COUNCIL OF REPRESENTATIVES
August 8 & 10, 2018

APPROVED MINUTES

I. MINUTES OF MEETING

A.(1) Council voted to approve the minutes of its March 9 & 10, 2018, meeting.

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

A.(1A) Council voted to elect 85 members listed to initial Fellow status, on the nomination of the indicated divisions and on the recommendation of the Fellows Committee and the Board of Directors.

III. ETHICS

A.(2) Council voted to reject the following 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:

WHEREAS the American Psychological Association (APA) is an accredited non-governmental organization (NGO) at the United Nations (UN);

WHEREAS the U.S. ratified the Third Geneva Convention, relative to the treatment of Prisoners of War, in 1955;

WHEREAS the UN Security Council, of which the US is one of the five permanent members, adopted a report from the UN Secretary-General and Commission of Experts, concluding that the Geneva Conventions has passed into the body of customary international law in 1993;

WHEREAS the U.S. Supreme Court ruled on June 29, 2006, in Hamdan v. Rumsfeld that America’s armed conflict with al-Qaeda was non-international in character and, as such, was governed by Geneva Conventions;

WHEREAS the Deputy Secretary of Defense issued a policy on July 7, 2006, mandating that military personnel adhere to Common Article 3 of the Third Geneva Convention in all dealings with detainees;

WHEREAS Chapter II, Article 13, of the Third Geneva Convention states that “Prisoners of war must at all times be humanely treated. Any unlawful act or omission by the Detaining Power causing death or seriously endangering the health of a prisoner of war in its custody is prohibited, and will be regarded as a serious breach of the present Convention. In particular, no prisoner of war may be subjected to physical mutilation or to medical or scientific experiments of any kind which are not justified by the medical, dental or hospital treatment of the prisoner concerned and carried out in his interest”.

WHEREAS Chapter II, Article 15, of the Third Geneva Convention states “The Power detaining prisoners of war shall be bound to provide free of charge for their maintenance and for the medical attention required by their state of health”;

WHEREAS Chapter III, Article 30, of the Third Geneva Convention mandates that “Prisoners of war shall have the attention, preferably, of medical personnel of the Power on which they depend and, if possible, of their nationality;

WHEREAS the Detainee Treatment Act of 2005 incorporates standards of the Eighth Amendment to the U.S. Constitution, including an adequate response to the medical and psychological care needs of prisoners;

WHEREAS military health care providers - physicians (including psychiatrists), specialists, nurses and physician assistants - are currently providing the full spectrum of health care to detainees, in accordance with their profession’s code of ethics, with only military psychologists excluded as a result of APA policy;

WHEREAS it is the unqualified policy of the American Psychological Association...to conduct its operations in strict compliance with the antitrust laws of the United States, laws which specifically prohibit any agreement or understanding restricting the scope of services provided by specific providers or types of provider, the locations in which psychologists may practice, or the classes of employees, patients, or collaborators with whom a psychologist may practice;

WHEREAS the 2009 Petition Resolution policy, which is incorporated and clarified in the 2013 and 2015 Council Resolutions, prohibits psychologists from working at detention settings deemed by APA policy to be operating in a manner inconsistent with the U.S. Constitution or international law “unless they are working directly for the persons being detained or for an independent party working to protect human rights,” or providing treatment to military personnel, effectively restricts detainees’ access to health care provided by psychologists, in direct contradiction to the Third Geneva Convention, as well as the 2005 Detainee Treatment Act;

THEREFORE, BE IT RESOLVED that the 2009 Petition Resolution Policy, “Psychologists and Unlawful Detention Settings with a Focus on National Security,” and its incorporation into Statement 1, ¶ 1 of the Policy Related to Psychologists’ Work in National Security Settings and Reaffirmation of the APA Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment of Punishment, ( Adopted by COR August 2013, as Amended by COR August 2015), be amended as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

“psychologists may not work in settings where persons are held outside of, or in violation of, either International Law (e.g., the UN Convention Against Torture and the Geneva Conventions) or the US Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent third party working to protect human rights, or they are

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2 Ibid, p. 97
3 Ibid, p. 103
working in a health care role for the express purpose of providing psychological treatment to detainees or military personnel. [7][ii]*

*Footnote references (Fn. 7 from the original 2009 Petition Resolution Policy, and Fn. ii from the incorporation into the Policy Related to Psychologists’ Work in National Security Settings and Reaffirmation of the APA Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment of Punishment), are to be deleted since they will be incorporated into the text. [7. It is understood that military clinical psychologists would still be available to provide treatment for military personnel] ii. [It is clarified by a footnote in the Member Petition Resolution “that military clinical psychologists would still be available to provide treatment for military personnel.”]

BE IT FURTHER RESOLVED that the following policies:

a) 2015 “Resolution to Amend the 2006 and 2013 Council Resolutions to Clarify the Roles of Psychologists Related to Interrogation and Detainee Welfare in National Security Settings, to Further Implement the 2008 Petition Resolution, and to Safeguard Against Acts of Torture and Cruel, Inhuman, or Degrading Treatment or Punishment in All Settings”, and

b) Policy Related to Psychologists’ Work in National Security Settings and Reaffirmation of the APA Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment of Punishment, (Adopted by COR August 2013, as Amended by COR August 2015)

Be amended to include the following clauses (underlined material to be added):

BE IT RESOLVED that military psychologists are recognized as providers of mental health treatment to detainees in all national security settings if they are able to do so in full adherence to the Ethical Principles of Psychologists and Code of Conduct (Amended effective June 1, 2010 and January 1, 2017) (the “Ethics Code”) and are able to obtain any information or ask any questions necessary to act competently and ethically.

BE IT RESOLVED that APA strongly encourages the Department of Defense to make independent psychologists working for the detainees or for a human rights organization available as health care providers to detainees at sites identified in the 2015 resolution as operating outside of, or in violation of, the U.S. Constitution or international law.

BE IT RESOLVED that APA recommits to its anti-torture policy dating back to 1985 (incorporated into the Ethics Code as Standard 3.04 (b) as part of the implementation of the 2015 Council policy) and to continue to take strong action to oppose torture or cruel, inhuman, or degrading treatment or punishment of detainees held in U.S. custody and to safeguard their welfare.

Be amended as follows. Insert in a) at the end of paragraph 2, and in b) at the end of “Actions to be Undertaken by APA”, ¶ 1, the following text: (underlined material to be added):

Such communications to officers of the U.S. Government shall reflect current APA policy and clarify the appropriateness of qualified psychologists serving in a health care role for the express purpose of providing psychological treatment to detainees or military personnel in any national security setting.
B.(23A) Council was provided with information regarding the Board of Directors’ approval of the revised *Rules and Procedures of the Ethics Committee*.

C.(23B) Council received as information an update on the activities of the Ethics Code Task Force.

IV. **BOARD OF DIRECTORS**

No items.

V. **DIVISIONS AND STATE AND PROVINCIAL AND TERRITORIAL ASSOCIATIONS**

A.(3) Council voted to approve the following amendment to Association Rule 210-12.1 (bracketed material to be deleted; underlined material to be added):

**210-12. DIVISION DUES AND ASSESSMENT**

Divisions may vote to make special assessments to be collected as part of the APA dues or collected separately by the divisions. All divisions must inform the Central Office in writing of the amount of their special assessments for the next calendar year [within five days following the APA convention] by June 1 each year.

VI. **ORGANIZATION OF THE APA**

A.(4) Council voted to approve the following motion:

Council requests that the following ethnic minority psychological associations be invited for the next three years, beginning in February 2019, to send a representative to serve as an observer to the APA Council of Representatives: American Arab, Middle Eastern and North African Psychological Association, Asian American Psychological Association, Association of Black Psychologists, Society of Indian Psychologists, and National Latina/o Psychological Association.

The observers from the ethnic minority psychological associations shall: (a) receive all except confidential materials provided to Council; (b) attend all open sessions of Council; (c) speak to agenda items of direct concern to their constituents; and (d) hold membership in both the Association represented and the American Psychological Association. The observers shall not be entitled to vote on matters before the Council.

Council also requests that the Board of Directors approves that the EMPA representatives be fully funded for their attendance at the February and August Council meetings in 2019-2021.

B.(5) Council voted to approve amending APA’s Association Rules as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

**25. STRATEGIC PLANNING FOR THE ASSOCIATION**

The CEO of APA will be responsible for an ongoing strategic planning process for the Association. Every five years, the CEO shall submit a proposed strategic plan to Council for approval. If Council does not approve the proposed strategic plan, Council shall refer the plan to the CEO for revision.
The CEO will be responsible for reporting annually to the APA Council of Representatives and Board of Directors on the status, results, and implications of the strategic planning process.

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 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] approving the strategic plan and ensure that APA policies are aligned with APA's mission and strategic plan.

C.(6) Council voted to approved the following motion:

That Council approves that for a three-year period (2019-2021), at the beginning of each Council meeting, after the meeting agenda has been determined, Council will be asked to vote on a motion to 1) suspend Association Rule 30-2.1 and 2) agree to require Council members votes on each open session agenda item, with the exception of procedural votes, (including votes in favor, against, abstaining, recusing or not voting) be published on the Association’s website with access for members only. Council members will be given opportunity to have an explanation of their votes published if they choose to do so. (A 2/3 vote of all Council members present is needed to suspend the Association Rules. If the motion fails, Council members’ votes will not be published for that meeting).

That Council approves that for a three-year period (2019-2021), the Board of Directors and Council Leadership Team will be required to publish their members’ votes on each open session agenda item (including votes in favor, against, abstaining, recusing or not voting) on the Association’s website with access for members only.

D.(7) Council voted to approve the following motions:

That Council receives the report of the Presidential Work Group on an Expanded APA Advocacy Model.

That Council approves the concept of a unified Finance Committee and single Board of Directors to serve both the c3 and c6.

That Council approves that the 2019 member dues allocation be 60% to the c6 and 40% to the c3.

That Council approves amending Articles I, II, IV, V, VI, and VII American Psychological Association Practice Organization Bylaws as follows (bracketed/strikethrough material to be deleted, double underlined material to be added):
BYLAWS OF THE
AMERICAN PSYCHOLOGICAL ASSOCIATION [PRACTICE ORGANIZATION] SERVICES, INC.

ARTICLE I

The name of the Corporation shall be the American Psychological Association [Practice Organization (APAPO)] Services, Inc. (APASI).

ARTICLE II

PURPOSES

Section 1. Not For Profit. The corporation is organized under and shall operate as a District of Columbia nonprofit corporation, and shall have such powers as are now or as may hereafter be granted by the District Corporation Act, as amended.

Section 2. Purposes. The purpose of the Corporation is to promote the mutual professional, scientific and training interests of psychologists including advancing psychology’s roles and interests in understanding behavior and advancing health, science, education and human welfare.

Section 3. Rules. The following rules shall conclusively bind the Corporation and all persons acting for or in behalf of it:

a. The Corporation shall not undertake activities that may adversely affect the American Psychological Association.

b. Notwithstanding any other provision of these bylaws, the Corporation shall not carry on any other activities not permitted to be carried on a) by a corporation exempt from Federal income tax under Section 501(c)(6) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law).

c. Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all the liabilities of the Corporation, distribute any remaining assets of the Corporation to the American Psychological Association (APA).

ARTICLE IV

MEMBERS

The Corporation’s membership consists of all members of the APA in good standing. If any adverse action is taken against an individual’s APA membership, the same action shall automatically be taken against individuals APASI membership without further notice or other due process. Members shall only have
voting rights on matters specifically identified by these Bylaws, if any. The APA and APASI Board of Directors shall allocate between APA and APASI members the dues established pursuant to the APA Bylaws.

ARTICLE V

BOARD LEADERS AND OFFICERS

Section 1. [Officers.] Leaders of the Board of Directors. The [officers] Leaders of the Board of Directors of the corporation shall be as follows: a President, a President-elect, a Past President, a Recording Secretary, a Treasurer, and a Chief [Staff] Executive Officer. The [officers] Leaders of the Corporation shall be the same individuals who hold the respective offices in the American Psychological Association from time to time. The Leaders of the Board shall not be considered officers of the Association.

Section 2. President. During the term of office, the President shall serve as presiding officer of the Corporation, and the Board of Directors. The President shall perform such other duties as are prescribed in these bylaws, as are incident to the office, or as may be properly required of the President by the Board of Directors.

Section 3. President-Elect. During the term of office, the President-elect shall serve as presiding [officer of the Corporation and] member of the Board of Directors in the absence of the President.

Section 4. Recording Secretary. During the term of office, the Recording Secretary shall serve as Secretary 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 the Board of Directors; to file and hold subject to call and to direct the publication of such records, reports, and proceedings as are authorized by these bylaws or the Board of Directors at any duly constituted meeting; and to perform all other secretarial duties for the Board of Directors as are not delegated to the Chief [Staff] Executive Officer. In the case of the death or incapacity of the Treasurer, the Recording Secretary is authorized to perform the duties normally assigned to the Treasurer until the individual is replaced under procedures defined in the APA Association Rules.

Section 5. Treasurer. During the term of office, the Treasurer shall serve as senior financial [officer of the Corporation] member of the Board of Directors 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 Corporation for disbursement of funds for duly authorized purposes of the Corporation as provided by bylaws or by the Board of Directors. He/she shall deliver an audited report for each fiscal year to the Board of Directors. In the case of the death or incapacity of the Recording Secretary, the Treasurer is authorized to perform the duties normally assigned to the Recording Secretary until the individual is replaced under procedures defined in the APA Association Rules.

Section 6. Officers of the Association. The Chief [Staff] Executive Officer shall be the same individual who holds that office in APA. 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, as well as managing the financial and other operational aspects of the Corporation. The Chief [Staff] Executive Officer shall perform such duties as may be assigned by the Board of Directors or as may be prescribed by these bylaws. During his/her term, the Chief [Staff] Executive Officer shall not hold any other office within the Corporation.

Section 7. Bonding. The [officers] Board Leaders of the Corporation shall be bonded by an amount fixed by the Board of Directors.

ARTICLE VI

BOARD OF DIRECTORS

Section 2. Composition, Tenure and Qualifications. The Board of Directors shall constitute the same individuals who serve on the Board of Directors of the American Psychological Association from time to time. Any Director who serves as a non-voting member of the Board of the American Psychological Association shall also serve as a non-voting member of the Board of the Corporation. If an individual serving on the Board of the American Psychological Association cannot, for any reason, sit on the Board of the Corporation, that individual may attend Board meetings as an observer and, if such individual is a [officer] Leader of the American Psychological Association, the other members of the Board of Directors of the Corporation shall select another Individual, from among the Board members, to serve in the vacant [officer] Leader position.

Section 5. Notice. Notice of any special meeting of the Board of Directors shall be given at least three days previously thereto by written notice delivered personally or by [facsimile] electronic means.

ARTICLE VII

COMMITTEES

Section 3. Committee for the Advancement of Professional Practice (CAPP). There shall be a Committee for the Advancement of Professional Practice (CAPP) whose responsibility it shall be to identify, plan and implement projects important to the protection, defense, and enhancement of professional practice and recommend to the Board of Directors the needed funding for such projects. The elected members of CAPP shall be nominated and elected by Practice Constituents, subject to nomination and election requirements set forth in Rules adopted by the Board of Directors which, among other criteria, shall provide for slates reflecting human diversity and diversity of practice settings and expertise, and provided that one member from the American Psychological Association of Graduate Student Committee (APAGS) shall be a voting member selected by APAGS.

CAPP shall consist of no less than 9 and no more than 15 elected members. In addition to the elected CAPP members and the APAGS member, CAPP will also consist of up to 4 appointed members to be appointed by the Committee. The APAPQ Treasurer shall be ex officio, nonvoting member of the Committee.]
Advocacy Coordinating Committee. There shall be an Advocacy Coordinating Committee (ACC) whose responsibility shall be to evaluate and prioritize advocacy goals with respect to impact on both the discipline of psychology and the professions of psychologists in scientific, educational, public interest, health service practice and applied practice settings. ACC shall consist of no fewer than 12 members who shall broadly represent all aspects of the Corporation’s diverse membership including disciplinary focus, demographic diversity, student membership, and members at all career stages, and in various employment settings. The members of the ACC shall be chosen by the Board of Directors based on a nominating process set forth in rules adopted by the Board of Directors that are designed to achieve the representational goals set forth in this paragraph.

Section 4. Term of Office. Each member of a committee, other than the Advocacy Coordinating Committee [for the Advancement of Professional Practice], shall continue as such until the next annual meeting of the Board of Directors of the Corporation and until his or her successor is appointed, unless the committee shall be sooner terminated, or unless such member shall cease to qualify as a member thereof.

E.(8) Council voted to approve the following motion:

Council recognizes that 17 Association initiatives and reforms identified by the Board and Council in the aftermath of the Independent Review have been completed while two others are on the path to completion. It is the sense of Council that, given the completion of the majority of the identified initiatives and reforms, APA will include the Independent Review report and related materials on its website in the context of the Timeline of APA Policies & Actions Related to Detainee Welfare and Professional Ethics in the Context of Interrogation and National Security.

The timeline will also include the following: 1) the Division 19 Task Force Response to the Independent Review Report, 2) the February 16, 2016 and May 15, 2016, letters from former Ethics Chairs, 3) the June 12, 2016, letter from former APA Presidents, 4) an entry for February 16, 2017 stating, “Five plaintiffs filed a lawsuit against the Association arising out of the publication of the Independent Review.”

F.(21A/Aug 2018) A new business item, “Resolution to Ensure Transparency in Association Reviews and Investigations” was referred to the Policy & Planning Board, Board of Scientific Affairs and Committee on Legal Issues.

G.(24) Council received as information an update from the Policy and Planning Board on the August 2017 referral of the item titled, Amendment to Association Rule 100-1.4 Division Position and Policy Statements.

VII. PUBLICATIONS AND COMMUNICATIONS

No items.

VIII. CONVENTION AFFAIRS

No items.
IX. EDUCATIONAL AFFAIRS

A.(9) Council voted to approve the continued recognition of Sport Psychology as a proficiency in professional psychology for a period of seven years.

B.(10) Council voted to approve the continued recognition of Family Psychology as a specialty in professional psychology for a period of seven years.

C.(11) Council voted to approve the continued recognition of Clinical Health Psychology as a specialty in professional psychology for a period of seven years.

D.(12) Council voted to approve the recognition of Group Psychology and Group Psychotherapy as a new specialty in professional psychology for a period of seven years.

E.(13) Council voted to approve an extension of recognition of Behavioral and Cognitive Psychology as a specialty in professional psychology for an additional period of one year, to expire in August 2019.

F.(14) Council voted to approve an extension of recognition of Clinical Neuropsychology as a specialty in professional psychology for an additional period of one year, to expire in August 2019.

G.(25) Council received as information an update from the Board of Educational Affairs Task Force to Develop a Blueprint for APA Accreditation of Master’s Programs in Health Service Psychology.

H.(26) Council was notified that recognition of Assessment and Treatment of Serious Mental Illness as a proficiency in professional psychology expires on August 31, 2018.

I.(27) Council was notified that recognition of Psychopharmacology as a proficiency in professional psychology expires on August 31, 2018.

J.(28) Council was notified that the recognition of Personality Assessment as a proficiency in professional psychology expires on August 31, 2018.

X. PROFESSIONAL AFFAIRS

A.(15) Council voted to adopt as APA policy the Guidelines for Psychological Practice with Boys and Men and approved August 2028 as the expiration date for the Guidelines.

B.(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).”


D.(30) Council received as information an update on the development of a professional practice guideline on key considerations in the treatment of PTSD/trauma.

E.(31) Council received as information an update regarding the development of recommendations to Council on practice competencies and implications for potential title and scope of practice for individuals with a master’s degree from accredited health service psychology programs.
F.(33) Council voted to approve the following Resolution for the Use of the term “Patient” In American Psychological Association Policies, Rules, and Public Relations Activities When referring to the Health-Related, Educational and Scientific Activities of Health Service Psychologists and Scientists in Health Care Services and Settings:

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

WHEREAS the Bylaws of the American Psychological Association (APA, 2017a) state that APA “shall advance psychology as a science and profession as a means of promoting health …” and it has been noted that psychology has “broadened its role ... to that of a health profession” (VandenBos, Deleon, & Belar, 1991; Belar, 2014, p 3) with a long history of “increasing opportunity to collaborate with other health care disciplines in addressing important health issues” (Brown, et al, 2002, p 536); and

WHEREAS the breadth of psychologists’ roles, scope of practice, and activities as Health Service Psychologists (as defined within APA policy: American Psychological Association, 1996; American Psychological Association, 2011a; American Psychological Association, 2014) when working in interprofessional healthcare and when carrying out team-based science are expanding (Buscemi, Steglitz, & Spring, 2012; DeLeon, 2016); and

WHEREAS this expansion of psychology’s activities includes broader educational opportunities for, and training as Health Service Psychologists (Health Service Psychology Education Collaborative, 2013; Belar, 2014; APA, 2017b) while recognizing the importance of psychology’s role in broad interprofessional education and training and the development of shared, integrated, team-based health care competencies (American Psychological Association, 2017c); and

WHEREAS it has been noted that inconsistent use of terminology in the health care literature has “hindered the progression of knowledge about the essential elements of interprofessional collaboration ... [and] that the single most important and tangible element of successful interprofessional collaboration is the importance of constant opportunity for frequent, shared informal communication” (Morgan, Pullon & McKinlay, 2015; p 1228) while some have suggested that interprofessional communication differences can lead to health care errors (Alvarez & Coiera, 2006); and

WHEREAS health service psychologists who are involved in interprofessional health care have been encouraged by leaders in our field to develop competencies that include communicating clearly, concisely, and respectfully in a manner that is consistent with, and understandable to various healthcare audiences (other clinicians, patients, families, health care staff, and administrators) including the use of language appropriate to both those receiving psychological services and the professional cultures of other clinicians (Bluestein & Cubic, 2009; McDaniel, et al 2014); and
WHEREAS it is important to the discipline of psychology in general, and to each individual psychologist involved in health care, to be strong members of the interprofessional healthcare team (American Psychological Association, 2011b) and robust researchers in interdisciplinary team science (Rozensky, 2012); and

WHEREAS the term “patient” is the term predominately used in contemporary health care, across the entire domain of the interprofessional health care system including by most other health care professionals and scientists, and by third party payers, health care administrators, health care recipients and their families, Federal and State governments, and utilized in current APA policy describing practice in the health care system (American Psychological Association, 2011b) and may indeed be the preferred term by those receiving healthcare services (Deber, Kraetschmer, Urowitz, & Sharpe (2005); and

WHEREAS the term “patient,” not client, is described in The Publication Manual of the American Psychological Association (APA, 2010) as “a person affected by the disorder or illness and receiving a doctor’s care (p. 72) and that in scientific writing “do not refer to individuals with disabilities as patients or cases unless the context is within a hospital or clinical setting” (p 76); and

WHEREAS it is important for each individual Health Service Psychologist who is involved in providing direct health care or in carrying out health-related research, to communicate effectively with other professionals by consistently using the contemporary language of healthcare (Cubic & Beacham, 2014; McDaniel, et al 2014):

THEREFORE BE IT RESOLVED that the American Psychological Association henceforth will freely use when appropriate the term “patient” (rather than client)⁶ in all of its publications, policies, rules, and public relations and news releases when describing those individuals (diagnosed with mental health, behavioral health, and/or a medical disease, disorder or problem) who are receiving health care services provided by those recognized as Health Service Psychologists. This includes all venues where health care services and/or health-related research endeavors take place.

FURTHER BE IT RESOLVED psychologists recognize that their use of the term patient within the context of a patient-centered health care system is encompassed within the broader umbrella of person-centered health care (WHO, 2018) which recognizes access to clear and concise health

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information, equitable access to health care, and supports the involvement of all individuals in their own health care decision making.

This policy recognizes the diversity of the populations and persons receiving psychological services and it further recognizes the diversity of our psychological community thereby noting that some psychologists working with some individuals in some areas of psychology such as, but not limited to, forensic, business, academic guidance, or school settings might use a term other than patient as recognized by current APA policy (American Psychological Association, 2011b). It is understood that psychologists will respect individual and/or cultural preferences expressed by recipients of psychological services and their families when choosing language to describe those individuals, families, or populations. Similarly, this policy does not restrict psychologists who are not identified as Health Service Psychologists, in any work setting, publication, or communication; from using the term patient where its use is appropriate in describing or discussing an individual or population of individuals who are receiving health care services or who are participants in health-related research.

FURTHER BE IT RESOLVED that it is vitally important that psychologists be perceived as co-equal members and stakeholders in the evolving health care system in order to ensure that psychological concepts and psychological science are incorporated in quality health care.

Thus, psychologists, and their students, trainees or supervisees in all educational and training programs, including graduate, internship, postdoctoral, and lifelong learning experiences, involved in preparing for and providing direct health care services, or carrying out health-related research, are encouraged to use the term patient\(^7\), rather than client, when participating in their educational, scientific, or health service roles in the contemporary, interprofessional healthcare system. This will help to ensure that their language is consistent with that of today’s health care system and health-related team science, and that all psychologists are perceived as being part of, and consistently integrated into, the culture of interprofessional, integrated healthcare today and the future.

References


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\(^7\) Where appropriate, the term “participant” should be used when describing those patients involved in basic or applied health related research.


XI. SCIENTIFIC AFFAIRS

A. (16) Council voted to adopt as APA policy the Principles for the Validation and Use of Personnel Selection Procedures (5th ed.) and approved August 2028 as the expiration date for the document.

B. (17) Council voted to approve the following motion:

That Council supports the formation of a task force, appointed by BAPPI and BSA, to conduct a comprehensive, up-to-date systematic review of violent video game literature and to recommend whether the 2015 Resolution on Violent Video Games should be amended.

C. (18) Council voted to adopt as APA policy the following Resolution Supporting the Expansion of Mature Minors’ Ability to Participate in Research:

SUPPORT FOR THE EXPANSION OF MATURE MINORS’ ABILITY TO PARTICIPATE IN RESEARCH

The promotion of health and prevention of disease is dependent on psychological research findings that both are generalizable across samples and populations, as well as specific to at-risk groups. Adolescent minors are at risk for a variety of sensitive health issues, such as human immunodeficiency virus and other sexually transmitted infections (HIV/STI) (Centers for Disease Control & Prevention, 2015a; 2016a), and substance abuse (Centers for Disease Control & Prevention, 2016b). Furthermore, being part of stigmatized groups, including gender and sexual minorities (e.g., adolescent males who engage in same-sex behavior; gay, lesbian, bisexual, and transgender youth) makes these young individuals more vulnerable to such health risks (Centers for Disease Control & Prevention, 2015b; 2016c). Research that includes at- or high-risk minors is imperative to the design of effective prevention and intervention programs. APA recognizes and affirms the principle of autonomy, including the rights of parents to choose whether or not their children participate in research. However, studies examining stigmatized issues face participation barriers when obtaining parental permission may put the minor at risk of harm (American College of Obstetricians and Gynecologists [ACOG], 2016; Duncan, Drew, Hodgson, & Sawyer, 2009; Fisher, 2015; Fisher, Arbeit, Dumont, Macapagal, & Mustanski, 2016; Fisher & Mustanski, 2014; Moore, Paul, McGuire, & Majumder, 2016; Mustanski & Fisher, 2016). Even though current federal regulations allow for the waiver of parental permission in certain instances, institutional review boards (IRBs) have been inconsistent in their application of the relevant regulations (Mustanski & Fisher, 2016).

WHEREAS requiring parental permission for mature minors’ participation in some research may undermine: 1) the quality of the science, 2) the availability or application of evidence-based interventions for adolescent minors, and 3) addressing serious health concerns (e.g., HIV/STI...
among adolescents) (Culp & Caucii, 2013; Duncan et al., 2009; Fisher, 2015; Fisher & Mustanski, 2014; Fisher et al., 2016; Moore et al., 2016; Mustanski, 2011; Mustanski & Fisher, 2016; Society for Adolescent Medicine [SAM], 2003; Toner & Schwartz, 2003);

WHEREAS minors who are willing to participate in sensitive research which requires parental permission and therefore knowledge of participation in at-risk behavior or membership in stigmatized group may not be representative of the “true” population (Culp & Caucii, 2013; Fisher & Mustanski, 2014; Fisher et al., 2013; Fisher et al., 2016; Moore et al., 2016; Mustanski, 2011; Mustanski & Fisher, 2016; Rojas, Sherrit, Harris, & Knight, 2008);

WHEREAS critical progress may be unintentionally hindered by institutional review boards (IRBs) through lack of: 1) recognizing and applying federal regulations allowing mature minors to participate in research without parental permission; 2) extension of mature minor laws from healthcare to research; and 3) clarity on parental rights and minor decision making capacity (ACOG, 2016; Fisher, 2015; Fisher & Mustanski, 2014; Fisher et al., 2013; Fisher et al., 2016; Moore et al., 2016; Mustanski, 2011; Mustanski and Fisher, 2016; ; Ruiz-Canela, Lopez-del Burgo, Carlos, Calatrava, Beltramo, Osorio, & Irala, 2013);

WHEREAS guardian permission is intended to protect the minor, parental rights may be misunderstood to supersede those of the mature adolescent minor, in cases when physical, psychological, or social harms may result for children if parents are informed about the study focus (Chenneville et al., 2010; Duncan et al., 2009; Flicker and Guta, 2008; Moore et al., 2016; Mustanski, 2011; OHRP, 2016; Pasternak et al., 2006; Rojas et al., 2008; Ruiz-Canela et al., 2013; SAM, 2004);

WHEREAS research supports that children as young as 14 years old can provide valid informed consent similarly to adults when information is presented at developmentally appropriate levels and the consent process is conducted under minimal stress (Fisher et al., 2013; Fisher et al., 2016; Moore et al., 2016; Mustanski & Fisher, 2016; Ruiz-Canela et al., 2013; SAM, 2003; Steinberg, 2013; Toner & Schwartz, 2003);

THEREFORE BE IT RESOLVED that the APA reaffirms the federal regulations for the protection of research participants promulgated by Office for Human Research Protections [OHRP] (n/d) and the Food and Drug Administration (Roth-Cline, Gerson, Bright, Lee, & Nelson, in press) that classify minors as “adults” if they have attained their state-determined age to consent to treatment or to study-related procedures;

BE IT FURTHER RESOLVED that APA supports the extension of mature minor laws from healthcare to research when participation in the study does not pose more than a minor increase in minimal risk of harm to the participant;

BE IT FURTHER RESOLVED APA encourages IRBs to be knowledgeable about, and require research protocols to include current and contextually appropriate data on the ability of youth to independently consent, how to tailor consent procedures to the decision making abilities needs of mature minors, and use of participant advocates when appropriate;

BE IT FURTHER RESOLVED in accordance with current regulations, APA asks IRBs to waive the parental permission requirement when it potentially could harm the mature minor and when alternative and appropriate research protections are in place;
BE IT FURTHER RESOLVED APA urges IRBs to allow minors fair access to research critical to identifying developmentally appropriate evidence-based interventions.

References


XII. PUBLIC INTEREST

A,(19) Council voted to approve the formation of a Task Force on Differences of Sex Development (DSD) and charged the Task Force with the following:

- Review extant research psychological literature and APA policies in this area, including that of identifying gaps in knowledge, ongoing controversies, and ethical issues for
psychologists. 

- Develop recommendations for education, training, practice, and further research into these topics.
- Propose how APA can best meet the needs of psychologists and students who identify as those with DSD.
- Recommend appropriate collaboration with other professional organizations concerning these issues.

It is recommended that the Task Force on DSD be comprised of 6-8 members representing expertise in clinical care, research and ethical issues pertaining to child and adult DSD populations across the lifespan, including at least two representatives from patient and intersex communities.

B.(34) Council received as information an update on the business pending item, “Police/Citizen Contact New Business Item from Peace Psychology Division Violence Summit (NBI#21A/Feb 2017).”

XIII. ETHNIC MINORITY AFFAIRS

No items.

XIV. INTERNATIONAL AFFAIRS

A.(21B/Aug 2018) A new business item, “Resolution to Amend and Clarify the Role of International Law for Psychologists Working Outside the United States” was referred to the Committee on International Relations in Psychology, the Ethics Committee and the Committee on Legal Issues.

XVI. FINANCIAL AFFAIRS

A.(20) Council voted to approve amending APA’s Association Rules as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

210-2. BUDGET

210-2.1 In the financial policy of the APA, a distinction shall be made between general programs, direct service programs, and support functions.

[General programs (e.g. scientific affairs, public affairs) shall be supported by the dues of the membership and by any surplus of income over expenses generated from the direct service programs. General programs do not render a direct service but rather are activities that are intended to benefit psychology as a whole.

A direct service program provides to individuals or organizations a product, benefit, or service for a fee. The financial goals for each current direct service program such as CE Credit Programs, Convention, Publications and Databases and Sponsor Approval shall be set annually by the Chief Executive Officer during the budget process.]

These overall financial goals should be considered with APA’s commitment to providing programs and services that meet the **scientific and charitable mission and the changing priorities of the association.**
[Support functions comprise administrative or other services potentially used by all programs/offices of the Association, excluding common-use space and benefits which are direct charged. Support functions (e.g., human resources, administrative services) shall be conducted so that the total costs (including allocated costs) do not exceed 15% of the total gross expenses of the Association. The support functions shall have their net costs reallocated to program areas as indirect expense.]

Financial plans shall be made with the aim of ensuring that only necessary expenses shall be incurred in carrying out policies and programs [approved by Council of the Association] and that those expenses are consistent with the need to maintain a reasonable standard of performance. With respect to income, financial plans shall maximize income from all sources other than dues and shall support programs consistent with the basic objectives and professional standards of the APA. [Membership dues shall be used essentially as a means for compensating for the difference between income and expenses resulting from Association programs.] It shall be the goal to present a balanced integrated budget annually (after consideration of the cash flow from building operations and a draw of up to 5% from the long-term investment portfolio) and manage operations during the year to produce a positive integrated budget operating margin over a rolling three-year period.

210-2.2 To achieve these goals, the chief executive officer (CEO) shall be responsible for developing the Association's annual budgets to be submitted to Council for approval. These budgets shall be reviewed, modified, and approved first by the Finance Committee and then the Board of Directors prior to submission to Council. The strategic planning process should represent the avenue by which the Association's priorities are set and new initiatives are approved.

210-2.3 In order that this policy can be adequately carried out, the financial records of the APA shall be so maintained as to permit a matching of direct income and direct expenses plus allocated expenses by program. The annual budget shall be developed in such a way that the projected difference between income and expenses, by program, can be readily determined.

210-2.4 With respect to all budgets, the chief executive officer (CEO) shall strive to ensure that budgeted expenses are consistent with actual expenditures incurred and income realized during each budget year so that the budgeted "bottom line" is attained or improved upon.

210-2.5 Presidential discretionary funds. A fund will be allocated for presidential activities and should be spent during the first two years of the three-year cycle of each president. The Finance Committee shall regularly review and recommend changes to the fund limit. Council shall

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8 The integrated budget and margin include annual revenues and cash resources approved for spending less annual operating and non-operating expenses and those expenses incurred for special projects.

9 The draw from the long-term investment portfolio – The annual integrated budget will be supported by a draw of up to 5% of the average market value of the long-term investment portfolio over the previous 12 quarters ending 6 months prior to the beginning of the year. The amount of the draw will be reviewed annually during the budget process. The percentage will be recommended by the Investment Subcommittee and reviewed by the Finance Committee who will then make a recommendation to Council.
approve changes to the fund limit. The specific allocation of these funds, and any extension beyond the two years, shall be approved in advance by the Board of Directors.]

Presidential Activities Fund – A budget shall be established for presidential activities and should be spent during the first two years of the three-year cycle of each President. The Finance Committee shall be responsible for setting the presidential activities budget limit. Presidential activities funded by the Association must be consistent with the Strategic Plan and approved by the Board of Directors. The CEO shall facilitate completion of presidential activities by the end of the year of presidency and within the budget limit. The Board must approve any presidential activities that extend beyond the first two years of the Presidential cycle.

210-3. ORGANIZATIONAL FINANCIAL HEALTH

On a continuing basis, the Association shall strive to maintain long-term organizational financial health, which shall be measured as follows:

Short-term financial health.

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

Working Capital is defined as current assets* less current liabilities.**] The Association shall strive to maintain working capital cash on hand as of December 31st equal to at least [four] three months of annual operating expenses and three months of the current portion of long-term debt.

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

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

Long-term financial health

The Association shall strive to maintain long-term financial health. The long-term financial health of the Association will be measured/monitored in several ways:

- Maintaining a long-term investment portfolio [net assets] equal to at least [four months of] 30% of total annual operating expenses.
- Acknowledging a conservative estimate of fair market value (FMV) of equity in buildings as a point of reference10. ([Note: including FMV of building equity in net assets for such measures is not industry standard recognizing that access is limited to borrowing until point of sale.])
- Maintaining Standard & Poor’s (S&P) Bond Rating BBB or higher.
- Complying with debt covenants, as applicable.

210-4. FORECAST

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10 Including FMV of building equity in net assets for such measures is not industry standard recognizing that access is limited to borrowing until point of sale.
Consistent with the mission of the Finance Committee set forth in Article XI, section 3 of the APA Bylaws, the Finance Committee shall work with the CEO and the CFO in the development of an annual financial forecast (up to [five] three years) to be presented to Council annually. [Based on the assessment of the forecast,] The Finance Committee shall recommend to the Board of Directors and to the Council of Representatives overall long-range financial goals for the Association. Upon approval of these goals by Council, [they shall serve as the basis on which boards, committees, and] the CEO will proceed to develop [plans and] budgets to achieve the organizational financial health requirements covered in Rule 210-3.

B.(32) Council received as information the 2017 Audited Financial Statements.

On Wednesday, August 8, Jean Carter, PhD provided Council with the financial report.

On Wednesday afternoon, the Committee on Early Career Psychologists presented the Nevada Psychological Association with a recognition for promoting the expertise of early career psychologists and encouraging early career involvement in leadership.

On Friday, August 10, Merry Bullock, PhD was presented with the Raymond D. Fowler Award for Outstanding Member Contributions. Additionally, Kim Baranowski, PhD, W. Rodney Hammond, PhD, and Arlene Noriega, PhD, were recognized with APA Citizen Psychologist presidential citations.