I. MINUTES OF MEETING

A.(1) Council voted to approve the minutes of its August 8 & 10, 2018, meeting.

B.(1A) Council voted to reject suspending Association Rule 30-2.1 and agreed to not publish individual votes on open session agenda items.¹

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

No items.

III. ETHICS

A.(23) 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.(2) Council voted to approve the following amendments to Association Rule 100-1.4 (bracketed/strikethrough material to be deleted; underlined material to be added):

100-1. REPORTS, LIABILITY INSURANCE, PUBLIC STATEMENTS, CONTRACTS, AND POLITICAL ACTIVITIES

100-1.4 A division of the Association (or with approval of the division, a subunit of a division, following the review process documented in this rule) may release a position or policy statement on public policy matters [in its field] in its own name so long as [the]:

1) The statement, through this review process, reflects each division’s obligation to act in the best interests of APA;

2) The statement is in its field and “complies with all relevant association bylaws, rules and current association policies” (APA Bylaws, Article VI.5); and

3) The statement does “not establish or enforce standards for ethics, accreditation, certification, or credentialing of specialty recognition” (APA Bylaws, Article VI.5); [If the

¹At its August 2018 meeting, Council voted that at the beginning of each Council meeting, after the meeting agenda has been determined, Council will 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. (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 If the motion fails, Council members’ votes will not be published for that meeting).
position or policy statement is intended to establish or could be construed by APA members or the public as establishing a standard or guideline for psychologists or for individuals or organizations that work with psychologists, the provisions of Association Rule 30-8 apply.)

**Division Statement Review Process**

(1) Unless a division or division subunit has obtained approval from Council for a proposed statement, endorsement on public policy issues from Council, that it has agreed upon with an organization outside APA, or standard or guidelines as described above, such statements shall must be developed with and reviewed by the Division Services Office, which will consult with APA government relations staff, APA legal counsel and appropriate APA staff, to determine if the proposed position or policy statement: (a) is inconsistent with Council policy, (b) is in conflict with APA Bylaws, rules or policies; or (c) implicates Rule 30-8. The summary of this feedback will be provided to the division through the Division Services Office.

(2) If appropriate for issuance, the statement must contain a “disclaimer clause” — approved by APA legal counsel — making it clear that the division or subunit is not speaking for the APA or for any other division or unit of the APA.

(3) Position or policy statements issued in the name of the APA require prior approval by Council;

When issuing statements on public policy matters in its field, a division or its subunit should contact the Division Services office, which will consult with APA legal counsel and executive directors, to determine if the proposed position or policy statement is in conflict with APA Bylaws, rules or policies and to determine if Rule 30-8 applies. Provided there is no such conflict, the Division Services office, in consultation with APA legal counsel, will determine appropriate disclaimer language to accompany the position or policy statement.

(4) If the position or policy statement is intended to establish, or could be construed by APA members or the public as establishing or endorsing a standard or guidelines (as defined in AR 30-8.1) for psychologists or for individuals or organizations that work with psychologists, the provisions of Association Rules 30-8 apply.

(5) For positions or policy statements to be presented by a division or its subunit in amicus curiae briefs, affidavits or other statements in legal proceedings, the provisions of Rule 100-1.8 apply.

**VI. ORGANIZATION OF THE APA**

A.(3) Council voted to archive the following association policies contained in the Council Policy Manual:

1) In Chapter II. ELECTIONS, AWARDS AND HUMAN RESOURCES archive the 1996 Dual Membership Policy that states: WHEREAS Council has received with concern data related to the declining rates of membership in the Association’s science/academic constituency, and

WHEREAS Psychology can only survive through a recognition of the mutual interdependence of science and practice, and

WHEREAS Psychology’s credibility with policy members as a health service profession would be significantly reduced by the weakening of its alliance with the science of psychology, and
WHEREAS APA is not the primary membership organization for many scientific psychologists, and

WHEREAS the dual membership dues proposal advanced by BSA and supported by the Board of Directors may be only one possible response to a growing problem, and

WHEREAS additional study and data are needed to determine how the proposed intervention needs to be implemented and what additional interventions may be required to achieved the desired result,

COUNCIL THEREFORE:

1. Approves a special dues arrangement for APA members who also are members of the American Psychological Society (APS) or a member of any one of the organizations that are part of the Federation of Behavioral, Psychological, and Cognitive Sciences. APA would limit this offer to one society for a scientist/academic APA member. Dual APA/APS or Federation members would have their APA dues reduced by 25%. Those organizations would be encouraged to give a reciprocal dues reduction.
2. Will review the implementation of this action at its August meeting.
3. Allocates $6,000 from its 1996 contingency fund to appoint a 6 person Task Force to review data already accumulated about the extent and causes of the problem to plan and to recommend possible additional interventions, and to report to Council implementation plans at its August meeting.

Rationale provided by originating group: New rules have replaced this policy.

2) In Chapter II. ELECTIONS, AWARDS AND HUMAN RESOURCES archive the 1994 Required application fee dropped and expanded dues phase-in goes from three to four years policy that states: Council approved dropping the requirement that an application for membership be accompanied by an application fee and expanding the three-year phase-in of APA dues to a four-year phase in, as follows: first-year vise dues set annually by the Membership Committee, usually between 25% to 30% of regular member dues; second-year member dues at 50% of regular member dues; third year members dues at 70% of regular member dues; and fourth-year members dues at 90% of regular member dues. Rationale provided by originating group: New rules have replaced this policy.

3) In Chapter IX. EDUCATIONAL AFFAIRS, archive the 2007 Policy regarding concurrent accreditation with Canada policy that states: That the Council of Representatives approves the following changes in Domain A: Eligibility of the Guidelines and Principles for Accreditation of Programs in Professional Psychology:

A. Doctoral Graduate Programs

Domain A: Eligibility

As a prerequisite for accreditation, the program’s purpose must be within the scope of the accrediting body and must be pursued in an institutional setting appropriate for the doctoral education and training of professional psychologists.

1. The program offers doctoral education and training in psychology, one goal of which is to prepare students for the practice of professional psychology.
2. The program is sponsored by an institution of higher education accredited by a nationally recognized regional accrediting body in the United States. Further, Council requests that staff work with the Canadian Psychological Association in revising the Memorandum of Understanding to allow for the discontinuation of concurrent accreditation. **Rationale provided by originating group: Policy is out of date and has been replaced with a new policy.**

4) In Chapter IX. EDUCATIONAL AFFAIRS, archive the 2006 *Need for diversity in accreditation* policy that states: That the Council of Representatives recognizes the spirit of compromise implicit in the Accreditation Summit agreement and specifically commends the group for its recognition of the importance of ensuring inclusion of individual and cultural diversity as noted in the overarching principle from the Summit report:

The Commission on Accreditation (CoA) is committed, to the fullest extent possible, to support diversity in all aspects of the accreditation enterprise. The CoA offers strong encouragement for, and a continuing expectation that, all organizations and groups will nominate individuals representing cultural and individual differences and diversity. The CoA will continuously monitor the nomination and appointment process to insure its ability to maintain diversity on the Commission and will report annually on the diversity of the CoA and its panels to its various publics (Accreditation Summit Report, p.3).

The Council also strongly encourages solicitation of nominations for the Public Interest Individual and Cultural Diversity seat from the Board for the Advancement of Psychology in the Public Interest, the ethnic minority associations, and other relevant organizations. **Rationale provided by originating group: Policy is out of date and has been replaced with a new policy.**

5) In Chapter IX. EDUCATIONAL AFFAIRS, archive the 1993 *Policy that provides membership status in TOPSS to all high school teacher affiliates* policy that states: Council approved a motion that provides for all APA high school teacher affiliates to automatically become members of Teachers of Psychology in Secondary schools (TOPSS). **Rationale provided by originating group: Policy is out of date and has been replaced with a new policy.**

6) In Chapter IX. EDUCATIONAL AFFAIRS, archive the 1986 *Principles of Good Practice in Continuing Education*. **Rationale provided by originating group: Policy is out of date and has been replaced with a new policy.**

7) In Chapter IX. EDUCATIONAL AFFAIRS, archive the 1971 *Policy on improving the teaching of psychology at the precollege level* that states: Steps should be taken under APA auspices to accomplish the following goals for improving the teaching of psychology at the precollege levels:

a) development and continuing revision of psychological curricula for elementary and secondary school levels in cooperation with other behavioral, biological, and social science disciplines, as appropriate;

b) collaboration with other behavioral, biological, and social science disciplines to assess the value and determine the feasibility of an interdisciplinary approach to teaching about the behavior and nature of man;
c) development and continuing revision of guidelines for the training of teachers to use the
products of curricular development efforts.

Further, APA should support the establishment of a clearinghouse of information on precollege
psychology and the development of means to disseminate such information.

Steps should be taken under APA auspices to accomplish the following goals for improving the
educational process:

a) encouragement of closer cooperation among psychologists in research related to the
educational process in the translation of present knowledge into education related action;

b) improvement of procedures for dissemination of these results to educational
administrators, teachers, future teachers, and others who may find them useful, this
improvement to be manifested in part by changes in our undergraduate programs.

Further, APA should take official steps to reaffirm its belief that the role of the teacher is a
crucial and significant one in society, such steps to include systematic efforts to support and
improve teacher education in general.

Rationale provided by originating group: Policy is out of date and has been replaced with a
new policy.

8) In Chapter XI. SCIENTIFIC AFFAIRS, archive the 1997 Decade of Behavior policy that states:
WHEREAS it is necessary to improve public awareness of and support for the many exciting
advances in the behavioral and social sciences and their application in addressing many of our
nation’s most pressing problems;

WHEREAS it will be necessary to bring together government agencies, scientific societies, private
foundations and health agencies for the joint sponsorship of public and professional education
programs to promote the behavioral and social sciences and their application;

WHEREAS it will be necessary to encourage and support the development of the next
generation of behavioral and social scientists and practitioners; and

WHEREAS it will be necessary to increase research funding for the behavioral and social
sciences,

THEREFORE, BE IT RESOLVED that the American Psychological Association initiate efforts to have
the years 2000-2010 declared the Decade of Behavior by the U.S. Congress, and furthermore
that the APA Science Directorate launch the planning activities for the Decade of Behavior in
1998.

Rationale provided by originating group: Policy is out of date.

9) In Chapter XII. PUBLIC INTEREST, archive the 2004 Sexual orientation and military service
policy that states: WHEREAS the American Psychological Association (APA) has long opposed
discrimination on the basis of sexual orientation; and

WHEREAS the “Don’t Ask, Don’t Tell, Don’t Pursue” policy as mandated by Title 10 of the U.S.
Code (Section 654) discriminates on the basis of sexual orientation, and has caused many
qualified personnel to be involuntarily separated from military service solely because of their
sexual orientation; and
WHEREAS in light of the enactment of 10 USC § 654 in 1994, APA’s 1991 resolution U.S Department of Defense Policy on Sexual Orientation and Advertising in APA Publications needs to be revised; and

WHEREAS there is a long history of collaboration between psychology and the military (Dunivin, 1994; Yerkes, 1921); and

WHEREAS the law creates ethical dilemmas for military psychologists and it is APA’s responsibility to address these concerns (American Psychological Association, 2002); and

WHEREAS empirical evidence fails to show that sexual orientation is germane to any aspect of military effectiveness including unit cohesion, morale, recruitment and retention (Belkin, 2003; Belkin & Bateman, 2003; Herek, Jobe, & Carney, 1996; MacCoun, 1996; National Defense Research Institute, 1993); and

WHEREAS comparative data from foreign militaries and domestic police and fire departments show that when lesbians, gay men and bisexuals are allowed to serve openly there is no evidence of disruption or loss of mission effectiveness (Belkin & McNichol, 2000-2001; Gade, Segal, & Johnson, 1996; Koegel, 1996); and

WHEREAS when openly gay, lesbian and bisexual individuals have been allowed to serve in the U.S. Armed Forces (Cammermeyer v. Aspin, 1994; Watkins v. United States Army, 1989/1990), there has been no evidence of disruption or loss of mission effectiveness; and

WHEREAS the U.S. military is capable of integrating members of groups historically excluded from its ranks, as demonstrated by its success in reducing both racial and gender discrimination (Binkin & Bach, 1977; Binkin, Eitelberg, Schexnider, & Smith, 1982; Kauth & Landis, 1996; Landis, Hope, & Day, 1984; Thomas & Thomas, 1996);

THEREFORE, BE IT RESOLVED that APA reaffirms its opposition to discrimination based on sexual orientation; and

BE IT FURTHER RESOLVED that APA reaffirms its support for our men and women in uniform and its dedication to promoting their health and well-being; and

BE IT FURTHER RESOLVED that APA recognizes and abhors the many detrimental effects that the law has had on individual service members, the military, and American society since its enactment in 1994; and

BE IT FURTHER RESOLVED that APA take a leadership role among national organizations in seeking to eliminate discrimination in and by the military based on sexual orientation through federal advocacy and all other appropriate means; and

BE IT FURTHER RESOLVED that APA act to ameliorate the negative effects of the current law through the training and education of psychologists; and

BE IT FURTHER RESOLVED that APA disseminate scientific knowledge and professional expertise relevant to implementing this resolution; and
BE IT FURTHER RESOLVED that this resolution replaces the 1991 resolution “U.S. Department of Defense Policy on Sexual Orientation and Advertising in APA Publications;” and

BE IT FURTHER RESOLVED that APA reaffirms its strong commitment to removing the stigma of mental illness that has long been associated with homosexual and bisexual behavior and orientations; promoting the health and well-being of lesbian, gay, and bisexual adults and youth; eliminating violence against lesbian, gay, and bisexual service members; and working to ensure the equality of lesbian, gay, and bisexual people, both as individuals and members of committed same-sex relationships, in such areas as employment, housing, public accommodation, licensing, parenting, and access to legal benefits.

References


Please cite this policy statement as:

Rationale provided by originating group: It is now obsolete with the ban on openly LGB people serving in the military lifted.

10) In Chapter XII. PUBLIC INTEREST, archive the 1992 Legal access to sterile injection equipment by drug users policy that states: WHEREAS one method of transmitting the human immunodeficiency virus (HIV), which causes AIDS, from one person to another is through blood residue in shared drug injection equipment;

WHEREAS a large proportion of HIV-infected persons are injecting drug users;

WHEREAS epidemiological projections regarding the future of the AIDS epidemic point to widespread transmission of HIV among injecting drug users and their sexual partners;

WHEREAS injecting drug users and addicts frequently have limited access to sterile injection equipment on a regular basis;

WHEREAS the U.S. government has supported very limited AIDS prevention research involving equipment exchange or other means for addicts to acquire sterile injection equipment;

WHEREAS curtailment of equipment exchange in research projects limits the pursuit of knowledge about the total array of AIDS prevention techniques that may be effective among injecting drug users;

WHEREAS access to health care systems to acquire injection equipment creates a nexus for offering other services to addicted persons, including health-related education and treatment;

Resolution

THEREFORE, BE IT RESOLVED that the APA advocates greatly expanded research, especially demonstration research, on the legal availability of sterile injection equipment as a method of preventing HIV transmission among injecting drug users. Such research should be in the context of also providing other services for drug users, including drug abuse treatment and treatment for HIV infection.

Rationale provided by originating group: This policy is now incorporated into the following policies: Drug abuse treatment to prevent HIV among injecting drug users (2006) and HIV prevention strategies involving legal access to sterile injection equipment (2005).

11) In Chapter XII. PUBLIC INTEREST, archive the 1992 Rust v. Sullivan Supreme Court Decision policy that states: WHEREAS the American Psychological Association in 1983 determined that...

"requiring clinics to provide the same blanket information to every pregnant woman, rather than to provide for each woman whatever information is individually appropriate to her
particular needs, is inconsistent with basic principles of effective counseling and will hinder, rather than promote, informed consent."

(APA Amicus Curiae, Akron v. Akron Center for Reproductive Health)

WHEREAS the American Medical Association and other health care provider organizations have already officially decried the hazardous effects of the Rust v. Sullivan Supreme Court Decision upholding the Title X Family Planning Program Regulations, known as the "Gag Rule"; and

WHEREAS the American Psychological Association has already adopted previous policies regarding a woman's right to reproductive choice;

BE IT RESOLVED that the American Psychological Association deplores the effects of the Title X regulations which prohibit health providers, including psychologists, who receive federal Title X funds, from informing women patients/clients of the availability of the alternative of abortion to terminate an unwanted pregnancy.

Further, the APA urges the Congress to enact legislation and to override Presidential vetoes, as needed, to both remedy this health hazard and to serve as a precedent to buttress against further erosion of the rights associated with Roe v. Wade.

Further, APA will seek to inform Congress, the public and its own membership of its position and its recommendations through a public affairs and advocacy effort including but not limited to: press conferences in several major cities letter writing and mail campaigns news releases APA Monitor and other appropriate APA, Division, and State Association publications.

Further, we direct the Chief Executive Officer of the American Psychological Association to activate the necessary mechanisms to ensure the accomplishments of the aims and goals of this resolution, including the capacity to respond to ongoing critical reproductive issues by participating in public information/media outreach efforts as necessary to help preserve a woman's right to choose.

Rationale provided by originating group: This is not a policy/resolution.

12) In Chapter XII. PUBLIC INTEREST, archive the 1987 Use of diagnoses “homosexuality” and “ego-dystonic homosexuality” policy that states: WHEREAS the American Psychological Association has been on record since 1975 that “homosexuality per se implies no impairment in judgment, stability, reliability, or general social and vocational capabilities”; and

WHEREAS it appears that the ICD-9-CM is widely used either by mandate or choice by many psychologists nationwide in connection with third-party reimbursement, institutional-based service delivery, and research; and

WHEREAS the next revision of the ICD is not anticipated to be completed until 1992 and may, according to current proposals, then contain the “ego-dystonic homosexuality” diagnosis which APA also opposes; and

WHEREAS the Council of Representatives already has urged APA members not to use the proposed DSM-III-R diagnoses of Periluteal Phase Disorder, Self-Defeating Personality Disorder, and Sadistic Personality Disorder because they lack adequate scientific basis and are potentially dangerous to women;
THEREFORE, BE IT RESOLVED that the American Psychological Association: Urge its members not to use the “302.0 Homosexuality” diagnosis in the current ICD-9-CM or the “302.00 Ego-dystonic Homosexuality” diagnosis in the current DSM-III or future editions of either document.

*Rationale provided by originating group: This policy statement solely speaks to obsolete diagnostics categories which no longer exist in diagnostic and clarification systems. It references ICD-9 and DSM-III-R. Therefore, it seems important to retain in archive but no longer retain as an active policy.*

13) In Chapter XII. PUBLIC INTEREST, archive the 1986 AIDS policy that states: Recognizing that the epidemic of Acquired Immune Deficiency Syndrome (AIDS) threatens the mental health and civil liberties, as well as physical health, of many persons, the American Psychological Association adopts the following resolution:

1. The importance of psychosocial and mental health components of AIDS should be stressed in treatment, research, and prevention programs.
2. APA is also concerned about the public health aspects of AIDS and about physical and mental health of the public. Therefore APA supports the greater expenditure of public funds for public education regarding AIDS and for the accurate dissemination and utilization of the most current scientific information regarding the prevention and treatment of AIDS.
3. Necessary mental health services and facilities for persons with AIDS, AIDS-related conditions, or an exaggerated fear about the threat of AIDS should be widely available.
4. Given current research evidence that individuals do not become infected with the AIDS virus through casual contact, the American Psychological Association deplores the exclusion of persons with AIDS or those suspected of having AIDS from housing, employment, education, or necessary professional services.
5. The American Psychological Association condemns the use of the AIDS epidemic as a vehicle for fostering prejudice or discrimination against any group or individual.
6. Until there are empirical data linking specific tests with the eventual development of AIDS, the American Psychological Association condemns indiscriminate testing to detect exposure to AIDS.
7. Psychologists are urged to combat irrational public fears of AIDS through education and other professional activities including teaching of courses, lectures to the public, counseling and therapy, consultation, and research regarding the fear of AIDS.
8. Large-scale identification of AIDS seropositive persons, a major public health goal, clearly requires adherence to the requirement of confidentiality of patient records. We urge that this customary ethical tenet be strictly followed in all dealings with persons voluntarily screened for the AIDS virus. (1986)

*Rationale provided by originating group: COPA recommends archiving this policy because since its inception, many additional HIV-focused policies have been adopted by APA that are more detailed extensions of the various sentiments expressed in AIDS 1986, and these new policies are more accurately reflective of the state of HIV/AIDS today.*

Council also voted to rescind the 1976 Child Custody or Placement policy that states:

The sex, gender identity, or sexual orientation of natural, or prospective adoptive or foster parents should not be the sole or primary variable considered in custody or placement cases.

*Rationale provided by originating group: this policy is a very old, one paragraph statement that seems unnecessary at this point in our history.*

Additionally, Council voted to amend the following association policies contained in the Council Policy Manual (bracketed/strikethrough material to be deleted; underlined material to be added):
1) In Chapter V. DIVISIONS AND SPTAS, amend the 2010 *Psychologists should be encouraged to join at least one division of their choice* policy that states: The Association should make it as easy as possible to apply for membership. [This might take the form of a blank included with the annual statement of dues which would be filled out by the applicant, returned to the Central Office with the dues, sorted by Central Office personnel, and forwarded to appropriate division secretaries.] The Central Office will utilize new and emerging technologies to facilitate membership applications for divisions.

2) In Chapter V. DIVISIONS AND SPTAS, amend the 1984 *Disbursement of [dues and] assessments to divisions* policy that states: Central Office will disburse divisional [dues and] assessments to divisions managing their own funds by January 15 of the year following collection of those funds. Every month thereafter, Central Office will disburse additional funds collected.

3) In Chapter V. DIVISIONS AND SPTAS, amend the 1978 *Division Journals* policy that states: Council received the following policy statement from the Publications and Communications Board with respect to division journals.

- The Publications and Communications (P&C) Board acknowledges the value in the diversity of journals sponsored by APA divisions and encourages divisions to participate in these publications activities.
- The APA Bylaws charge the P&C Board with the supervision of the managing and editing of division journals. The Board believes it can best meet this responsibility as follows:
  1. The Board delegates the management and editing of a division journal in full to the relevant division, and vests responsibility for the journal in the executive committee of this division;
  2. The divisions, through their executive committees, shall maintain and manage their journals in the manner comparable to the way in which APA maintains and manages its primary journals;
  3. In order to foster communication, the executive committee of any division that publishes a journal should incorporate in the annual report of the division a statement on editorial operations comparable to the statements prepared by APA journal editors for the P&C Board. An information copy of this report is requested by the P&C Board.
- Divisions that wish to create new journals must obtain formal approval from the Council of Representatives through the P&C Board. Information necessary to enable the Board to recommend approval may be supplied by the division on a form obtainable from APA. Any questions from the Board will be addressed promptly to the relevant officer of the division. Because the intent of the P&C Board is to foster scientific communication, the Board will normally recommend to the Council of Representative that the new journal be authorized.
- According to the APA Bylaws, a division is a constituent part of APA. Therefore, any publishing arrangement for a journal by a division which involves a contract for joint publishing or joint ownership of a journal with a non-APA publisher requires review and recommendations for approval by the PC Board prior to signing a contract.
- The P&C Board reaffirms the importance of editorial freedom of division journal editors.
- Because any division journal or newsletter published with the approval of the Council of Representatives is an official APA publication, all division
journals are required by the Council to participate in the APA liability insurance program.

Division editors are encouraged to seek advice from APA Central Office and the P&C Board on matters of mutual concern, for example, printers and printing costs, postal regulations, advertising, accounting systems, copyright, and permission practices.

4) In Chapter V. DIVISIONS AND SPTAS, amend the 1968 Use of division expertise policy that states: Council moved that, [insofar as possible, appropriate Divisions be consulted by Central Office staff and APA Boards and Committees with respect to legislation relevant to their interests] Central Office Staff and APA Boards and Committees will consult with appropriate APA Divisions with respect to legislation, policy, guidelines, and public statements, to take advantage of divisional expertise when relevant.

5) In Chapter IX. EDUCATIONAL AFFAIRS, amend the 1994 Policy on half-time internships policy that states: In accordance with existing [Committee Commission of Accreditation policy that all interns should receive appropriate stipends and that all internships can be full or half time, Council reaffirms the existing APA policy on half time internships by acknowledging, supporting and facilitating compliance with and implementation of this policy.

In addition, in the geographic areas where there is a shortage of half time internships, Council encourages the development of half time opportunities to meet such needs.

6) In Chapter IX. EDUCATIONAL AFFAIRS, amend the name of the specialty “Professional Geropsychology” to “Geropsychology” so that there would be consistent specialty names used across the APA/Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, the Council of Specialties, and the American Board of Professional Psychology.

7) In Chapter X. PROFESSIONAL AFFAIRS, amend the 1965 Psychology as an independent science and practice policy that states: Council reaffirmed the concept that psychology is an independent science and profession and that [in his/her work] the psychologist and [his/her] the patient or client independently determine the proper application of [his/her] work in whatever context [he/she] the patient or client may be functioning.

8) In Chapter XII. PUBLIC INTEREST, amend the 2016 AIDS policy that states: WHEREAS, the epidemic of the Human Immunodeficiency Virus (HIV), the cause of Acquired Immune Deficiency Syndrome (AIDS), currently threatens the physical health, mental health, and civil liberties of many persons in American society, and

WHEREAS, in 1986 the American Psychological Association adopted a comprehensive resolution outlining APA policies surrounding HIV/AIDS, including APA’s strong commitment to public education regarding HIV and its prevention, as well as education to combat irrational public fears of HIV and its transmission, and

WHEREAS, empirical research has demonstrated that, in addition to imparting knowledge, educational programs designed to effect behavior change should address topics of decision making, risk assessment, attitude change, group norms, and other social and psychological processes, and

WHEREAS, an important strategy for such education should be to provide children and adolescents of all cultural and socio-economic groups with information about AIDS that is
gender-relevant, culturally sensitive, and appropriate to their level of intellectual, emotional and social development, and
WHEREAS, the U.S. Surgeon General, Dr. C. Everett Koop, has asserted that 'education concerning HIV/AIDS must start at the lowest grade possible as part of any health and hygiene program'.

WHEREAS, in 2010 [the] President Barack Obama of the United States issued the National HIV/AIDS Strategy for the United States which states “HIV awareness and education should be universally integrated into all educational environments... educating young people about HIV before they begin engaging in risk behaviors that place them at risk for HIV infection should be a priority (US, White House Office of National HIV/AIDS Policy, 2010);

WHEREAS, the Centers for Disease Control and Prevention endorse well-designed, well-implemented school-based HIV/Sexually Transmitted Disease (STD) education programs. Empirical study of these programs has shown that education about sexual health reduces HIV/STD risk behavior and the most effective prevention programs should be conducted by trained instructors, include an emphasis on healthy behaviors and skills building as well as involvement of [from] parents and community stakeholders (CDC, 2010);

Resolution


BE IT FURTHER RESOLVED that APA urges that information about HIV, its transmission, and prevention be incorporated into elementary and secondary school curricula in conjunction with educational programs concerning sexuality, drug use, health, and family issues; and that such education be provided at the earliest grade possible, and in a manner appropriate to the child's level of intellectual, emotional, and social development. Priority should be given to culturally and linguistically appropriate prevention and education efforts targeted at Black, Hispanic, Asian[,] and Native American, and other populations of youth. Also, such education should be inclusive of LGBTQ identities. The development of such curricula and programs should be accomplished with all deliberate speed by local boards of education, working closely with parents.

BE IT FURTHER RESOLVED that APA recognizes the importance for HIV/AIDS prevention of providing clear and accurate information about sexual behaviors and sharing of needles and syringes, and that the APA deplores attempts by governmental or other institutions to restrict the effectiveness of community-based HIV-prevention organizations, and

BE IT FURTHER RESOLVED that the APA urges increased funding from governmental and private sources for basic and applied research and evaluation relevant to HIV/AIDS education and risk reduction, and

BE IT FURTHER RESOLVED that the APA urges its members to provide their expertise to develop, implement, and evaluate HIV/AIDS education and risk-reduction programs.

9) In Chapter XII. PUBLIC INTEREST, amend the 2018 Resolution Opposing HIV Criminalization policy that states: WHEREAS the National HIV/AIDS Strategy (NHAS), released by the White
House in July 2010, calls attention to the problem of HIV criminalization, stating that most HIV-
specific laws are not based in the current science of HIV prevention and transmission[3] (NHAS, 2010);

WHEREAS most HIV-specific laws do not consider correct and consistent condom use and the
efficacy of Antiretroviral Therapy (ART) that reduces the risk of HIV transmission to a negligible
level[5] (Lehman, 2014; DOJ, 2014);

WHEREAS many HIV disclosure laws were enacted in the 1980s during a climate of fear and
uncertainty about the course of the epidemic, before transmission routes were understood and
effective prevention strategies (e.g. condoms, ART, Post-exposure prophylaxis (PEP), Pre-
exposure prophylaxis (PrEP) were available;

WHEREAS the Centers for Disease Control and Prevention (CDC) encourage states with HIV
criminal statutes to re-assess these laws based on the current state of the evidence regarding
HIV transmission risk and the public’s health, given that behavior such as biting, spitting, and
throwing bodily fluids, which pose a negligible risk of HIV transmission has, in some cases
resulted in overly harsh sentencing[5] (CDC, 2014);

WHEREAS APA strongly supports policies grounded in the research and science of HIV
transmission and risk behavior;

WHEREAS criminalization laws may result in people living with HIV (PLHIV) being arrested for
behaviors that pose a negligible risk of exposure or transmission;

WHEREAS criminalization laws may result in PLHIV being arrested for consensual sex;

WHEREAS criminalization laws may result in PLHIV being arrested for non-disclosure, even when
proving disclosure occurred is often impossible;

WHEREAS laws and policies that focus on HIV-specific crimes and impose harsh penalties on
people living with HIV are unjust, can potentially have a life-long impact (e.g. for felony
conviction that may result in inability to vote, difficulty obtaining employment, etc.), ultimately
undermine evidence-based interventions and run counter to public health efforts to reduce HIV
transmission;

WHEREAS HIV-specific criminal laws are often used to enhance non-related cases and to seek
harsher penalties and sentencing;

WHEREAS states may also use general criminal laws or communicable disease laws to prosecute
persons accused of intentionally trying to transmit HIV instead of HIV-specific criminal laws;

WHEREAS being convicted of violating HIV criminalization laws may result in serving time in
correctional facilities where few HIV treatment programs exist;

WHEREAS incarceration of PLHIV increases the likelihood of HIV transmission within correctional
facilities;

WHEREAS considerable taxpayer resources are expended in arresting, prosecuting, sentencing,
and housing people accused of violating HIV criminalization laws with no clearly identified public
health benefit;
WHEREAS these resources could be diverted to HIV treatment and prevention efforts;

WHEREAS HIV-specific laws and prosecutions may undermine significant publicly funded programs that encourage early testing and treatment of PLHIV;

WHEREAS all people must take responsibility for their actions with respect to protecting sexual partners and for protecting themselves from HIV and other sexually transmitted infections (STIs);

WHEREAS criminalization of HIV can increase the risk of interpersonal violence (IPV) for both women and men when HIV disclosure is not safe or advisable, during custody disputes or pregnancy, and can provide a mechanism for control by abusers who may threaten prosecution based on HIV status;

WHEREAS HIV criminalization laws increase stigma and discrimination related to HIV/AIDS;

WHEREAS people living with HIV are often marginalized and stigmatized on the basis of Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) status, gender identity/expression, disability, race, ethnicity, socioeconomic status (SES), pregnancy/parental status, sex work, and intravenous drug use, even apart from legal discrimination in those states with HIV criminalization statues;

WHEREAS criminalization of HIV may cause particular harm to women, youth, and men who have sex with men (MSM) as outlined in the background section below;

WHEREAS laws that criminalize perceived or potential HIV exposure may actually undermine public health efforts by providing a disincentive for persons at-risk to be tested;

WHEREAS HIV stigma and discrimination continue to be significant barriers to HIV testing, diagnosis, treatment and engagement in care, thereby fueling the epidemic;

WHEREAS APA strongly supports policies that are anti-discriminatory based on HIV status;

WHEREAS the U.S. Department of Justice [OJ] recently released a guidance to states with HIV-specific criminal laws recommending the repeal or reform of these laws to eliminate any HIV-specific criminal penalties with the exceptions of 1) a person with known HIV committing a sex crime where there is risk of transmission, and 2) a person with known HIV who has the intent to transmit the virus and is engaged in a behavior with a high risk of transmission;

WHEREAS the U.S. Department of Justice (2014) and the following professional organizations have called for the end to discriminatory and stigmatizing HIV-specific criminal laws: National Alliance of State and Territorial AIDS Directors (2011), HIV Medicine Association (2012), Positive Justice Project (2012), Presidential Advisory Council on HIV/AIDS (2013), National Association of County & City Health Officials (2013), U.S. Conference of Mayors (2013), American Medical Association (2014), and the Association of Nurses in AIDS Care (2014);

WHEREAS APA has supported the 2014 REPEAL HIV Discrimination ACT (H.R. 1843); (Exhibit 6);

THEREFORE, BE IT RESOLVED that APA opposes HIV criminalization and recommends the repeal or reform of these laws to eliminate HIV-specific criminal penalties with the exceptions of 1) a
person with known HIV committing a sex crime where there is risk of transmission, and 2) a
person with known HIV who has the intent to transmit the virus and is engaged in a behavior
with a high risk of transmission;

BE IT FURTHER RESOLVED that laws that are not in alignment with the current scientific
evidence on HIV transmission should be repealed;

BE IT FURTHER RESOLVED that laws that criminalize behaviors posing low or negligible risk for
HIV transmission should be repealed or reformed and better aligned with contemporary
scientific evidence regarding HIV transmission probabilities for specific behaviors and the
efficacy of risk-reduction activities (e.g., consistent condom use, use of PrEP);

BE IT FURTHER RESOLVED that laws that target PLHIV and engender harsher sentencing should be repealed;

BE IT FURTHER RESOLVED that laws that increase likelihood of incarceration for PLHIV should be repealed;

BE IT FURTHER RESOLVED that laws that undermine national HIV prevention efforts should be repealed;

BE IT FURTHER RESOLVED that criminalization laws that increase the risk of and intimate partner
violence to, and control of women and other vulnerable people with HIV should be repealed;

BE IT FURTHER RESOLVED that laws that specifically target and criminalize PLHIV should be repealed;

BE IT FURTHER RESOLVED that laws that discriminate and stigmatize against PLHIV should be repealed;

BE IT FURTHER RESOLVED that psychologists practicing in states with HIV-specific criminalization
laws are encouraged to better understand the impact of these laws on their patients/clients
who have HIV or who may be at elevated risk for HIV infection.

References

American Medical Association (2014). The AMA Adopts a Resolution Opposing HIV
Criminalization. Resolution adopted June 2014. Available at:

Association of Nurses in AIDS Care (2014). Position Statement: HIV Criminalization Laws and
Available at:


Pinkerton , SD & Abramson PR, (1997). Effectiveness of condoms in preventing HIV transmission. Social Science & Medicine, 44(9), 1303-1312.


10) In Chapter XII. PUBLIC INTEREST, amend the 2014 Counseling in HIV Testing Programs policy that states: WHEREAS HIV test counseling refers to a set of HIV-specific procedures conducted in the context of HIV testing that focus on providing education to promote accurate understanding of a positive or negative HIV test result; assistance with information on available HIV treatment resources; emotional support and referral for psychological intervention as needed; and direction on making linkages to HIV care;

WHEREAS the prevention focus of the National HIV/AIDS Strategy (NHAS) specifies an emphasis on a test-and-treat strategy aimed at identifying individuals who are unaware of their HIV seropositive status via expanded HIV testing efforts and facilitating early engagement in care (Millett et al., 2010; Dieffenbach & Fauci, 2009);

WHEREAS recent findings demonstrating the role of HIV viral suppression in reducing HIV transmission (e.g., Cohen et al., 2011) have highlighted the potential for HIV treatment to reduce HIV incidence by ensuring that individuals living with HIV are receiving antiretroviral therapy, a strategy referred to broadly as HIV treatment as prevention (Garnett, Becker, & Bertozi, 2012; Wood, Milloy, & Montaner, 2012);

WHEREAS treatment as prevention strategies are being ramped up in light of estimates suggesting that, among individuals living with HIV in the United States, only approximately 24% are receiving antiretroviral therapy and only approximately 19% are achieving viral suppression as reflected by an undetectable serum viral load (Gardner, McLees, Steiner, del Rio, & Burman, 2011);

WHEREAS treatment as prevention requires an increased focus on HIV testing, as an estimated 1 in 5 individuals in the United States living with HIV infection are unaware of their HIV seropositive status (Campsmith, Rhodes, Hall, & Green, 2010) and these individuals pose a greater risk for transmitting the virus than those who are aware of their HIV serostatus (Gardner et al., 2011; Pinkerton, Holtgrave, & Galletly, 2008);

WHEREAS in line with the focus on HIV treatment as prevention, a “test-and-treat strategy” has emerged with a focus on early diagnosis and treatment of HIV that incorporates public health strategies aiming to ensure the easy accessibility of HIV testing, such as offering HIV testing as part of routine visits in health clinics and hospitals, providing HIV testing in non-medical community settings, and self-administered home HIV testing;

WHEREAS HIV test counseling has historically been a key element of HIV testing programs, providing important information and prevention messages for individuals who receive a negative test result and serving a vital educative and emotional support function for individuals who test positive as well as guidance for linking these individuals to medical care;
WHEREAS Centers for Disease Control and Prevention (CDC) recommendations for HIV testing in health care settings underscore the importance of efforts to link those receiving a positive HIV test result to care (CDC, 2006);

WHEREAS efforts to make HIV testing accessible in order to promote early HIV diagnosis and linkage to care may inadvertently result in a reduced role for HIV test counseling in the context of the HIV testing process, particularly since clear guidelines and policies relative to the availability and role of HIV test counseling in the era of expanded HIV testing, including in-home testing, have yet to be elaborated;

WHEREAS complications relative to linkage to care following HIV testing, including individuals who become lost to follow-up after HIV testing, may attenuate the prevention benefits believed to be conferred by the test-and-treat model (Andrews, Wood, Bekker, Middlekoop, & Walensky, 2012);

WHEREAS HIV test counseling is a key part of ensuring the success of expanded HIV testing programs in the context of the test-and-treat model, including successful linkage to care, particularly given empirical evidence that HIV test counseling is effective in encouraging individuals who test positive for HIV disease to access medical care (Eichler, Ray, & del Rio, 2002);

WHEREAS given that barriers to HIV testing may be posed by such factors as institutional mistrust of medical systems, concerns about discrimination, stigma worries, lack of knowledge about HIV and its treatment, and fear of a positive test result (Hoyt et al., 2012; Schwarz et al., 2011; Wallace, McLe llan-Lemal, Harris, Townsend, & Miller, 2011), HIV test counseling provides an opportunity to assess and explore these concerns when present among those who decide to participate in HIV testing;

WHEREAS HIV test counseling provides essential information on how HIV testing works and how to interpret accurately the meaning and implications of a negative or positive HIV test result (Halkitis, Barton, and Blachman-Forshay, 2012; Siconolfi, Halkitis, Moeller, Barton, & Rodriguez, 2011);

WHEREAS HIV test counseling is a key educative tool for ensuring proper interpretation of a negative HIV test result, including the provision of information regarding the critical importance of continuing safer sex practices and the possible need for repeat HIV testing given that there is a several month window of time before a new infection can be detected by testing;

WHEREAS HIV test counseling offers a context for addressing psychological distress that may result from receiving a positive HIV test result, including providing information that may ameliorate distress and/or referral to emotional support resources and mental health services (Joseph et al., 2011);

WHEREAS in order to confer maximum benefit, HIV test counseling strategies must take into account the specific needs, concerns, and cultural values of diverse groups, including women (e.g., HIV testing in pregnancy; HIV disclosure and intimate partner violence), sexual minority individuals, youth, older adults, people from rural communities, immigrant populations, people with disabilities (e.g., hearing disabilities), incarcerated/previously incarcerated individuals, and individuals from diverse socioeconomic backgrounds (Groce et al., 2103; Hoyt et al., 2012; Siconolfi et al., 2011; Spielberg, Kurth, Gorbach, & Goldbaum, 2001; Winningham et al. 2008);
WHEREAS HIV test counseling as part of the HIV testing process is especially critical for persons who are living with a severe mental illness, with the expectation that a substantive proportion of individuals who receive a positive HIV test result under expanded testing programs also will evidence a premorbid severe mental illness in light of epidemiological findings showing a disproportionate HIV seroprevalence among these individuals (Meade & Sikkema, 2005);

WHEREAS there is evidence suggesting that individuals who receive a positive HIV test result often perceive that there is an insufficient focus on HIV test counseling, the provision of needed information in the testing process, and active linkage to care (Garland et al., 2011);

WHEREAS there is a need for specific training for current and prospective service providers that includes content knowledge on HIV, information on the historical and contemporary social and environmental context of HIV, and guidance for how to assess and address provider self-care needs;

WHEREAS there is a need for research to assess the role of HIV test counseling for optimizing the effectiveness of expanded HIV testing models, particularly as this relates to linkage to care in the context of the test-and-treat model;

WHEREAS psychology and psychological science are well positioned to contribute to the development, implementation, and evaluation of HIV test counseling strategies in the context of the evolving parameters of HIV testing through applications of theory, intervention, and research methods (Apanovich, McCarthy, & Salovey, 2003; Earl & Albarracín, 2007; Huebner et al., 2010);

THEREFORE anyone tested for HIV should have access to quality HIV counseling;

THEREFORE there is a need to examine carefully the HIV test counseling issues associated with the emergence of in-home HIV testing, and to develop guidelines and strategies for ensuring that HIV test counseling is accessible to users of in-home HIV testing;

THEREFORE deliberate attention should be paid to obtaining better understanding of the needs of service recipients and service providers, and the dissemination of information and interventions to assist service providers who provide HIV testing and counseling to effectively care for themselves as well as their clients;

THEREFORE both governmental (federal, state, and local) and nongovernmental agencies and stakeholders should promote public policies that educate the public about the benefits and availability of HIV test counseling for all individuals receiving HIV test counseling regardless of whether the tests are administered in clinical or non-clinical settings or at home;

THEREFORE additional research is needed that focuses on how HIV test counseling contributes to positive health outcomes for those receiving HIV testing and on counseling resources and strategies to address the unique circumstances of in-home HIV testing;

THEREFORE increased funding is needed to: i) ensure access to quality HIV test counseling services for all individuals tested for HIV; ii) provide adequate training programs that draw from psychology to deliver these services; and iii) support research that expands the current evidence base relative to HIV test counseling, including research that addresses the unique challenges associated with ensuring the availability of high quality counseling in the context of in-home HIV testing;
THEREFORE psychology as a discipline will increase its efforts to advocate actively for accessible and quality HIV test counseling for all persons being tested for HIV and will encourage the conduct and publication of research into the health impact and outcomes of HIV testing where test counseling is and is not available.

References


11) In Chapter XII. PUBLIC INTEREST, amend the 2008 Resolution on Transgender, Gender Identity, and Gender Expression Non-Discrimination policy that states:

WHEREAS transgender, gender variant and gender non-conforming people frequently experience prejudice and discrimination and psychologists can, through their professional actions, address these problems at both an individual and a societal level;

WHEREAS the American Psychological Association opposes prejudice and discrimination based on demographic characteristics including gender identity, as reflected in policies including the Hate Crimes Resolution (Paige, 2005), the Resolution on Prejudice Stereotypes and Discrimination (Paige, 2007), APA Bylaws (Article III, Section 2), the Ethical Principles of Psychologists and Code of Conduct (APA 2002, 3.01 and Principle E);

WHEREAS transgender, gender variant and gender non-conforming people benefit from treatment with therapists with specialized knowledge of their concerns (Lurie, 2005; Rachlin, 2002), and that the Ethical Principles of Psychologists and Code of Conduct state that when scientific or professional knowledge is essential for the effective implementation of their services or research, psychologists have or obtain the training necessary to ensure the competence of their services” (APA 2002, 2.01b);

WHEREAS discrimination and prejudice against people based on their actual or perceived gender identity or expression detrimentally affects psychological, physical, social, and economic well-being (Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Resolution on Prejudice Stereotypes and Discrimination, Paige, 2007; Riser et al., 2005; Rodriguez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS transgender people may be denied basic non-gender transition related health care (Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; GLBT Health Access Project, 2000; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Riser et al., 2005; Rodriguez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS transgender, gender variant and gender non-conforming people may be denied appropriate gender transition related medical and mental health care despite evidence that appropriately evaluated individuals benefit from gender transition treatments (De Cuypere et al., 2005; Kuiper & Cohen-Kettenis, 1988; Lundstrom, et al., 1984; Newfield, et al., 2006; Pfafflin & Junge, 1998; Rehman et al., 1999; Ross & Need, 1989; Smith et al., 2005);

WHEREAS transgender, gender variant and gender non-conforming people may be denied basic civil rights and protections (Minter, 2003; Spade, 2003) including: the right to civil marriage which confers a social status and important legal benefits, rights, and privileges (Paige, 2005); the right to obtain appropriate identity documents that are consistent with a post-transition identity; and the right to fair and safe and harassment-free institutional environments such as care facilities, treatment centers, shelters, housing, schools, prisons and juvenile justice programs;

WHEREAS transgender, gender variant and gender non-conforming people experience a disproportionate rate of homelessness (Kammerer et al., 2001), unemployment (APA, 2007) and job discrimination (Herbst et al., 2007), disproportionately report income below the poverty line (APA, 2007) and experience other financial disadvantages (Lev, 2004);
WHEREAS transgender, and gender variant and gender non-conforming people may be at increased risk in institutional environments and facilities for harassment, physical and sexual assault (Edney, 2004; Minter, 2003; Peterson et al., 1996; Witten & Eyler, 2007) and inadequate medical care including denial of gender transition treatments such as hormone therapy (Edney, 2004; Peterson et al., 1996; Bockting et al., 2005; Coan et al., 2005; Clements-Nolle, 2006; Kenagy, 2005; Kenagy & Bostwick, 2005; Nemoto et al., 2005; Newfield et al., 2006; Riser et al., 2005; Rodriguez-Madera & Toro-Alfonso, 2005; Sperber et al., 2005; Xavier et al., 2005);

WHEREAS many gender variant and transgender, and gender variant and gender non-conforming children and youth face harassment and violence in school environments, foster care, residential treatment centers, homeless centers and juvenile justice programs (D'Augelli, Grossman, & Starks, 2006; Gay Lesbian and Straight Education Network, 2003; Grossman, D'Augelli, & Slater, 2006);

WHEREAS psychologists are in a position to influence policies and practices in institutional settings, particularly regarding the implementation of the Standards of Care published by the World Professional Association of Transgender Health (WPATH, formerly known as the Harry Benjamin International Gender Dysphoria Association) which recommend the continuation of gender transition treatments and especially hormone therapy during incarceration (Meyer et al., 2001);

WHEREAS psychological research has the potential to inform treatment, service provision, civil rights and approaches to promoting the well-being of transgender, and gender variant and gender non-conforming people;

WHEREAS APA has a history of successful collaboration with other organizations to meet the needs of particular populations, and organizations outside of APA have useful resources for addressing the needs of transgender, and gender variant and gender non-conforming people;

THEREFORE, BE IT RESOLVED that APA opposes all public and private discrimination on the basis of actual or perceived gender identity and expression and urges the repeal of discriminatory laws and policies;

Therefore BE IT FURTHER RESOLVED that APA supports the passage of laws and policies protecting the rights, legal benefits, and privileges of people of all gender identities and expressions;

THEREFORE, BE IT FURTHER RESOLVED that APA supports full access to employment, housing, and education regardless inclusive of gender identity and expression;

THEREFORE, BE IT FURTHER RESOLVED that APA calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory treatment to transgender, and gender variant and gender non-conforming individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender, and gender variant and gender non-conforming individuals;

THEREFORE, BE IT FURTHER RESOLVED that APA encourages legal and social recognition of transgender individuals consistent with their gender identity and expression, including access to identity documents consistent with their gender identity and expression which do not
involuntarily disclose their status as transgender for transgender people who permanently socially transition to another gender role;

THEREFORE, BE IT FURTHER RESOLVED that APA supports access to civil marriage and all its attendant benefits, rights, privileges and responsibilities, [regardless] inclusive of gender identity or expression;

THEREFORE, BE IT FURTHER RESOLVED that APA supports efforts to provide fair and safe environments for [gender variant and] transgender, [and] gender variant and gender non-conforming people in institutional settings such as supportive living environments, long-term care facilities, nursing homes, treatment facilities, and shelters, as well as custodial settings such as prisons and jails;

THEREFORE, BE IT FURTHER RESOLVED that APA supports efforts to provide safe and secure educational environments, at all levels of education, as well as foster care environments and juvenile justice programs, that promote an understanding and acceptance of self and in which all youths, including youth of all gender identities and expressions, may be free from discrimination, harassment, violence, and abuse;

THEREFORE, BE IT FURTHER RESOLVED that APA supports the provision of adequate and necessary mental and medical health care treatment for transgender, [and] gender variant and gender non-conforming individuals;

THEREFORE, BE IT FURTHER RESOLVED that APA recognizes the efficacy, benefit and medical necessity of gender transition treatments for appropriately evaluated individuals and calls upon public and private insurers to cover these medically necessary treatments;

THEREFORE, BE IT FURTHER RESOLVED that APA supports access to appropriate treatment in institutional settings for people of all gender identities and expressions; including access to appropriate health care services including gender transition therapies;

THEREFORE, BE IT FURTHER RESOLVED that APA supports the creation of educational resources for all psychologists in working with individuals who are [gender variant and] transgender, [and] gender variant and gender non-conforming;

THEREFORE, BE IT FURTHER RESOLVED that APA supports the funding of basic and applied research concerning gender expression and gender identity;

THEREFORE, BE IT FURTHER RESOLVED that APA supports the creation of scientific and educational resources that inform public discussion about gender identity and gender expression to promote public policy development, and societal and familial attitudes and behaviors that affirm the dignity and rights of all individuals [regardless] inclusive of gender identity or gender expression;

THEREFORE, BE IT FURTHER RESOLVED that APA supports cooperation with other organizations in efforts to accomplish these ends.

C.(5) Council voted to reject the following amendments to APA’s Association Rules as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

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 or current CLT members for the positions of Chair-elect, Early Career Representative and member-at-large. CLT will conduct a needs assessment for upcoming CLT vacancies to 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, members-at-large and the Early Career Psychologist representative cannot serve two consecutive terms in the same position and 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 Designee and Chief Executive Officer serve ex officio on CLT.

D.(6) Council voted to approve APA’s role in the following strategic plan of the American Psychological Association/American Psychological Association Services, Inc.:

Vision
The change APA aspires to create in the world.

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

Mission
APA’s unique role in creating that change.

The mission of APA is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

Guiding Principles
The core values that must inform and infuse everything the association does. They apply equally across all areas of psychology including practice, basic and applied research, applied psychology, and education and training.

- **Build on a foundation of science.** Ensure that the best available psychological science informs policies, programs, products, and services.
- **Advocate for psychology and psychologists.** Demonstrate an unwavering commitment to promoting the field while supporting and unifying those who make it their profession.
- **Champion diversity and inclusion.** Further the understanding and appreciation of differences and be inclusive in everything we do.
- **Respect and promote human rights.** Focus on human rights, fairness, and dignity for all segments of society.
• **Engage with and deliver value to members.** Provide resources, opportunities, and networks that help all members at every stage of their career.

• **Lead by example.** Serve others, model integrity, and demonstrate the highest ethical standards in all our actions.

Operating Principles
*How all parts of the association will work together to execute the plan.*

• **Make an impact.** Focus on efforts with the scale and scope to significantly advance the interests of the public, the field, and psychology professionals.

• **Embrace a global perspective.** Advance psychology globally through international engagement, association efforts, and meaningful collaborations.

• **Build a stronger association.** Collaborate across APA to align resources, decision-making, and the contributions of governance, advisory groups, staff, and the broader membership with the strategic plan.

• **Increase organizational effectiveness.** Focus on the future, make data-informed decisions, invest in strategic priorities, create capacity for new initiatives, and emphasize outcomes.

Strategic Goals and Objectives
*The goals listed in this plan represent broad strategic areas critical to the successful pursuit of APA’s mission. They are intended to be of equal importance; therefore, the order does not imply differences in priority.*

**Goal: Utilize psychology to make a positive impact on critical societal issues.**

Objectives:

1. Employ psychology to improve population health, increase access to services, and reduce disparities.
2. Promote the application of psychological science to the development and adaptive use of new technologies that affect people’s lives.
3. Use psychology to improve the functioning of public and private institutions, organizations, systems, and communities.
4. Increase the influence of psychology on policy decisions at the international, national, state, and local levels.
5. Foster the advancement of human rights, fairness, diversity, and inclusion through the application of psychological science.

**Goal: Elevate the public’s understanding of, regard for, and use of psychology.**

Objectives:

1. Expand the public’s perception of psychology to accurately reflect the full breadth of the field.
2. Influence educational systems to foster lifelong appreciation and application of psychology.
3. Make psychological science accessible and understandable to the public and key decision makers.
4. Distinguish psychology’s unique contributions in health, health care, and human welfare.
5. Become a go-to organization for the public regarding the quality and effectiveness of psychology-related products and services.
Goal: Prepare the discipline and profession of psychology for the future.
Objectives:

1. Attract, diversify, develop, and support the next generation of psychology professionals.
2. Protect and increase funding for applied psychology, education, practice, basic, applied, and clinical research, and training.
3. Facilitate greater alignment between the science and practice of psychology.
4. Promote the adoption of new technologies and methodologies in psychology and guide their integration into the discipline and profession.
5. Ensure that psychology functions as a hub of interdisciplinary collaboration.

Goal: Strengthen APA’s standing as an authoritative voice for psychology.
Objectives:

1. Expand APA’s position as a premier provider of science, practice, education, and career resources for psychology.
2. Establish, uphold, and embody the ethical standards for the profession and discipline nationally.
3. Increase the impact of APA’s legislative, regulatory, marketplace, and social welfare advocacy.
4. Serve as a leading resource for standards and evidence-based guidelines for the field.

E.(7) Council voted to approve the Operation Procedures for the Needs Assessment, Slating and Campaigns Committee.

F.(24) Council received as information 2017 Policy and Planning Board Annual Report (P&P) APA in a Period of Transformation and a Role for the Policy and Planning Board.

G.(NBI 20B/ Feb 2019) A new business item, “Identify language and Amend Association Rules 100-1.4 and 30-8 to Enhance APA and Division Position and Policy Statements” was referred to the Policy and Planning Board, Board of Professional Affairs and Committee on Division/APA Relations.

H.(30) Council received an update on the new business in progress item titled, “Resolution to Ensure Transparency in Association Reviews and Investigations (NBI #21A/August 2018).”

VII. PUBLICATIONS AND COMMUNICATIONS

A.(8) Council voted to approve the creation of a new APA journal to be titled Technology, Mind, and Behavior.

B.(25) Council received an update on APA publishing efforts in 2018 and on matters recently handled by the APA Publications and Communications (P&C) Board in the year 2018.

VIII. CONVENTION AFFAIRS

No items.

IX. EDUCATIONAL AFFAIRS
A.(9) Council voted to approve amending Association Rule 120-6 as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

120-6. COMMITTEE ON ASSOCIATE AND BACCALAUREATE EDUCATION

120-6.1 There shall be an American Psychological Association Committee on Associate and Baccalaureate Education whose mission shall be to (a) represent psychology faculty [teaching] and students at undergraduate institutions; (b) promote within all undergraduate institutions the highest professional standards for teaching of psychology as a scientific discipline with applications to a wide range of human concerns; (c) promote within all institutions the highest standards in the teaching of psychology for undergraduate students; [6] (d) develop leadership qualities among undergraduate psychology faculty and students [at undergraduate institutions] and increase their participation and representation in psychology organizations; [(e)] (e) establish and maintain communication with all groups involved in the teaching of psychology and with the greater psychological community; and [(e)] (f) encourage scholarship on teaching and learning at all undergraduate institutions for the purpose of giving students the best possible educational opportunities.

B.(10) Council voted to approve amending Association Rule 120-2 as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

120-2. COMMITTEE ON EDUCATION AND TRAINING AWARDS

120-2.2 The APA may award annually [up to] two $1000 awards, one for [1,000 for short or long term] Distinguished Contributions to Education and Training in psychology and a second award [of up to $1,000] for Distinguished Contributions for Applications of Psychology in Education.

The intent of the Distinguished Contributions to Education and Training Award is to recognize psychologists [who make traditional contributions, who provide innovations, or who are involved in developmental phases of programs that influence] whose contributions enhance the effectiveness of psychology education and/or training in psychology.

The intent of the Distinguished Contribution for Applications of Psychology to Education [and Training] is to recognize psychologists who contribute to [new] effective teaching methods or the solution of learning problems in educational settings, including PreK-12 schools, through the use of research findings or evidence-based practices. [Particular emphasis will be placed on the use of psychological knowledge to improve learning in educational settings, including pre-kindergarten to 12, or communities.]

Career designation can be added to either award as determined by the committee.

C.(11) Council voted to approve amending Association Rule 90-4 as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

90-4. COMMISSION FOR THE RECOGNITION OF SPECIALTIES AND PROFICIENCIES IN PROFESSIONAL PSYCHOLOGY

The Commission shall consist of [nine] ten Commissioners serving staggered terms of three years each. Commissioners shall be limited to two successive full terms of service and may not further succeed themselves without a break in such service. With the exception of a Public Commissioner,
all Commissioners must be licensed psychologists and members of the Association. Commissioners shall be nominated also in such a fashion that insures representation among them of (a) the broad scope of the practice of professional psychology, its scientific bases, and the Association's commitment to diversity and the public interest, and (b) an array of expertise in such matters as professional education, practitioner credentialing, program accreditation, continuing professional development, the identification of emerging patterns of practice, and legal and regulatory affairs.

Eight of the Commissioners shall be elected by the Council of Representatives from slates prepared by the following: BSA and BAPPI shall prepare nominations for one Commissioner seat each; BEA shall prepare nominations for three Commissioner seats; BPA shall prepare nominations for three Commissioner seats. In preparing slates for a vacancy in its reserved seat or seats and following solicitation from the general membership of the Association, each nominating board or committee shall forward to the Commission for transmission to the Board of Directors the names of five qualified and appropriate candidates per vacancy. The Board of Directors shall then compose a final slate of three of the five nominees for that vacancy from each nominating unit to be submitted to the Council of Representatives for election.

The ninth Commission seat shall be reserved for an early career psychologist, and the tenth Commission seat shall be reserved for a Public Member who shall not be a psychologist. Both the early career psychologist and Public Member shall be appointed by the Board of Directors. [At least one member of the Commission shall be an early career psychologist.]

D.(12) Council voted to approve the following amendments to the 1976 Policy on Encouraging Respecialization Training Programs (bracketed/strikethrough material to be deleted):

Policy on Encouraging Respecialization Training Programs

Inasmuch as it is to the advantage of psychology and society to provide for a change of specialty or the development of dual specialties so as to encourage unique contributions that might be made by psychologists with broadly diversified backgrounds, Council adopts the following as official policy of APA.

1. We strongly urge Psychology Departments currently engaged in doctoral training to offer training for individuals, already holding the doctoral degree in psychology, who wish to change their specialty. Such programs should be individualized, since background and career objectives vary greatly. It is desirable that financial assistance be made available to students in such programs.

2. Programs engaging in such training should declare so publicly and include a statement to that effect as a formal part of their program description and/or their application for accreditation.

3. Psychologists seeking to change their specialty should take training in a program of the highest quality, and, where appropriate, exemplified by the doctoral training programs and internships accredited by the APA.

4. With respect to subject matter and professional skills, psychologists taking such training must meet all requirements of doctoral training in the new psychological specialty, being given due credit for relevant coursework or requirements they have previously satisfied.
5. It must be stressed, however, that merely taking an internship or acquiring experience in a practicum setting is not, for example, considered adequate preparation for becoming a clinical, counseling, or school psychologist when prior training had not been in the relevant area.

6. Upon fulfillment of all formal requirements of such training program, the student should be awarded a certificate indicating the successful completion of preparation in the particular specialty, thus according them due recognition for their additional education and experience.

[7. This policy statement shall be incorporated in the guidelines of the Committee on Accreditation so that appropriate sanctions can be brought to bear on university and internship training programs which violate paragraph 4, and/or 6 of the above.**]

Council also voted to approve the following amendments to the 1982 Policy on Respecialization on Education and Training (bracketed/strikethrough material to be deleted):

The American Psychological Association holds that respecialization education and training for psychologists possessing the doctoral degree should be conducted by those academic units in regionally accredited universities and professional schools currently offering doctoral training in the relevant specialty, and in conjunction with regularly organized internship agencies where appropriate. [Respecialization for purposes of offering services in clinical, counseling, or school psychology should be linked to relevant APA approved programs.]

E.(13) Council voted to receive the Report of the BEA Task Force to Develop a Blueprint for APA Accreditation of Master’s Programs in Health Service Psychology.

F.(14) Council voted to adopt as APA policy the 1) revised APA Model Education and Training Program in Psychopharmacology for Prescriptive Authority (RxP Model Curriculum), 2) the APA Designation Criteria for Education and Training Programs in Psychopharmacology for Prescriptive Authority (RxP Designation Criteria), and 3) the APA Model Legislation for Prescriptive Authority (RxP Model Legislation).

G.(NBI 20A/Feb 2019) A new business item, “Reiteration of APA’s Values on Discrimination in Light of Contemporary Resurgence in Discrimination and Hate Crimes” was referred to the Board of Educational Affairs, Board for the Advancement of Psychology in the Public Interest, ad hoc Committee on Legal Issues, Policy and Planning Board and the American Psychological Association of Graduate Students.

X. PROFESSIONAL AFFAIRS

A.(15) Council voted to adopt as APA policy the Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts and approved February 2024 as the expiration date for the Guideline.

B.(21) 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).”

C.(26) Council received information on the formation of a task force to formally clarify and differentiate practice competencies and scope of practice of individuals graduated from accredited Masters’ programs in health service psychology.
D.(27) Council received as information an update on the activities of the Working Group Developing Guidelines on Key Considerations in the Treatment of PTSD/Trauma.

E.(27A) 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 2019.


XI. SCIENTIFIC AFFAIRS

No items.

XII. PUBLIC INTEREST

A.(16) Council voted to approve the following Resolution on Support of Universal Design and Accessibility in Education, Training, and Practice:

Support of Universal Design and Accessibility in Education, Training, and Practice

WHEREAS universal design concepts support the diverse of individuals with disabilities who make up 18.7% of the civilian, non-institutionalized population, and have a range of disabilities impacting physical, sensory, emotional, or cognitive functioning (U.S. Census Bureau, 2010);

WHEREAS universal design is the process of creating products and built environments to be usable by all people, to the greatest extent possible, without the need for adaptation (Burgstahler, 2012; North Carolina Office on Disability and Health [NCODH] 2004, 2007);

WHEREAS universal design principles are based on architectural concepts that clearly benefit individuals with physical disabilities, the application of these principles to the built environment and educational information extends support to diverse needs based on a range of disabilities, developmental levels, youth and age-related differences, gender or gender expression needs, cultural diversities, and varying levels of education (Burgstahler, 2012; McGuire & Scott, 2017; McGuire-Schwartz & Arndt, 2007; NCODH 2004, 2007; Pace & Schwartz, 2008; Hanass-Hancock, 2009);

WHEREAS universal design principles help make products and services more available and easier to use, expand options for use by all individuals regardless of age, disability, or life status, and address current attitudinal, architectural, and socio-political barriers that exclude individuals from full participation (Burgstahler, 2012; Gill, Kewman, & Brannon, 2003; Groce, 2004; NCODH 2004, 2007);

WHEREAS universal design promotes understanding of the interaction between the environment or built products (Burgstahler, 2012; Gill, Kewman, & Brannon, 2003);

WHEREAS universal design helps decrease attitudinal barriers regarding disability, which is often the most significant barrier keeping disabled persons from performing to their full potential,
thereby depriving society of a valuable resource pool (Altay & Demirkan, 2014; Carpenter & Paetzold, 2013; Chan et al., 2009; LaVigna, 1995; Marini & Stebnicki, 2012; Powell, 2013; Whiteneck et al., 2004; Yuker, 1988);

WHEREAS psychological research has greatly helped to demonstrate the pervasive nature of attitudinal barriers associated with disability that result in stigmatization and marginalization (Carpenter & Paetzold, 2013; Corrigan, 2014; Green et al., 2005; Markowitz, 1998; Sartorius, 2006; Van Brakel, 2006);

WHEREAS current accommodations provided by the Americans with Disabilities Act (ADA) and its amendments do not fully address the ongoing attitudinal, architectural, and socio-political barriers that exclude individuals from full participation in higher education and result in underrepresentation within the workforce due to disability, minority statuses, or socioeconomic disparities (Plantinga, 2012; Powell, 2013; U.S. Census Bureau, 2010);

WHEREAS further improvements in accessibility will need to involve moving beyond the required physical accommodations, such as ramps, to the application of the universal design process and principles within plans for all built environments, communities, products, instruction, and provision of services (Burgstahler, 2012; NCODH, 2004, 2007; Powell, 2013);

WHEREAS the use of universal design principles for the physical environment and presentation of materials in educational facilities and training programs can be a step toward changing societal attitudes about diversity, increasing inclusion of students with disabilities, and allowing greater employment opportunities for all graduates (Powell, 2013);

WHEREAS including universal design throughout training programs and supervisory approaches demonstrates a way to increase culturally competent approaches for addressing disability as diversity and promoting inclusion of students with disabilities in higher education (Andrews et al., 2013; Lund, Andrews, & Holt, 2014);

WHEREAS universal design principles can be used in psychology practices and healthcare facilities to address health disparities among underserved or marginalized populations that result, in part, from the intersection between diverse identities and institutional or societal factors limiting access to services (Johnson & Woll, 2003; NCODH, 2007; Hanass-Hancock & Alli, 2015);

WHEREAS psychologists must have a model that incorporates universal design in education, training, and provision of services if they are to work to promote education of diverse identities, address barriers to access, assessments, and, clinical services to meet the psychological and health needs of consumers (American Educational Research Association [AERA], American Psychological Association [APA], National Council on Measurement in Education [NCME] 2014);

WHEREAS the APA opposes prejudice and discrimination based on any demographic characteristics (e.g., age, gender, sexual orientation, race, socioeconomic status) including disability, as reflected in its adopted resolutions and guidelines (i.e., Resolution on the Americans with Disabilities Act, 2008; Policy Statement on the Full Participation for Psychologists with Disabilities, 1997; Guidelines for Assessment of and Intervention with Persons with Disabilities, 2011);
THEREFORE BE IT RESOLVED that the American Psychological Association reaffirms its commitment to increasing accessibility and strives to proactively increase full participation through the promotion of universal design concepts.

BE IT FURTHER RESOLVED that the American Psychological Association will:
Encourage the use of universal design concepts in education, training programs, and professional development, including APA-sponsored educational workshops, professional meetings, and the annual convention. Based on available resources on universal design (NCODH, 2004; Powell, 2013), a focus for promoting universal design will include the following:

- Request input from members with disabilities or other diverse needs, consider issues, and attempt to proactively pursue inclusivity in drafting policies;
- Promote the importance of removing or ameliorating physical, cognitive, and sensory barriers to full participation by encouraging accessibility, such as broad access to events, overall facility adherence to accessibility, accessible set-up of rooms and meeting spaces, provision of captioning and accessible materials, and meeting activities (i.e., food breaks, off-site tours or associated activities) supported by APA;
- Utilize facilities that are barrier-free to the extent possible, and provide for ways to address problems in facilities when barriers are realized;
- Promote the need for presentations and educational materials that are in an accessible format and in which the readability is suitable for the audience;
- Promote the importance of utilizing universal design concepts in practice and the provision of health care services (NCODH, 2007), promote use of universal design in the physical environment, equipment, provision of education (verbal or written) and materials, and encouraging training of providers to increase awareness and sensitivity to diverse needs of consumers;
- Encourage the use of universal design concepts to increase accessibility of psychological services to the public in the ways information is communicated, educational materials are presented (e.g., easy to understand, multiple formats available), and the physical environment is structured; and
- Encourage the dissemination and application of psychological research to strengthen and inform implementation efforts of universal design concepts and the social and psychological impact of utilizing universal design.

References


North Carolina Office on Disability and Health. (2004). *Removing barriers: Planning meetings that are accessible to all participants*. Chapel Hill, NC: The University of North Carolina, FPG Child Development Institute, NCODH.


B.(17) Council voted to adopt as APA policy the following Resolution on Physical Discipline of Children by Parents:

**American Psychological Association**

**Resolution on Physical Discipline of Children by Parents**

The goal of physical discipline is to reduce the recurrence of children’s undesirable behaviors and to increase the frequency of children’s desirable behaviors. Although parents’ decision to use physical discipline may be related to cultural, historical, and contextual factors, existing research demonstrates that not only is customary physical discipline an ineffective disciplinary strategy to achieve compliance (Gershoff & Grogan-Kaylor, 2016a; Larzelere & Kuhn, 2005), it also potentially harms children (Ferguson, 2013; Gershoff & Grogan-Kaylor, 2016a; Larzelere & Kuhn, 2005). Use of physical discipline predicts increases—not decreases—in children’s behavior problems over time, even after race, gender, and family socioeconomic status have been statistically controlled (e.g., Alampay et al., 2017; Berlin et al., 2009; Campbell, Pierce, Moore, Marakovitz, & Newby, 1996; Cohen & Brook, 1995; Coley, Kull, & Carrano, 2014; Flouri & Midouhas, 2017; Grogan-Kaylor, 2004, 2005a; Gromoske & Maguire-Jack, 2012; Gunnoe & Mariner, 1997; Ma & Grogan-Kaylor, 2017; MacKenzie, Nicklas, Brooks-Gunn, & Waldfogel, 2015; Maguire-Jack, Gromoske, & Berger, 2012; Maneta, White, & Mezzacappa, 2017; Olson, Ewon Choe, & Sameroff; 2017; Olson, Lopez-Duran, Lunkenheimer, Chang, & Sameroff, 2011; Pagani et al., 2004; Paolucci & Violato, 2004; Piché, Huỳnh, Clément, & Durrant, 2016; Stormshak et al., 2000; Weiss, Dodge, Bates, & Pettit, 1992). Additionally, Meta-analytic reviews
have found physical discipline use to be linked with a host of undesirable behavioral, social, and biological outcomes (Gershoff & Grogan-Kaylor, 2016a; Paolucci & Violato, 2004). This body of work has utilized a variety of strong research designs; has adopted multiple measures to operationalize constructs like “behavior problems”; has increased validity; and has examined diverse samples, enhancing generalizability to different racial, ethnic, and cultural groups, and children from different communities and socio-economic backgrounds (Gershoff, Goodman, Miller-Perrin, Holden, Jackson, & Kazdin, 2018). Alternative parenting approaches that teach positive parenting skills and deliver information intended to foster attitude change have demonstrated their effectiveness in helping parents raise their kids more effectively—in line with their goals—and to reduce children’s undesirable behavior (Ateah, 2013; Beauchaine et al., 2005; Bugental et al., 2002; Burkhart, Knox, & Brockmyer, 2013; Canfield et al., 2015; Chavis et al., 2013; Dubowitz, Feigelman, Lane, & Kim, 2009; Durrant et al., 2014; Gershoff et al., 2016; Gross et al., 2009; Holland & Holden, 2016; Knox, Burkhart, & Howe, 2011; Leijten et al., 2017; Letarte, Normandeau, & Allard, 2010; Love et al., 2005; Portwood, Lambert, Abrams, & Nelson, 2011; Puma et al., 2012; Scholer, Hamilton, Johnson, & Scott, 2010; St. George, Wilson, McDaniel, & Alia, 2006; Webster-Stratton, Reid, & Beauchaine, 2011).

WHEREAS physical discipline by parents has been associated with heightened risk for harm to children’s mental health, as well as to their cognitive, behavioral, social, and emotional development (Bender et al., 2007; Bugental, Martorell, & Barraza, 2003; Coley et al., 2014; Dobbs, Smith, & Taylor, 2006; Gershoff & Grogan-Kaylor, 2016a; Gershoff, Sattler, & Ansari, 2018; Ma, 2016; Maguire-Jack et al., 2012; Maneta et al., 2017; Okuzono, Fujiwara, Kato, & Kawachi, 2017; Paolucci & Violato, 2004; Sheu, Polcari, Anderson, & Teicher, 2010; Tomoda, Suzuki, Rabi, Sheu, Polcari, & Teicher, 2009; Turner & Finkelhor, 1996; Vittrup & Holden, 2010; Zulauf, Sokolovsky, Grabell, & Olson, 2018);

WHEREAS physical discipline is associated with increased adverse outcomes for children across racial, ethnic, and socioeconomic groups and across community contexts (Aucoin, Frick, & Bodin, 2006; Bodovski & Youn, 2010; Bradley et al., 2001; Coley et al., 2014; Ellison, Musick, & Holden, 2011; Fish, Amerikaner, & Lucas, 2007; Flouri & Midouhas, 2017; Gershoff & Grogan-Kaylor, 2016b; Gershoff, Lansford, Sexton, Davis-Kean, & Sameroff, 2012; Grogan-Kaylor, 2004, 2005b; Hendricks, Lansford, Deater-Deckard, & Bornstein, 2014; Lau, Litrownik, Newton, Black, & Everson, 2006; Ma, 2016; Ma & Grogan-Kaylor, 2017; Ma, Grogan-Kaylor & Lee, 2018; MacKenzie, Nicklas, Waldfoogel, & Brooks-Gunn, 2012; McLoyd & Smith, 2002; Mulvaney & Mebert, 2007; Paolucci & Violato, 2004; Whiteside-Mansell, Bradley, & McKelvey, 2009; Vittrup & Holden, 2010; Wang & Kenny, 2014);

WHEREAS research indicates that physical discipline is not effective in achieving parents’ long-term goals of decreasing aggressive and defiant behavior in children or of promoting regulated and socially competent behavior in children (Alampay et al., 2017; Berlin et al., 2009; Campbell, Pierce, Moore, Marakovitz, & Newby, 1996; Cohen & Brook, 1995; Coley, Kull, & Carrano, 2014; Flouri & Midouhas, 2017; Grogan-Kaylor, 2004, 2005a; Gromoske & Maguire-Jack, 2012; Gunnoe & Marinier, 1997; Ma & Grogan-Kaylor, 2017; MacKenzie, Nicklas, Brooks-Gunn, & Waldfoogel, 2015; Maguire-Jack, Gromoske, & Berger, 2012; Maneta, White, & Mezzacappa, 2017; Olson, Ewon Choe, & Sameroff, 2017; Olson, Lopez-Duran, Lunkenheimer, Chang, & Sameroff, 2011; Pagan et al., 2004; Paolucci & Violato, 2004; Piché, Huynh, Clément, & Durrant, 2016; Stormshak et al., 2000; Weiss, Dodge, Bates, & Pettit, 1992);
WHEREAS the research on the adverse outcomes associated with physical discipline indicates that any perceived short-term benefits of physical discipline do not outweigh the detriments of this form of discipline (Alampay et al., 2017; Berlin et al., 2009; Campbell, Pierce, Moore, Marakovitz, & Newby, 1996; Cohen & Brook, 1995; Coley, Kull, & Carrano, 2014; Flouri & Midouhas, 2017; Grogan-Kaylor, 2004, 2005a; Gromoske & Maguire-Jack, 2012; Gunnoe & Mariner, 1997; Ma & Grogan-Kaylor, 2017; MacKenzie, Nicklas, Brooks-Gunn, & Waldfogel, 2015; Maguire-Jack, Gromoske, & Berger, 2012; Maneta, White, & Mezzacappa, 2017; Olson, Ewon Choe, & Sameroff; 2017; Olson, Lopez-Duran, Lunkenheimer, Chang, & Sameroff, 2011; Pagani et al., 2004; Paolucci & Violato, 2004; Piché, Huỳnh, Clément, & Durrant, 2016; Stormshak et al., 2000; Weiss, Dodge, Bates, & Pettit, 1992);

WHEREAS research has shown that children learn from the behavior modeled by parents, and therefore physical discipline may teach undesirable conflict resolution practices (Olson et al., 2011; Simons & Wurtele, 2010; Strassberg, Dodge, Pettit, & Bates, 1994; Turns & Sibley, 2018; Zulauf et al., 2018);

WHEREAS there is evidence that physical discipline may escalate into injurious behavior that meets accepted criteria for abuse (Afifi, Mota, Sareen, & MacMillan, 2017; Durrant, Trocmé, Fallon, Milne, & Black, 2009; Lee, Grogan-Kaylor, & Berger, 2014; Zolotor, Theodore, Chang, Berkoff, & Runyan, 2008);

WHEREAS socially acceptable disciplinary goals of education, training, and socialization of children can be achieved without the use of physical discipline (Ateah, 2013; Beauchaine et al., 2005; Bugental et al., 2002; Burkhart, Knox, & Brockmyer, 2013; Canfield et al., 2015; Chavis et al., 2013; Dubowitz, Feigelman, Lane, & Kim, 2009; Durrant et al., 2014; Gershoff et al., 2016; Gross et al., 2009; Holland & Holden, 2016; Knox, Burkhart, & Howe, 2011; Leijten et al., 2017; Letarte, Normandeau, & Allard, 2010; Love et al., 2005; Portwood, Lambert, Abrams, & Nelson, 2011; Puma et al., 2012; Scholer, Hamilton, Johnson, & Scott, 2010; St. George, Wilson, McDaniel, & Alia, 2006; Webster-Stratton, Reid, & Beauchaine, 2011);

WHEREAS children have a right to be treated with dignity and respect (UN Convention on the Rights of the Child, 1990; United nations, Committee on the Rights of the Child (CRC), 2007);

WHEREAS use of physical discipline is strongly predicted by parents’ attitudes about it, which may arise from complex cultural identity issues, practices, and norms (Ateah & Durrant, 2005; Socolar & Stein, 1995; Vittrup, Holden, & Buck, 2006);

THEREFORE BE IT RESOLVED that the American Psychological Association recognizes that scientific evidence demonstrates the negative effects of physical discipline of children by caregivers and thereby recommends that caregivers use alternative forms of discipline that are associated with more positive outcomes for children.

BE IT FURTHER RESOLVED that the APA engage in competency based public awareness, education and accessible outreach activities to increase public knowledge about the effects of physical discipline on children and knowledge regarding alternative forms of discipline and their effectiveness and outcomes for children and parents.
BE IT FURTHER RESOLVED that the APA engage in promoting culturally responsive professional training and accessible continuing education activities regarding alternative discipline strategies and their effectiveness.

BE IT FURTHER RESOLVED that the APA support funding for research in the U.S. and other countries on:

- The factors that underlie parents’ supportive attitudes about physical discipline;
- The factors that lead parents to rely on physical discipline; Differences in cultural understanding and values, including socially shared beliefs and norms of practice related to the use of physical discipline;
- The factors that promote parents’ best practices in supporting their children, and in developing positive parent-child relationships with their children; and
- Interventions that may help to diminish parental reliance on physical discipline and enhance parents’ access to culturally sensitive alternative approaches.

BE IT FURTHER RESOLVED that the APA encourage efforts to increase access to positive parenting supports for underserved groups.

References


Grogan-Kaylor (2005b). Relationship of corporal punishment and antisocial behavior by neighborhood. *Archives of Pediatrics and Adolescent Medicine, 159*, 938-942. doi: [10.1001/archpedi.159.10.938](https://doi.org/10.1001/archpedi.159.10.938)


C.(18) Council voted to rescind and send to the archives the following 2004 APA Resolution on Children's Mental Health:

APA Resolution on Children’s Mental Health

(For ease of presentation the term child is used to refer to infants, children and adolescents.)

Whereas psychology has been in the lead in demonstrating the importance of mental health in child development (Burns, Hoagwood, & Mrazek, 1999; Coie et al., 1993; Mrazek, & Haggerty, 1990; Marsh & Fristad, 2002; Wolchik & Sandler, 1997).


Whereas there are various types of useful evidence of the effectiveness of interventions, including clinical consensus, program evaluations, research using randomized experimental and quasi-experimental designs, single-subject designs, and successful replicated demonstrations of effectiveness in real world settings (Chamberlain, P., & Smith D.K. in press; Durlak, J. A. & Wells, A. M.1997; Durlak, J.A., Wells, A.M., Cotton, J.K., & Johnson, S. 1995). For the purposes of this document, “evidence-based practice” involves the integration of best research evidence with clinical expertise and patient values (Institute of Medicine, 2001).

Whereas there is inadequate access to appropriate evidence-based promotion, prevention, and treatment services for children with, or at risk for, mental disorders (Paavola, 1994; Weisz, Donenberg, Han, & Weiss, 1995).

Whereas stigma regarding mental health imposes risk for children, and impedes understanding of mental health issues and access to needed mental health services (Corrigan & Lundin, 2002).

Whereas there is a disparity of access to appropriate evidence-based promotion, prevention, and treatment services based on poverty, ethnicity, race, and special needs of children (Leong, 2001; Rollock & Gordon, 2000; U.S. Department of Health and Human Services, 2001).

Whereas there is inadequate financing for culturally competent, appropriate, evidence-based promotion, prevention, and treatment services (Bazelon Center for Mental Health Law, 1999; Sturm et al., 2000).

Whereas there is a need for increased research on the translation of evidence-based practices into promotion, prevention, or treatment services that are appropriate for children, families, schools, and communities in real world settings (Burns, 1999; Burns & Friedman, 1990; Burns & Hoagwood, 2002; Clarke, 1995; Kazdin & Weisz, 1998; Schoenwald & Hoagwood, 2001). Whereas there is a need for increased research on the effectiveness of promotion, prevention, and treatment services for children, families, schools, and communities that are developed by practitioners dealing with problems and varied contexts in the community (Weisz, Donenberg, Hans, & Weiss, 1995).


Whereas there is a shortage of trained providers to deliver culturally competent evidence-based promotion, prevention, and treatment services for children (U.S. Department of Health and Human Services, 1999; U.S. Public Health Service, 2000).

Therefore be it resolved that:
The American Psychological Association (APA) take a significant leadership role to support and advocate that it is every child’s right to have access to culturally competent, developmentally appropriate, family oriented, evidence-based, high-quality mental health services that are in accessible settings.

APA take a leadership role in ensuring that the utilization of promotion, prevention, and treatment interventions for child mental health meet the highest standards of available evidence.

APA collaborate with other organizations, consumers, and policy makers to develop and implement a primary mental health care system for children that integrates culturally competent, evidence-based, high quality, promotion, prevention, and treatment services for children, families, schools and communities.
APA provide leadership, support, and advocacy for basic and applied research to develop culturally appropriate knowledge on the promotion of mental health and the prevention and treatment of mental health problems, to translate findings from research into effective services and to evaluate services that are developed at the community level.

APA support and advocate for developing adequate funding sources that are coordinated and efficient for supporting a primary mental health care system.

APA support, advocate, and provide leadership for education and training that builds upon culturally competent, evidence–based promotion of mental health and prevention and treatment of mental health problems for all children, and reduces economic, racial, ethnic and gender disparities.

References


Burns, B., & Friedman, R. (1990). Examining the research base for child mental health services and policy. Journal of Mental Health Administration, 17, 87-98.


Leong, F. (Ed.). (2001). Barriers to providing effective mental health services to racial and ethnic minorities in the United States. Mental Health Services Research, 3(4).


Council also voted to as APA policy the following Children and Adolescent Mental and Behavioral Health Resolution:

Resolution on Child and Adolescent Mental and Behavioral Health Resolution

Summary

Childhood mental and behavioral health is essential to health and wellbeing across the lifespan. While psychology has made substantial contributions to promoting children’s mental and behavioral health, much remains to be done. Structural determinants of mental and behavioral health, limitations in access to, and implementation of, evidence-based prevention and treatment practices, and workforce and training needs persist. Without renewed attention from psychology, mental and behavioral health problems, disparities, and societal costs will continue.

Resolution

WHEREAS psychology and other disciplines have made numerous scientific advancements, leading to understanding of critical periods in child and adolescent development (Giedd J., Raznahan A., Alexander-Bloch A., Schmitt E., Gogtay N., & Rapoport J.L., 2015; Kessler & Wang, 2008; National Research Council and Institute of Medicine, 2009).

WHEREAS there are many factors affecting mental and behavioral health, including genetic, biological, environmental, structural and social factors (i.e. low socioeconomic status, immigration and social policy, adverse and risky environmental conditions, and limited educational opportunities), that can lead to the onset of mental and behavioral health disorders in childhood or adolescence that continue through adulthood (Albert, Chein, & Steinberg, 2013; Dunn et al., 2011; Smith, Chein, & Steinberg, 2013; Tercyak, 2010).

WHEREAS structural, policy, social, environmental, family, and individual mechanisms have been clearly linked to mental and behavioral health outcomes and access to mental and behavioral health services and treatment outcomes (APA, 2018b; Frick, 2016; Latimer et al., 2012; Reiss, 2013).

WHEREAS psychology recognizes that some children and adolescents are exposed to disproportionate levels of adversity and toxic stress in childhood that has a cumulative and
detrimental effect on lifelong physical and emotional wellbeing (Center on the Developing Child, 2014; Conti & Heckman, 2013; Felitti et al., 1998; Halfon & Hochstein, 2002; Halfon, Wise, & Forrest, 2014; Shonkoff & Gardner, 2012).

WHEREAS psychology has made significant strides in preventing and treating mental and behavioral health disorders among the general population, children and adolescents with disabilities, racial/ethnic minority, sexual orientation and gender identity minority children and adolescents, and immigrants continue to experience elevated rates and more persistent course of mental illness (APA, 2011; Chatterji, Alegría, & Takeuchi, 2009; Fredriksen-Goldsen et al., 2014; Kessler et al., 2005).

WHEREAS there is a disparity of access to and utilization of quality, evidence-based mental and behavioral health promotion, prevention, and treatment services based on immigration status, gender, race, ethnicity, sexual orientation and gender identity, disability status, and low-income communities (APA, 2011; Austin & Wagner, 2010; Coker, Austin, & Schuster, 2010).

WHEREAS stigma regarding mental and behavioral health imposes risk for children and families, and impedes understanding of mental and behavioral health issues and access to needed mental and behavioral health services (APA, 2017a; Hendricks & Testa, 2012; Meyer, 2003; Turner, Jensen-Doss, & Heffer, 2015).

WHEREAS the field of psychology has pursued a primary role in the promotion of mental and behavioral health and the development of evidence-based prevention and early intervention programs for children (National Research Council and Institute of Medicine of the National Academies, 2009).

WHEREAS psychology is committed to providing the highest quality mental and behavioral health care to children based on the best available evidence derived from ecologically valid research and evaluation of promotion, prevention, and treatment interventions (Alegria, Green, McLaughlin & Loder, 2015; Alegría Vallas & Pumariega, 2010; Atkins, Graczyk, Frazier, Abdul-Adil, 2003; Austin & Wagner, 2010; Kataoka, Zang & Wells, 2002).

WHEREAS the high cost associated with untreated mental and behavioral health can be lessened through prevention and early intervention (AHRQ, 2012; Independent Evaluation Group, 2015; Washington State Institute for Public Policy, 2015).

WHEREAS psychology recognizes that evidence-based intervention and prevention programs, early in childhood, and at community and systems levels, promote positive mental and behavioral health (Anderson, et al., 2003; Independent Evaluation Group, 2015; Mountain, Cahill & Thorpe, 2017; Neil & Christensen, 2009).

WHEREAS there is an increased need for research on assessment and diagnosis of children’s mental and behavioral health problems and strengths in the context of their culture, family, school and community (Breland- Noble, Al-Mateen & Singh, 2016, Breland-Noble, Burriss & Poole, 2010; Eyberg, Nelson & Bogg, 2008; Flay et al., 2005; Weisz, Doss & Hawley, 2005; Weisz, Jensen-Doss & Hawley, 2006).

WHEREAS there is a need for increased research on the translation of evidence-based, culturally sensitive practices into promotion, prevention, or treatment services that are appropriate for
diverse children, families, schools, and communities in real world settings (cf., Chorpita & Daleiden, 2009; Roberts & James, 2008; Roberts, Blossom, Evans, Amaro & Kanine, 2017).

WHEREAS there is a need for increased research on implementation and dissemination of evidence-based interventions, including barriers and sustainability, among diverse youth and families relative to clients seen in research settings, as well as the applicability of implementation strategies and strategies for adaptation consistent with the evidence-based practice model for diverse youth and families (Roberts et al., 2017; Southam-Gerow, Rodriguez, Chorpita & Daleiden, 2012; Whaley & Davis, 2007).

WHEREAS the long lag between research and practice calls for innovative translation of knowledge models (e.g., Grant, Green, & Mason, 2003).

WHEREAS supporting children’s mental and behavioral health development and treatment requires an interdisciplinary approach to fully understand and address complex issues (Society for Research in Child Development, 2009; Tolan & Dodge 2005).

WHEREAS there is an increased need to integrate, coordinate and collaborate care with a variety of stakeholders in settings where children and family access services (e.g., Adams, Hinojosa, Armstrong, Takagishi & Dabrow, 2016; Biel, Anthony, Mlynarski, Godoy & Beers, 2017; Kaliebe, 2017; Splett & Maras, 2011; Woltmann et al., 2012; Yu, Kolko, & Torres, 2017).

WHEREAS to increase diversity within the field, there needs to be more diversity among students pursuing higher degrees in the field of psychology and among faculty at the undergraduate and graduate levels (Turner & Turner, 2015; Vasquez & Jones, 2006).

WHEREAS diversity in the psychology workforce continues to be an important issue due to the lack of recruitment and retention of racial/ethnic, sexual orientation and gender identity minorities, and people with disabilities, resulting in a shortage of trained providers to deliver culturally competent evidence-based promotion, prevention, and treatment services for children, which contributes to mental and behavioral health disparities (Callahan et al., 2018; Maton, Kohout, Wickerski, Leary & Vinokurov, 2006; Vasquez & Jones, 2006; Yeo, Erickson Cornish & Meyer, 2017).

THEREFORE BE IT RESOLVED that the American Psychological Association (APA) encourages the use of evidence-based research and knowledge to support and advocate for policy efforts in the following areas:

- APA takes a significant leadership role to support and advocate for every child to have access to culturally competent, developmentally appropriate, family oriented, evidence-based, high-quality mental and behavioral health promotion, prevention, and treatment services that are in accessible settings.
- APA supports and advocates for policy efforts that increase health equity and reduce barriers that contribute to disparities in access to, and utilization of, high-quality, culturally competent mental and behavioral health services for all children and youth, including those of varied economic, racial, ethnic, gender identity, disability, immigrant, and sexual orientation groups.
- APA supports and advocates for policy that addresses structural determinants of mental and behavioral health burden among all children and youth, including those of varied
economic, racial, ethnic, gender identity, disability, immigrant, and sexual orientation groups.

- APA supports and advocates for policy efforts at the university, state, and national level addressing the recruitment and retention of racial and ethnic minority students and faculty, sexual orientation and gender identity minority students and faculty, and students and faculty with disabilities, at the undergraduate and graduate level to increase the number of psychologists from diverse groups.

BE IT FURTHER RESOLVED that APA supports and promotes evidenced-based mental and behavioral health promotion, prevention, and early intervention treatment services:

- APA takes a leadership role in promoting coordination and collaboration with other professions, organizations, consumers, and policy makers in utilizing an interdisciplinary approach to implement a primary mental and behavioral health care system for all children that integrates culturally competent, accessible, evidence-based, high quality mental and behavioral health services for children, families, schools and communities, and includes support for transitioning to adult care settings.
- APA will take a leadership role in advancing integrated primary care where all children and parents can access evidence-based mental and behavioral health screening, prevention and intervention.
- APA promotes and supports effective implementation of culturally competent promotion, prevention and intervention programs for youth mental and behavioral health that include components of evidence-based practices cited above across a variety of settings.
- APA promotes and supports improving the speed at which evidence-based research is translated into practice.

BE IT FURTHER RESOLVED that APA encourages the use of evidence-based strategies to support and promote the following education and training efforts:

- APA supports education and training that builds upon culturally competent, evidence-based promotion of mental and behavioral health and prevention and treatment of mental and behavioral health problems for all children, that reduces economic, gender, racial, ethnic, disability, immigrant, sexual orientation, and gender identity related disparities.
- APA supports training in and adoption of time-sensitive, efficient, and effective evidence-based assessment and testing tools for monitoring youth’s progress throughout interventions.
- APA supports the inclusion of resilience building and the effects of genetic, biological, environmental, and social factors, including toxic stress and adverse childhood experiences, in education and training of practitioners and caregivers across various settings in which children and families access services.
- APA supports and encourages culturally sensitive and appropriate professional development opportunities for clinicians.
- APA supports the expansion of efforts to increase diversity and inclusivity in the workforce of psychologists to inform and implement socially just practices.

BE IT FURTHER RESOLVED that APA recognizes high quality and diverse methods that inform evidence of effectiveness and implementation science:

- APA supports methodologically rigorous research that: examines various aspects of the implementation of evidence-based programs and cultural adaptations to these programs; links developmental neuroscience and prevention/intervention programs; and measures
long-term outcomes of interventions and life-course health, as well as cost-benefit analysis of promotion, prevention, and intervention programs.

- APA supports research that advances our understanding of how structural, social, family, and individual determinants contribute to mental and behavioral health of all children, particularly those from minority groups.

References


D.(19) Council voted to adopt as APA policy the following *Resolution on Campus Sexual Assault*:

**Resolution on Campus Sexual Assault**

WHEREAS 40% of young adults aged 18-24 are enrolled in institutions of higher education (IHEs) (Statistics, n.d.) where campus sexual assault affects up to 30% of women in this group (Fedina, Holmes, & Backes, 2016; Hipp & Cook, 2017);

WHEREAS sexual assault on campus is not a new problem (Kanin, 1957) and the prevalence of sexual assault has not changed in over 30 years (Koss, Gidycz, & Wisniewski, 1987; Hipp & Cook, 2017, Jessup-Anger, Lopez, & Koss, 2018);

WHEREAS psychology has led the field in measuring the nature and scope of victimization (Cook, Gidycz, Koss, & Murphy, 2011) and risk factors for victimization (Krebs, Linquist, Warner, Fisher, & Martin, 2009; Messman-Moore, Coates, Gaffey, & Johnson, 2008);

WHEREAS there is a great need to understand further the campus sexual assault experiences of diverse groups, particularly those who are marginalized such as gender and sexual minorities...
including transgender men and women, ethnic minority women, and women with disabilities (Breiding et al., 2014; Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Carey, Durney, Shepardson, & Carey, 2015; Coulter et al., 2017; Findley, Plummer, & McMahon, 2016; Martin, Fisher, Warner, Krebs, & Lindquist, 2011; Mellins et al., 2017; National Council on Disability, 2018; Walters, Chen, & Breiding, 2013), and of those who have not typically been considered at risk but are marginalized in the literature, such as men;

WHEREAS psychology has documented factors that predict disclosure (Ahrens & Aldana, 2012; Ahrens, Stansell, & Jennings, 2010; Campbell, Wasco, Ahrens, Self, & Barnes, 2001; Dworkin, Newton, & Allen, 2016; Filipas & Ullman, 2001; Kirkner, Lorenz, & Ullman, 2017; Orchowski & Gidycz, 2012; Orchowski, Untied, & Gidycz, 2013; Smith & Cook, 2008; Ullman, 2010) and reporting of sexual assault (Fisher, Daigle, Cullen, & Turner, 2003; McKenzie-Mohr & Lafrance, 2016; Neville & Pugh, 1997; Sable, Danis, Mauzy, & Gallagher, 2006; Sinozich & Langton, 2014);

WHEREAS sexual assault is a significant barrier to academic achievement given its links to a range of negative psychological outcomes and creates a hostile learning environment (Baker et al., 2016; Banyard et al., 2017);

WHEREAS psychology has identified risk factors for sexual assault perpetration (Tharp et al., 2013; Zinzow & Thompson, 2015), and is at the forefront of illuminating the multifaceted ways in which alcohol and other substances are involved in the majority of campus sexual assaults (Abbey, 2017; Dir, Andrews, Wilson, Davidson, & Gilmore, 2017; Swartout & White, 2010; Testa & Cleveland, 2017);

WHEREAS psychological research on campus sexual assault has documented mental health consequences for the victim (Campbell et al., 2009; Dworkin, Menon, Bystrynski, & Allen, 2017; Pegram & Abbey, 2016) and is beginning to document consequences to the perpetrator (Brennan et al., 2016);

WHEREAS mental health treatment offered to sexual assault survivors and perpetrators should be grounded in evidence-based and trauma-informed principles (Artime & Buchholz, 2016; Halstead, Williams, & Gonzalez-Guarda, 2017; Russell & Davis, 2007);

WHEREAS psychology has led the field in developing interventions to reduce risk through awareness and empowerment and ameliorate mental health consequences (Hassija & Turchik, 2016), (Koss, White, & Kazdin, 2011; Senn et al., 2015; White, Koss, & Kazdin, 2011);

WHEREAS psychological research is dismantling previous accepted knowledge about the nature of sexual assault perpetration; documenting the diversity in patterns of perpetration and potential outcomes of perpetration (Abbey, McAuslan, & Ross, 1998; Abbey & McAuslan, 2004; Brennan et al., 2016; DeGue & DiLillo, 2004; Seabrook, Ward, & Giaccardi, 2016; Swartout, 2013; Swartout et al., 2015; Thompson, Kingree, Zinzow, & Swartout, 2015);

WHEREAS the developing literature points to the promise of preventing campus sexual assault by changing social norms (Banyard, 2015; Coker et al., 2017; McMahon, Postmus, & Koenick, 2011; Salazar, Vivolo-Kantor, Hardin, & Berkowitz, 2014), the role of peers (DeKeseredy, 2017; Kaczkowski, Brennan, & Swartout, 2017; Jacques-Tiura, Abbey, Wegner, Pierce, Pegram, & Woerner, 2015; Swartout, 2013), and the physical environment (Taylor, Mumford, & Stein, 2015; White & Sienkiewicz, 2018);
WHEREAS general prevention principles identified by psychological research have not been applied to primary prevention of campus sexual assault, few interventions target the most consistent risk factors (Nation et al., 2003; Tharp et al., 2013), but progress has been made in ameliorating risk (Gidycz et al., 2015; Gidycz & Dardis, 2014; Hollander, 2014; Senn et al., 2015, 2017);

WHEREAS psychology has been at the forefront of helping IHEs understand the ecology of sexual assault on campus by developing and disseminating scientifically grounded and comprehensive campus climate surveys on sexual assault (Swartout et al., n.d.; Wood, Sulley, Kammer-Kerwick, Follingstad, & Busch-Armendariz, 2017);

WHEREAS psychological research and theory have informed both institutional responses to reports (Holland, Cortina, & Freyd, 2018) and our understanding of victims’ perceptions of betrayal by these actions (Smith & Freyd, 2014), can inform institutional responses to complaints, and has proposed and evaluated alternative resolution strategies such as restorative justice when appropriate (Karp & Sacks, 2014; Koss et al., 2011, 2014; Lamade, Lopez, Koss, Prentky, & Brereton, 2017); Koss, Wilgus, & Williamsen, 2014; Smith & Freyd, 2014);

WHEREAS psychologists play multiple roles on college campuses and are in position to effect change at multiple levels (Karp & Sacks, 2014; Smith & Freyd, 2014; Wood, Sulley, Kammer-Kerwick, Follingstad, & Busch-Armendariz, 2017);

WHEREAS psychologists have the skills to assess the effectiveness of training models for campus administrators, safety officers, and faculty;

WHEREAS psychologists have been trained in public scholarship and advocacy to disseminate research findings to local, state, and federal lawmakers;

BE IT THEREFORE RESOLVED that APA continues to encourage federal government and philanthropic organizations to fund research that would address gaps or further knowledge related to campus sexual assault including but not limited to:

- A national prevalence study of victimization and perpetration at IHEs with a specific focus on underserved and marginalized groups;
- Factors that predict disclosure and formal reports and interventions to ensure that disclosure and reports are received by peers and first-responders in trauma-sensitive ways;
- Academic and related economic correlates of sexual assault victimization and perpetration, including lost opportunities for achievement and economic mobility;
- Continued research on risk factors for sexual assault perpetration and the role of substances, particularly alcohol, including IHE-specific culture on risk and protective factors;
- Academic and psychosocial consequences to students accused of or found responsible for sexual misconduct and to victims, survivors, and bystanders;
- The nature of perpetration on college campuses and what features are similar to and what features distinguish campus sexual assault from perpetration in other settings;
- Evaluation, including cost-effectiveness and cost-benefit studies, of developed or developing primary prevention approaches focused on potential perpetrators, particularly those examining the role of campus social norms, peer group norms, norms
about heavy alcohol consumption, understanding of consent, and other potentially modifiable risk factors identified in the literature;

- Expanded research on effective evidence based and trauma-informed treatments for survivors of sexual assault on college campuses across diverse groups;
- Effective methods for disseminating and evaluating evidence based and trauma-informed services on college campuses;
- Continued evaluation and dissemination research on empowerment-based risk reduction interventions, effectiveness and efficacy of bystander interventions, and setting-level interventions on reducing sexual assault victimization and perpetration;
- Expanded research on the scope and nature of sexual assault perpetration with a focus on uncovering diversity of experiences;
- The incorporation of best practices in prevention into developing primary prevention strategies;
- The use of campus climate surveys to understand the ecology of sexual assault on individual college campuses, further refine the measurement of campus climate, and determine the usefulness of using climate surveys effectively assess prevention and policy strategies;
- The development of a national database of campus climate survey data for open use to the scientific community;
- The outcomes, acceptance, use, and satisfaction of alternative procedures in student conduct proceedings not modeled after adversarial legal processes, and effective methods of disseminating alternative models and measuring their uptake;

BE IT FURTHER RESOLVED that APA continues in its commitment to educate the public, promote awareness, and disseminate research findings to the general public, at-risk and marginalized populations, professionals working with at-risk populations, and professionals engaged in prevention, risk reduction, and treatment, and policymakers who need scientific information to reduce uncertainty in their decision-making;

BE IT FURTHER RESOLVED that APA advocate with governmental organizations such as the Department of Education, National Institute of Justice, and the Centers for Disease Control and Prevention, to continue to monitor campus sexual assault incidence, response and prevention efforts, in the interest of protecting potential victims and caring for the mental health of those who have been victimized, particularly the understudied and underserved;

BE IT FURTHER RESOLVED that APA encourages psychologists to be involved in public scholarship, to develop and serve on interdisciplinary task forces, working groups, etc. and to include IHE student personnel, and other professionals in all bodies that provide scientific and practice-oriented input and feedback on legislation and regulations; and,

BE IT FURTHER RESOLVED that APA encourage professional development training of and evaluation for student affairs professional development, including staff in student conduct, mental health, campus law enforcement agencies, and any other first responders;

BE IT FURTHER RESOLVED that APA promote partnerships to inform meaningful research questions and to advance interventions and prevention, i.e., researcher-practitioner-administrator partnerships that promote community-based approaches, much like psychology has done in integrated health care.

References


Violence Against Women, 21(6), 780–800. https://doi.org/10.1177/1077801215576579


E.(22) 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.(28) Council received as information the 2018 Annual Report from APA’s non-governmental organization representative team at the United Nations.

B.(32) Council received an update on the new business in progress item, “Resolution to Amend and Clarify the Role of International Law for Psychologists Working Outside the United States (NBI #21B/August 2018).”

XVI. **FINANCIAL AFFAIRS**

A.(29) Council received as information the 2017 IRS Tax Form 990 and 990-T Amendment.

On Friday morning, Dr. Stephanie Fryberg led Council in a diversity activity on expanding interpretive power.

On Friday afternoon, the Leadership Institute for Women in Psychology was presented with a presidential citation.

On Saturday morning, Council engaged in a discussion about transformational change and how to work strategically. Table notes were collected by staff and will inform the implementation process.

On Saturday afternoon, Dr. Bethany Teachman was presented with a presidential citation.

On Sunday morning, Ms. Elisabeth Straus was presented with a presidential citation.