominations are solicited. In the slating process, NASCC aims to maintain a Board balanced across areas of the discipline, diversity broadly defined and special skills or competencies relevant to current issues.

Members-at-large are elected by and from the voting Members of the Association. Slates of at least two candidates are developed by NASCC from the nominations received, and at least two alternates shall be identified from the nominees. In the slating process, NASCC will ensure there is always at least one early career psychologist member on the Board of Directors.

Slates of recommended candidates and alternates shall be submitted to the Board of Directors for review of 1) unrecognized conflicts of interest, 2) ethics violations, and 3) consistency with the results of NASCC’s annual needs assessment. If, by majority vote of the Board, a candidate is unacceptable for one of these reasons, or if a candidate(s) has dropped out after NASCC slating, the Board will vote on a recommended substitution from the alternates. The Board will
inform NASCC of any recommended substitutions and the reasons for its recommendation. NASCC will consider the Board’s review and feedback, and, by majority vote, determine the final composition of candidate slates.

D.(6) Council voted to approve amending APA’s Association Rules as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

**50-5. LIST OF CONTINUING COMMITTEES**

**50-5.1** The list below presents APA continuing committees and their reporting lines.

*Reporting directly to Council*

Council Leadership Team

**60. COUNCIL LEADERSHIP TEAM**

**60-1.1.** There shall be a Council Leadership Team (CLT) that shall a) manage a procedure to select and oversee Council’s [mega] strategic issue discussions; b) assist the Agenda Planning Group in prioritizing and determining the appropriate disposition of new items coming through the triage system; c) assist the President in determining the priorities for Council and the order of business for meetings of Council; d) initiate and oversee the work of any boards and committees reporting directly to Council; e) provide a recommendation to Council on all motions brought before Council for its consideration; f) regularly review the structure and function of Council (including orientation of new members) and handle complaints about Council functions and operations; and g) lead Council in reviewing and revising the strategic plan and ensure that APA policies are aligned with APA’s mission and strategic plan.

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

Council members shall nominate current Council members who have served at least one year on Council for the positions of Chair-elect, Early Career Representative and member-at-large. CLT will conduct [The results of a comprehensive] a needs assessment for upcoming CLT vacancies to [will] be shared with Council prior to the nominations process. The Chair-elect, Early Career Representative and three members-at-large shall be elected by Council for three-year terms from slates of at least two candidates. Each year a Chair-elect and member-at-large are elected and every third year an Early Career Psychologist representative is elected. The candidate on each slate receiving the highest number of votes will be elected. The Chairs, [M] members-at-large and the Early Career Psychologist representative cannot serve two consecutive terms in the same position and [are limited to] there is a lifetime limit of two elected terms on the Council Leadership Team (except when serving ex officio). The APA President, APA President-elect, APA Treasurer, APAGS Chair [Designee and Chief Executive Officer serve ex officio on CLT. [The APAGS Chair shall begin his/her term on CLT in January of his/her term as APAGS Chair.]
60-1.3 The Chair presides over CLT and is responsible for ensuring review and accuracy of the CLT minutes.

90-8. NEEDS ASSESSMENT, SLATING AND CAMPAIGNS COMMITTEE

With the exception of the President-elect, whose slate is developed by nominations from the membership, there shall be a Needs Assessment, Slating and Campaigns Committee (NASCC) that shall conduct an annual needs assessment and develop slates for any seats on the Board of Directors and on Council that are elected by and from the general membership, solicit and vet candidates for the election slates, and help the Election Committee set the criteria and procedures for campaigning and for disseminating information about the candidates to the membership. NASCC shall also develop the slate for the public member of the Board.

The Committee shall consist of seven members, including one public member. Members will have three-year terms and may only serve one term on the Committee.

The APA President, President-Elect and Past President shall appoint three of the members, including the public member, after broad consultation. On a rotating basis, each of the following boards shall appoint one member to the Committee: the Board for the Advancement of Psychology in the Public Interest, Board of Educational Affairs, Board of Professional Affairs, and Board of Scientific Affairs.

Each year two members shall be appointed for three-year terms, one by the APA President, President-Elect and Past President and one by the above named boards. Every third year the fourth board will appoint an additional member.

Individuals are not permitted to serve on NASCC if they have served on the Board of Directors, Council of Representatives, or any APA board or committee in the past year and may not serve on any of these groups for at least two years following the completion of their service on NASCC. Members of NASCC are not permitted to serve concurrently in any elected officer positions in any Divisions or state/provincial/territorial associations.

110-14. RULES GOVERNING SIMULTANEOUS SERVICE

110-14.1 Members of the Board of Directors shall not serve simultaneously on APA advisory groups, other than as ex-officio or liaison; or on governing bodies of advocacy or political action organizations for psychologists or psychology that are national in scope.

110-14.2 Members shall not serve simultaneously on any of the following advisory groups, except as ex-officio and/or non-voting members or if other exceptions are provided below.

Boards

Advancement of Psychology in the Public Interest
Convention Affairs
Educational Affairs
Membership
Policy and Planning
Publications and Communications
Professional Affairs (except that one member is also a member of the Committee on Professional Practice and Standards)
Scientific Affairs

Committees

Aging
Animal Research and Ethics
Associate and Baccalaureate Education
Children, Youth and Families
Continuing Education
Disability Issues in Psychology
Division/APA Relations
Early Career Psychologists
Ethics
Ethnic Minority Affairs
Fellows
Finance
Human Research
International Relations in Psychology
Legal Issues (ad hoc)
Needs Assessment, Slating and Campaigns
Professional Practice and Standards (except that one member is also a member of the Board of Professional Affairs)
Psychology and AIDS (ad hoc)
Rural Health
Sexual Orientation and Gender Diversity
Socioeconomic Status
Psychological Tests and Assessment
Teachers of Psychology in Secondary Schools
Women in Psychology

Other

Commission for the Recognition of Specialties and Proficiencies in Professional Psychology
Commission on Accreditation
Council Leadership Team

110-14.3 Members shall not simultaneously run for election (e.g., appear on the board and committee election ballot) for more than one of the following advisory groups. In addition, members shall not run for election for one of the following advisory groups if the term of service will begin prior to the end of a term the member is currently serving on one of the advisory groups listed in Association Rule 110-14.2.

Boards

Advancement of Psychology in the Public Interest
Convention Affairs
Educational Affairs
Membership
Policy and Planning
Publications and Communications
Professional Affairs
Scientific Affairs

Committees

Ethics
Finance
International Relations in Psychology
Rural Health

Other

Commission for the Recognition of Specialties and Proficiencies in Professional Psychology
Council Leadership Team

E.(7) Council voted to request that Integrity be considered for inclusion as a Core Value in the next Strategic Plan.

F.(8) Council voted to approve withdrawal of Council New Business Item #23A/Feb 2016, APA Apology to War-on-Terror Victims of Torture and Abuse.

G.(9) Council voted to adopt as APA policy the following Conflict of Interest Principles:

CONFLICT OF INTERESTS PRINCIPLES

DEFINITIONS

“APA Group” means any APA task force, working group, board, committee, Board of Directors, or Council of Representatives.

“APA Representative” means an individual serving on an APA Group.

STATEMENT OF RESPONSIBILITY

All individuals acting in the name of or on the behalf of the APA must address any Conflict of Interest (COI) or appearance of a COI. All APA Representatives must fully disclose any potential COI. In addition, each APA Representative is responsible for identifying and declaring any potential COI and for identifying conflicts others may have but have not disclosed.
CONFLICT OF INTERESTS
A COI is any financial interest or substantial benefit that impedes or might impede an APA Representative, from acting in the best interest of the APA.

1. Financial Benefit to Self or Someone Professionally or Personally Close

A. An APA Representative has a COI if that APA Representative while exercising decision-making authority stands to gain financially from the decision. A voting member of any APA Group whose responsibilities include compensation matters and who receives compensation, directly or indirectly, from the APA for services is precluded from voting on matters pertaining to that individual's compensation.

B. An APA Representative has a potential COI if that APA Representative’s decision could result in financial benefit to a professionally or personally close third party.

2. Substantial Benefit to Self or Someone Professionally or Personally Close

A. An APA Representative has a COI if that APA Representative while exercising decision-making authority stands to gain from increased positional status (e.g., a promotion or public recognition) that could result in increased compensation or remuneration for that APA Representative as a result of the decision.

B. An APA Representative has a COI when that APA Representative while exercising decision-making authority could impact the relationship of a person with whom that APA Representative has a close professional or personal relationship. A COI also exists if that APA Representative’s decision could result in any personal or professional advantages for the individual with whom that APA Representative has a close personal relationship.

3. Cross-organizational Role Conflicts

A cross-organizational role COI exists when an APA Representative's decision-making role has a direct or indirect influence on another organization within which that APA Representative has a vested interest, or within which another person with whom that APA Representative has a close professional or personal relationship has a vested interest.

A cross-organizational role COI exists when an APA Representative who has the capacity to influence decision-makers of the APA has a relationship with another organization that can be directly or indirectly affected by the APA’s decision.
4. Additional Benefits or Impacts

An APA Representative has a COI when that APA Representative, implicitly or explicitly, threatens adverse action against, or promises a benefit to, another APA Representative (or to a person with whom the other APA Representative has a close professional or personal relationship) whose decision could be influenced by the threat or promise.

Promises may include future financial benefit, or access to participation in other groups. Threats may include marginalization of participation in other groups, filing allegations of ethical violations, or threats of legal actions.

H.(10) Council voted to receive the Report of the Work Group on Task Force Selection and requested that ad hoc groups be appointed using a selection process that considers multiple criteria, including diversity broadly defined and skills or competencies relevant to the ad hoc group’s mission.

I.(11) Council voted to receive the Report of the Civility Principles Work Group and approved the following recommendations of the Work Group: 1) online culture/civility checks be used after each Council meeting, 2) clear civility guidelines and expectations be added to the orientation of new Council members, and 3) Council receive regular reminders for civility expectations (including for listservs).

Council also requested that the Civility Principles Work Group develop an implementation plan for the above recommendations and bring the plan back to Council at its August 2017 meeting.

J.(11a) Council voted to approve forwarding the following Bylaw amendments to the membership for a vote (bracketed/strikethrough material to be deleted; underlined material to be added):

Article V, Section 7

7. The number of seats for Representatives from Divisions and State/Provincial/Territorial Psychological Associations allocated through the apportionment vote process shall be 162. Each Division and each State/Provincial/Territorial Association shall be allocated a minimum of one seat on Council. The 162 [Representatives] seats will be divided into 2 pools, one for State/Provincial/Territorial Psychological Associations and one for Divisions. The percentage of the 162 seats for State/Provincial/Territorial Psychological Associations shall correspond to the percentage of total apportionment votes allocated to State/Provincial/Territorial Psychological Associations and the percentage of the 162 seats for Divisions shall correspond to the percentage of total apportionment votes allocated to Divisions. If either pool is not large enough to give one seat to each unit, enough seats will be transferred from the other pool to accomplish that requirement.

[Each Division shall be allocated one seat from the Division Pool and each State/Provincial/Territorial Psychological Association shall be allocated one seat from the State/Provincial/Territorial Psychological Association Pool.] The awarding of additional seats [allocated to] from those remaining in each Pool shall be based on the percentage of allocated
votes received by a Division or State/Provincial/Territorial Psychological Association and calculated as follows:

1.5% to less than 2.5%.......1 additional seat  
2.5% to less than 3.5%.......2 additional seats  
3.5% to less than 4.5%.......3 additional seats  

etc.

Additional seats will be allocated to those units in a Pool entitled to additional seats in the following manner. The unit with the highest percentage in the Pool will receive the first additional seat and an additional seat will be assigned to other units entitled to one or more additional seats in descending order of their percentages. If, after all units in a Pool entitled to one or more additional seats have received one additional seat, there remain units that are entitled to two or more additional seats, and if the seats allocated to the Pool have not been exhausted, the unit in the Pool with the highest percentage will receive a second additional seat and a second additional seat will be assigned to other units entitled to two or more additional seats in descending order of their percentages. This process shall be continued until either all additional seats allocated to the Pool have been assigned or until all units in the Pool entitled to additional seats have been assigned all of the seats to which their percentages of allocated votes entitle them.

If, after all units in a Pool have been assigned the additional seats to which they are entitled by virtue of their percentages, there remain seats allocated to a Pool which have not been assigned, those remaining seats shall be assigned to the units in the Pool in the order in which the units came closest to being awarded another seat as a result of the allocated votes.

Additionally, Council voted to not include pro and con statements with the bylaw amendment ballot. The ballot will be sent to the membership with only an explanatory statement.

K. (24) Council received as information an update on the APA Commission on Ethics Processes concerning its on-going work and plans for completion by August 2017. Melba J. T. Vazquez, PhD, Co-Chair of the Commission, provided Council with a verbal report at the meeting.

L.(25) Council received as information an update on the Work Group on Organizational Policies and Procedures. Bruce Nystrom, PhD, Chair of the Work Group, provided Council with a verbal report at the meeting.

M.(26) Council received as information the Policy and Planning Board Five-Year Report.

N.(27) Council was provided with a notification from the Policy and Planning Board that the following guidelines have automatically sunset on December 31, 2016 in accordance to Association Rule 30-8.4: Practice Guidelines Regarding Psychologists’ Involvement in Pharmacological Issues (2009), Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990), and Code of Fair Testing Practices in Education (2004).

O.(28) Council received as information an update on the Council Diversity Work Group. The co-facilitators of the Work Group, Melinda Garcia, PhD, Fred Millan, PhD and Karen Suyemoto, PhD, provided a verbal report at the meeting.
P.(38) Council received as information an update on the new business in progress item, “Transparency of Decisions (NBI #23C/Feb 2016).”

VII. PUBLICATIONS AND COMMUNICATIONS

A.(29) Council received an update on APA publishing efforts in 2016 and on matters recently handled by the APA Publications and Communications (P&C) Board in the year 2016.

VIII. CONVENTION AFFAIRS

A.(30) Council received as information a report on an evaluation of changes to the annual APA Convention.

IX. EDUCATIONAL AFFAIRS

A.(12) Council voted to adopt as APA policy the Resolution on the Use of Multiple Indicators for Admission to Graduate Programs in Psychology:

Resolution on the Use of Multiple Indicators for Admission to Graduate Programs in Psychology

WHEREAS the American Psychological Association supports the recruitment, admission, training, and retention of a diverse population within the discipline and profession of psychology;

WHEREAS the American Psychological Association has a demonstrated commitment to ethnic minority recruitment, retention, and training as evidenced by the establishment in 1994 of the APA Commission on Ethnic Minority Recruitment, Retention and Training in Psychology (CEMRRAT), adoption of the CEMRRAT Plan, and subsequent 2000 CEMRRAT2 Task Force (APA, 1996 & 2008);

WHEREAS the American Psychological Association recommends the use of multiple sources of information when making important decisions regarding students (APA, 1996; Standards for Educational and Psychological Testing, AERA, APA, & NCME, 2014, Standard 12.10);

THEREFORE, BE IT RESOLVED THAT the American Psychological Association reaffirms diversity in graduate education training and encourages the use of multiple indicators in the review and admissions decision of applicants to graduate psychology programs.

References

B.(13) Council voted to approve the revised agreement between the American Psychological Association and the Canadian Psychological Association, titled First Street Accord on Mutual Recognition of Accreditation and Quality Assurance for Psychology Doctoral and Internship Program/mes.

X. PROFESSIONAL AFFAIRS

A.(14) Council voted to adopt as APA policy the following statement regarding applied behavior analysis:

The principles of applied behavior analysis (also known as behavior modification and learning theory), developed and researched by psychology and competently applied in the treatment of various disorders based on that research, is clearly within the scope of the discipline of psychology and is an integral part of the discipline of psychology. Across the United States, applied behavior analysis is taught as a core skill in applied and health psychology programs as part of psychology degree programs and in other training programs outside of psychology. As such, the American Psychological Association (APA) affirms that the practice and supervision of applied behavior analysis are well-grounded in psychological science and evidence-based practice. APA also affirms that applied behavior analysis represents the applied form of behavior analysis which is included in the definition of the “Practice of Psychology” section of the APA Model Act for State Licensure of Psychologists. Therefore, APA asserts that the practice and supervision of applied behavior analysis is appropriately established within the scope of the discipline of psychology.

B.(15) Council voted to adopt as APA policy the Guidelines for Occupationally-Mandated Psychological Evaluation and approved February 2027 as the expiration date for the Guidelines.

C.(16) Council voted to adopt as APA policy the APA Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder in Adults and approved March 2022 as the expiration date for the Guidelines.

Council also requested that Professional Practice Guidelines related to issues important to the treatment of individuals who have Posttraumatic Stress Disorder be developed as expeditiously as possible.

D.(22) Council received as information an update on the business pending item, “Guidelines for Psychologists Regarding the Assessment of Trauma for Adults (NBI #25A/Aug 2013).”


XI. SCIENTIFIC AFFAIRS

No items.
XII. PUBLIC INTEREST


B.(18) Council voted to adopt as APA policy the following Resolution on Human Trafficking in the United States, Especially of Women and Girls:

Resolution on Human Trafficking in the United States, Especially of Women and Girls

WHEREAS human trafficking is a human rights violation, especially into the sex trade, slavery, and involuntary servitude defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, or abduction, or fraud, of deception, of the abuse of power or of a position of vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (American Psychological Association, 2009; American Psychological Association, 2014; UN, 2000; United Nations Office on Drugs and Crime, 2014); and

WHEREAS globally and in the United States human trafficking, especially sex trafficking, disproportionately affects women and girls (APA, 2009; APA, 2014; UNODC, 2014); and

WHEREAS human trafficking also affects other highly vulnerable populations to human trafficking, including but not limited to the economically vulnerable, persons with disabilities, and runaway youth, with disproportionate vulnerability for youth who identify as gay, lesbian, bisexual, and transgender (GLBT) (Ahrens, Katon, McCarty, Richardson & Courtney, 2012; Gerassi, 2015; Muftić & Finn, 2013; Reid, 2012; Sallman, 2010; Silbert & Pines, 1981; U.S. Department of State, 2014, 2016); and

WHEREAS there is a need for the United States to continue to strengthen a domestic and transnational agenda to combat human trafficking (U.S. Department of State, 2015); and

WHEREAS victims of human trafficking in the United States have been identified in multiple legal and illicit industries (APA, 2009; U.S. Department of State, 2015) and practicing psychologists may interact directly (e.g. health care centers, substance abuse recovery programs) or indirectly (e.g. organizational psychologists consulting to businesses that are at high risk for trafficking) with these victims; and

WHEREAS practicing psychologists also may interact with populations identified as being at highest risk for human trafficking in the United States, such as children in the child welfare and juvenile justice systems, and many other hard to detect “hidden” vulnerable populations (Hepburn & Simon, 2010; Herman, 2003; Phillips, 2015; Pierce, 2012; Reid & Piquero, 2014; U.S. Department of State, 2014); and

WHEREAS increasingly, since the passage of the Trafficking Victim’s Protection Act (2000), the need to define non-violent forms of psychological coercion exists to support U.S. law enforcement’s increasing number of human trafficking investigations and prosecutions (Burke & Zarembka, 2008; Kim, 2007, 2011; U.S. Department of Justice, 2015); and
WHEREAS there is consensus in the United States that existing anti-trafficking laws have only partially protected victims of human trafficking (Polaris Project, 2015; Reiger, 2007; TVPA, 2000; TVPRA 2003, 2005, 2008, 2013); and

WHEREAS in the United States anti-trafficking task forces need resources to increase their ability to work effectively across multiple disciplines (Office for Victims of Crime & Bureau of Justice Assistance, 2011); and

WHEREAS health and social service providers need training and tools to identify and attend to victims effectively (OVC & BJA, 2011); and

WHEREAS public awareness about human trafficking still needs to reach broader communities and communicate more information about the nuances of this crime (Farrell & Pfeffer, 2014; Greenbaum, 2015; Roe-Sepowitz, Hickle, Dahlstedt, & Gallagher, 2014; Cole & Sprang, 2015); and

WHEREAS promising evidence exists that suggests that addressing sex buying in the United States may reduce rates of sex trafficking (Ali, 2009; Shively et al., 2012; Shively et al., 2010); and

WHEREAS there are limited studies in the United States on the profile of traffickers and their unique pattern(s) of perpetration (APA, 2014; Human Rights Center, 2005; Kamazima, Kazaura, Ezekiel, & Fimbo, 2011) and existing studies suggest that traffickers have a broad profile (Denton, 2016; Human Rights Center, 2005; Kamazima et al., 2011; Roe-Sepowitz, Gallagher, Risinger & Hickle, 2015; UNODC, 2014), high levels of psychopathy (Hargreaves-Cormany, Patterson, & Muirhead, 2016), and sometimes use, in addition to physical violence and sexual assault other, non-violent, forms of manipulation and psychological coercion (Burke & Zarembka, 2008; Kim, 2011; Kim, 2007; Muftić & Finn, 2013; Sallman, 2010; U.S. Department of Justice, 2015); and

WHEREAS human trafficking exposes victims to physical, sexual, and psychological abuse that incur in serious and complex health and psychological consequences (Cole, Sprang, Lee, & Cohen, 2016)

WHEREAS in addition to a trafficker’s threats of retaliatory violence (Farrel, 2014; Nichols & Heil, 2012), historical criminalization of persons involved in the sex industry (Busch-Armendariz, Nsonwu, Cook Heffron, Garza, & Hernandez, 2009; Cross, 2013; Gerassi, 2015; Lange, 2011; Minnesota Advocates for Human Rights, 2003; Roe-Sepowitz et al., 2014), as well as complex psychological symptoms that can result from trafficking, such as mistrust, may deter victim participation in prosecutions and in health and social services (U. S. Department of State, 2015; Gibbs, Walters, Lutnick, Miller, & Kluckman, 2015; Pierce, 2012; Raphael, Reichert, & Powers, 2010; Reid, 2013; UNODC, 2014; Zimmerman et al., 2003); and

WHEREAS relationally-focused, trauma-sensitive, and culturally-attuned approaches delivered within a social ecological framework to treat the complex psychological consequences of human trafficking are needed (APA, 2014; Contreras, Kallivayalil, & Herman, 2016; Gibbs et al., 2015; Reid, 2016); and
WHEREAS prevention programs addressing human trafficking and re-trafficking are needed for those in health care, in schools, and other community venues is required to educate the public (Cecchet & Thoburn, 2014; Reid, 2012; Reid, 2011; Silbert & Pines, 1981; Widum & Kuhns, 1996); and

WHEREAS in the United States there is still a limited research base to understand the multiple factors related to human trafficking, and an urgent need exists to collect data on human trafficking to determine a global estimate of victims, and explore its causes and psychological consequences despite the enormous challenges involved in conducting such research (APA, 2009; APA, 2014; UNODC, 2014; Martin, 2013; Yonas, Burke, & Miller, 2013);

WHEREAS one of the global recommendations on conducting human trafficking research is to support small and methodologically strong studies to identify the more nuanced characteristics of human trafficking (UNODC, 2014);

BE IT THEREFORE RESOLVED that the American Psychological Association: Continues in its commitment to educate the public, promote awareness, and disseminate research findings to the general public, professionals working with at-risk populations, and professionals engaged in research about consumers, traffickers, and trafficked persons;

BE IT FURTHER RESOLVED that APA encourages government and philanthropic organizations to fund research that would address gaps in knowledge related to human trafficking address the following gaps in knowledge related to human trafficking:

- The risk and protective factors related to all victims of human trafficking in the United States with special focus on the most vulnerable populations such as women and girls;
- The strengthening of transnational collaborations between professionals and organizations participating in global anti-trafficking efforts;
- The training of professionals in information about industries where victims of trafficking are commonly found, and populations at highest risk of human trafficking;
- The impact of societal biases on providing services to survivors;
- The psychology of traffickers and trafficked persons;
- The impact of psychological trauma as a contributor and consequence of human trafficking;
- The nature of all forms of human trafficking (e.g. sex trafficking, labor trafficking);
- The evaluation of programs and treatments provided to survivors of human trafficking.

BE IT FURTHER RESOLVED that APA encourages the involvement of psychologists to assist in the development of effective cross-disciplinary anti-trafficking task forces; and to contribute to other community, state, and federal efforts in anti-trafficking;

BE IT FURTHER RESOLVED that APA strongly encourages that research initiatives and program development efforts include the participation of persons directly affected by human trafficking and community based organizations with experience serving trafficked persons;
BE IT FURTHER RESOLVED that APA encourages existing legislation and policies include increased focus on protecting the human rights of trafficked persons and non-criminalization of such persons;

BE IT FURTHER RESOLVED that APA strongly endorses the development and implementation of rigorously tested interventions that prevent and address the consequences of human trafficking;

BE IT FURTHER RESOLVED that APA strongly endorses that psychology partner with legal professionals to redefine psychological coercion in cases of human trafficking;

BE IT FURTHER RESOLVED that APA strongly encourages supporting research that can generate accurate estimates of human trafficking and evidence-based health services for survivors of human trafficking; and,

BE IT FURTHER RESOLVED that APA supports and advocates for evidence-based policy and services for survivors of human trafficking.

References


C.(21A/Feb 2017) A new business item, “Police/Citizen Contact New Business Item from Peace Psychology Division Violence Summit” was referred to the Board for the Advancement of Psychology in the Public Interest, the Board of Scientific Affairs, the Board of Professional Affairs, the Committee on Ethnic Minority Affairs and the Committee on Socioeconomic Status.

D.(23) Council received an update on the business pending item, “Resolution on Aid in Dying (NBI #23D/Aug 2010).”

F.(32) Council received as information an update on the Summit on Master’s Training in Psychological Practice.

XIII. ETHNIC MINORITY AFFAIRS

No items.

XIV. INTERNATIONAL AFFAIRS

A.(19) Council voted to adopt as APA policy the following Resolution on Promoting Global Perspectives in U.S. Psychology:
Resolution on Promoting Global Perspectives in U.S. Psychology

WHEREAS the psychology produced and taught in the United States remains largely U.S.-mainstream oriented and European-heritage grounded in its traditions, theories and evidence base, and often does not incorporate perspectives, content, and data relevant to other U.S. perspectives (e.g. rural, minority, indigenous, immigrant) or generated in other countries, (Arnett, 2008; Castillo, 2001; Draguns, 2001; Heinrich, Heine, & Norenzayan, 2010; Legare & Harris, 2016; Nagai, 2007; Segal, Lonner & Berry, 1998); and

WHEREAS most research studies published in U.S. psychology journals, based on U.S. convenience samples (e.g., undergraduate students), are assumed to be representative of population demographics (Adair & Huynh, 2012; Arnett, 2008; Heinrich et al., 2010), and samples with data from outside the U.S. are often dismissed as non-representative (Canetto, Yang, Borrayo, & Timpson, 2003, Fine, 2012); and

WHEREAS psychologists outside the United States have generated frameworks, methods, practices, and research relevant in the United States and globally (Adair, 2006; Allwood & Berry, 2006; APA, 2004; Christopher, et al., 2014; Cheung, 2012; Kitayama & Cohen, 2010; Silbereisen, Ritchie & Panday, 2014; Van de Vijver, 2013); and

WHEREAS the majority of studies published in U.S. psychology journals utilize quantitative methods, although qualitative, participatory or community-based methods may be better suited for cross cultural research and although there is increased visibility of and attention to mixed methods research (Den Hartog, & Dickson, 2004; Denzin & Lincoln, 2001; Karasz 2011; Psaki, 2016; Sparrow & Davis, 2000); and

WHEREAS assessment methods and interventions primarily developed and normed in English, with samples from high income countries, have often been used widely throughout the world without considering cultural differences that affect assessment and intervention validity and without the use of strategies to ensure fair use across groups (Achenbach, et al., 2008; Braun, Fine, Greif & Devenny, 2010; Dana, 2000; Hambleton & Zenisky, 2011; Hill, Pace & Robbins, 2010; Mezzich, 2002; Nakane & Nakane, 2002); and

WHEREAS psychologists have an ethical responsibility to understand and consider the cultural values, mores, history, and policies of the societies and countries to which they apply U.S.-generated research, guidelines, or practices (American Psychological Association, 2002; Berry, 2013; Bernal, Jimenez-Chafey & Domenech, 2009; Dadlani, Overtree, & Perry-Jenkins, 2012); and

WHEREAS U.S. psychology would benefit from the expansion of its knowledge base through the inclusion of global perspectives, theories, research findings, and practices from outside the U.S. (Adair, Coelho, & Luna, 2002; Arnett, 2008; Brock, 2006; Heinrich, Heine & Norenzayan, 2010; Legare & Harris, 2016; Lutsky, et al, 2005; Marsella, 2009); and

WHEREAS it is important to recognize that a comprehensive global perspective combines worldwide, transnational and intercultural themes, encompassing societies, nations and countries; recognition of variety and diversity within and across societies, nations, and
countries; and recognition of variety and diversity in individual and group experiences within those societies, nations and countries; and

WHEREAS high-income countries, including the U.S., are becoming increasingly global (Banks, 2004; Fearon, 2003; Fisher, 2013; Hugo, 2005; Marsella & Pedersen, 2002; Woolf, Hulsizer & McCarthy, 2002); and

WHEREAS partnerships across countries, cultural groups, and disciplines have promise for reciprocal benefit and increased synergy in solving global problems and promoting new discoveries (Chin & Trimble, 2014; Chiu & Ying-Yi Hong, 2005; APA, 2011, Committee, 2014; National Research Council, 2014); and

WHEREAS many U.S. psychological organizations promote international engagement;

THEREFORE, BE IT RESOLVED that the American Psychological Association will:

1. Promote inquiry that includes comprehensive global perspectives and content in psychological theory, practice, education, research and policy.

2. Encourage critical reflection on the meaning and use of psychological constructs and definitions that are assumed to be universal and generalizable.

3. Encourage the development and dissemination of sound assessment and intervention methodologies and education that respect local communities and are grounded in ethical principles of psychology.

4. Acknowledge and consider research findings, publications, training programs, guidelines, and regulatory processes developed outside the United States.

5. Recommend language changes in APA communications and publications to avoid U.S.-centric perspectives and to include global and diversity perspectives. Examples of these language changes include:
   a. Use “in the United States” for research, tests, training curricula, and practices that are developed and tested with U.S. samples;
   b. Include “the global implications” of research findings, tests, and practices where relevant;

6. Encourage psychologists to use language that reflects awareness of global frameworks. For example:
   a. Evaluate language in statements of research findings, opinions, policies and conclusions to ensure that these statements do not present U.S. perspectives as though they were universal and universally generalizable. Restrict the use of the term “Western” to geographical location. “Western” should not be used to refer to ideas or experiences from Europe or the United States (as in “western culture”).
   b. Replace terms such as “exhaustive literature search” with a more precise description of which databases were searched. When databases in languages other than English are searched provide information for accessing those databases.
c. Be explicit about the national origin of the literature reviewed in literature summaries
and note where the data were collected.

d. Be cautious of claims of universality or generalizability beyond the specific populations
studied. Make statements about “people in general” only when theory or evidence are
about a representative global population.

e. Be mindful of not assuming U.S. norms or U.S. readership when using terms such as
“we” or “our” or “us.”

7. Recommend that APA boards and committees routinely and systematically incorporate
comprehensive global perspectives in their work and develop criteria against which to
evaluate this impact:

a. Strategies might include assessing whether a statement, policy or guideline is intended
to refer to the U.S. only or to be generalizable, asking whether statements have
referenced the international literature, or reflecting on whether U.S. definitions of
populations of population dimensions (such as dimensions of diversity) are universally
applicable to the issue at hand.

b. Evaluation criteria might include attention to language (as noted in #5), source of
references, inclusion of examples from outside the U.S. context, and the like.

8. Promote collaborative international partnerships grounded in a comprehensive global
perspective; initiatives that facilitate international partnerships; training in global
competencies; and develop guidance and best practices for ethically sound, culturally aware
international collaborations.

9. Encourage psychologists to understand that international collaborations are often influenced
by power hierarchies, and that dominant frameworks marginalize subordinate frameworks
on global and local levels.

10. Encourage U.S. undergraduate and graduate psychology programs to promote
opportunities for students to learn other languages and experience other cultures.

11. Encourage U.S. psychologists to learn and use local languages in conducting
professional work in communities domestically and internationally.

12. Promote comprehensive global focused curricula for high school, undergraduate, and
graduate psychology.

13. Promote comprehensive global perspectives across association activities including
publication practices, public interest, science, education, and professional initiatives.

References

Achenbach, T. M., Becker, A., Dopfner, M., Heiervang, E., Roessner, V., Steinhausen, H., &
psychopathology with ASEBA and SDQ instruments: Research findings, applications, and


http://www.washingtonpost.com/blogs/worldviews/wp/2013/05/16/a-revealing-map-of-the-worlds-most-and-least-ethnically-diverse-countries/?tid=pm_world_pop


B.(33) Council received as information the 2016 Annual Report from APA’s non-governmental organization representative team at the United Nations.
XVI. FINANCIAL AFFAIRS

A.(20) Council voted to approve the following amendments to the Association Rules (bracketed/strikethrough material to be deleted/underlined material to be added):

210-1. FINANCE COMMITTEE

210-1.1 The Finance Committee shall be composed of seven voting members and up to seven non-voting members. Of the voting members, two shall be elected each year for terms of three years, one slate shall be [limited to first-year and/or second-year Council members and the second slate shall be limited to first-year and/or second-year Council members or former or outgoing members of the Finance Committee] drawn from current Council members or Finance Committee members who have served within the previous seven years (including outgoing members of the Finance Committee); the second slate shall be drawn from APA members who have demonstrated interest and expertise in organizational financial policies and operations. No member may serve more than two consecutive terms. The seventh voting member of the Committee is the APA Treasurer, who shall serve as its Chair.

The non-voting members shall be representatives from the investment community (up to four) and the accounting/financial community (up to three) and are not usually psychologists. The non-voting members will be recommended by the Finance Committee and approved by the Board of Directors for terms of three years, which may be renewed at the [discretion of the Board] recommendation of the Finance Committee and approval of the Board of Directors.

B.(34) Council received as information the 2016 Report on Environmental Issues.

C.(35) Council received as information the nineteenth annual Real Estate Report.

D.(36) Council received as information the 2015 IRS Tax Form 990 Amendment.

E.(37) Council received as information the draft minutes of the December 2-3, 2016, Finance Committee meeting.

On Friday morning, Council met in executive session to receive an update from APA’s General Counsel on threatened and pending claims and recently filed litigation.

On Friday afternoon, Council participated in diversity training titled, “The Implicit Attitudes Framework: A Tool for APA’s Council of Representatives.”

On Saturday afternoon, Melba J. T. Vasquez, PhD, was presented with a presidential citation.