BOARD OF DIRECTORS
June 8-10, 2012

APPROVED MINUTES

Present: Suzanne Bennett Johnson, PhD; Melba J. T. Vasquez, PhD; Donald N. Bersoff, PhD; Barry S. Anton, PhD; Bonnie Markham, PhD, PsyD; Norman B. Anderson, PhD; Elena J. Eisman, EdD; Kurt F. Geisinger, PhD; Josephine D. Johnson, PhD; Nadine J. Kaslow, PhD, Jennifer F. Kelly, PhD; Ali M. Mattu, MA; and Susan H. McDaniel, PhD

Absent: None.

I. MINUTES OF MEETING

A.(1) The Board voted to approve the minutes of the February 22 & 23, 2012, Board of Directors Meeting.

II. ELECTIONS, AWARDS, MEMBERSHIP AND HUMAN RESOURCES

A.(2) The Board voted to recommend that Council approve amending Association Rule 110-5.5 as follows (underlined material to be added):

> **110-5.5** Filling vacancies (Officers). If any candidate for the office of President-elect, Recording Secretary or Treasurer withdraws or becomes ineligible before the election results are tabulated or before the start of his or her term of office, the result of the election shall be counted as if his or her name had not been on the ballot.
>
> <u>If a Recording Secretary or Treasurer resigns or cannot serve after his or her term has begun, he/she will be replaced as follows: 1) if more than half the term remains, there is a recount of the original ballot and the vote will be recounted as if the resigning member's name had not been on the ballot. Based on the recount, the position shall be offered to the candidates in order of most votes received. If no candidate on the original ballot is eligible or willing to serve, the Board of Directors shall appoint a replacement to fill the vacancy; 2) if less than half the term remains, the Board of Directors shall appoint a replacement to fill the vacancy.</u>

B. In executive session, the Board voted to appoint Frederick Rotgers, PhD, and Ellen Mandinach, PhD, to serve on the Committee on Division/APA Relations from January 1, 2013 to December 31, 2015.

C. In executive session, the Board voted to approve the following appointments to the APA United Nations representation team: Roseanne Flores, PhD, as an NGO-Representative to ECOSOC, for a renewable 5-year term to begin September 1, 2012, with a first probationary year; Rashmi Jaipal, PhD, as an NGO Representative to ECOSOC, for a renewable 5-year term to begin January 1, 2013, with a first probationary year; and Farnaz Kaighobadi, PhD, University, as a special projects associate for a renewable 1-year term to being September 1, 2012.

III. ETHICS

A. In executive session, the Board took action on three Ethics cases.

B. In executive session, the Board received an update on the APA Ethics Committee and Office assisting the Society of Indian Psychologists (SIP) to explore how the APA Ethics Code applies to the work of Indian Psychologists, and to consider whether SIP wishes to write its own ethics code or a commentary on the APA Ethics Code from the perspective of Indian Psychologists. The Board also received an update on the APA Ethics Committee and Office including the four Ethnic Minority Psychological Associations in a Convention program to provide commentary on the APA Ethics Code from the associations' unique perspectives.

IV. BOARD OF DIRECTORS

A.(3) The Board voted to recommend that Council approve "How and Why Organizations Engage in Diversity Training" as the topic for diversity training for Council and boards and committees in 2013. The Board requested that if Council approves this topic, that the training also address why it is important for APA to conduct diversity training for its governance members in relation to their role as governance members and in their work outside of APA.

B.(4) The Board voted to recommend that Council request that one representative from each of the four National Ethnic Minority Psychological Associations continue to be invited to attend and participate in Council meetings for an additional three years and receive full reimbursement for their attendance at the February and August Council meetings in 2013-2015.

V. DIVISIONS AND STATE AND PROVINCIAL ASSOCIATIONS

A.(5) The Board voted to accept the 2011 Division Annual Reports.

VI. ORGANIZATION OF THE APA

A.(6) The item "Pro and Con Statements Included with Bylaw Amendment Ballots" was postponed to a conference call of the Board.

B.(7) The Board voted to recommend that Council approve the following motion:

> For the next phase of the Good Governance Project (GGP), Council requests more details about ways of implementing the scenario elements selected as most effective during the August 2012 Council discussions. These approaches are to be presented by the GGP Team at Council's February 2013 meeting.

C. In executive session, the Board voted to recommend that Council approve the following motion:

> 1) That Council approves forwarding the following Bylaw amendments to the Membership for a vote in November 2012:

Article V. Composition of the Council of Representatives

1. Council shall be composed of Representatives of Divisions, Representatives of State, Provincial and Territorial Psychological Associations, members of the Board of Directors, the Officers of the Association (the chief staff officer shall serve without vote), [and] the APAGS Representative and one Representative from each National Ethnic Minority Psychological Association (the Asian American Psychological Association, the Association of Black Psychologists, the National Latina/o Psychological Association, and the Society of Indian Psychologists).

5. Council Representatives of a Division or State/ Provincial/Territorial Association shall be members of the Division or State/Provincial/Territorial Association, and Members of the American Psychological Association, and shall be elected for a period not to exceed three years. If during that three-year period the Division or State/Provincial/Territorial Association is allocated fewer seats, the Division or State/Provincial/ Territorial Association shall recall the appropriate number of Representatives. The term of office of the recalled member is thereby terminated. Council members from the National Ethnic Minority Associations shall be members of their respective constituencies and members of the American Psychological Association and shall be selected for a period not to exceed three years.

6. Each APA Fellow, Member, and voting Associate member shall choose the Division(s) or State/Provincial/Territorial Association(s) through which he/she elected to have his/her interest represented on Council by allocating, at the time of the annual dues statement, a total of ten (10) votes to the Division(s) and/or State/Provincial/Territorial Association(s) through which he/she wishes to be represented the following year. However, only Fellows, Members (or voting Associate members) of the Divisions or State/Provincial/Territorial Associations so designated will be allowed to [nominate and] elect their Council Representatives. The Representatives of each of the National Ethnic Minority Psychological Associations shall be designated by their respective Association.

8. A Council member who has served for six consecutive years shall not be eligible for election or appointment for a period of one year as a Representative from any Division, State/ Provincial/Territorial Association, or [coalition] National Ethnic Minority Psychological Association.

Article XVI. National Ethnic Minority Psychological Associations

1. As provided in Article V.1, the Asian American Psychological Association, Association of Black Psychologists, National Latina/o Psychological Association, and the Society of Indian Psychologists shall each have one voting representative serving on the Council of Representatives of the American Psychological Association.

2. Each of these National Ethnic Minority Psychological Associations shall exercise such control over its members so that membership in such Association shall not imply membership in the American Psychological Association.

3. The American Psychological Association shall not be responsible for the acts or omissions of these National Ethnic Minority Psychological Associations, except as specifically authorized by these Bylaws or other duly promulgated rule of Council. Note: Subsequent sections to the Bylaws will be renumbered.

2) Council approves amending the Association Rules as follows:

40-1. ELECTION AND PROCEDURES FOR COUNCIL REPRESENTATIVES

40-1.11 Unless it is an ex officio appointment, there shall be at least two nominees on the final election ballot for each office of Council representative from divisions or state/provincial/territorial psychological associations.

40-1.12 Names of candidates running for Council seats from divisions or state/provincial/territorial psychological associations must be submitted to the APA Election Committee before March 15 of the year in which the election is held.

40-1.13 National Ethnic Minority Psychological Associations must advise Central Office of the name of their representative by June 30 of the year preceding the start of the Council term.

VII. PUBLICATIONS AND COMMUNICATIONS

A.(7) The Board voted to recommend that Council approve Division 44's journal proposal to develop and launch a journal in the area of sexual orientation and gender identity to be published by APA through the Educational Publishing Foundation (EPF) imprint.

B.(8) The Board voted to recommend that Council approve Division 5's Section on Qualitative Methods: Society for Qualitative Inquiry in Psychology journal proposal to develop and launch a journal in the area of qualitative psychology to be published by APA through the Educational Publishing Foundation (EPF) imprint.

C.(9) The Board voted to recommend that Council approve the following amendment to Association Rules 170-9.1 (bracketed material to be deleted; underlined material to be added):

> **170-9.1** It is the policy of the APA to bear the expense of its publications and to recover their costs through subscriptions, sales, and other related sources of income, such as advertising and royalties. It is the intent of this policy to preclude charging authors for publishing, [except that authors may be charged for their alternations in proof copy] except in certain instances as deemed necessary by the P&C Board. It is the policy of the APA that the profit or loss on a given journal shall not be compelling in the determination of policy relative to that journal and that segregated reserves shall not be kept for individual journals, except for reserves that are legally required.

VIII. CONVENTION AFFAIRS

A.(10) The Board voted to recommend that Council 1) rescind the action taken at its August 2011 meeting to "approve in principle the addition of two community expert positions on the Board of Convention Affairs and request that relevant Bylaw and Rule changes for adding the positions be

brought to Council for action" and 2) approve BCA retaining a consultant periodically on an as-needed basis.

B.(31) The Board received as information a progress report on implementing the changes to the annual convention as directed by the Council of Representatives.

IX. EDUCATIONAL AFFAIRS

A.(11) The Board voted to recommend that Council approve the following motion:

> Due to the urgent nature of the internship crisis and the compelling interest of the organization in promoting quality training, the Council of Representatives approves up to $3 million for use over a period of three years to provide seed funding to increase the number of APA-accredited internships. The Chief Executive Officer is directed to pursue reasonable funding options to achieve this goal that do not jeopardize the long term fiscal health of the association.

B.(12) The Board voted to recommend that Council adopt as APA policy the revised APA Continuing Education Sponsor Approval Policies and Procedures Manual.

C.(13) The Board voted to recommend that Council adopt as APA policy the *Policies and Procedures Manual for the Recognition of Organizations that Provide Certifications in Specialties and Proficiencies in Professional Psychology.*

D.(14) The Board voted to recommend that Council approve an extension for recognition of Biofeedback: Applied Psychophysiology as a proficiency in professional psychology for an additional period of one year to expire in August, 2013.

E.(15) The Board voted to recommend that Council approve an extension for recognition of Counseling Psychology as a specialty in professional psychology for an additional period of one year, to expire in August 3, 2013.

F.(16) The Board voted to recommend that Council approve an extension for recognition of Clinical Psychology as a specialty in professional psychology for an additional period of one year, to expire in August 2013.

G.(17) The Board voted to recommend that Council approve an extension for recognition of School Psychology as a specialty in professional psychology for an additional period of one year to expire in August 2013.

H.(18) The Board voted to recommend that Council approve the continued recognition of Clinical Child Psychology as a specialty in professional psychology for a period of seven years to expire in 2019.

I.(19) The Board voted to recommend that Council approve the continued recognition of Industrial-Organizational Psychology as a specialty in professional psychology for a period of seven years, to expire in 2019.

J.(32) The Board was informed about a new award approved by the Board of Educational Affairs (BEA). The BEA Golden Psi Award will recognize schools that promote effective learning strategies in academic and social-emotional achievement that are supported by psychological science.

K.(33) The Board was provided an update on the efforts and progress to date of an interorganizational work group, Education and Training for Health Service Psychologists, convened by BEA to analyze issues impacting education and training in professional psychology and to make recommendations for the field as to how these might be addressed.

X. PROFESSIONAL AFFAIRS

A.(20) The item "Association Rule/Policy Changes: Endorsement of Guidelines by APA" was withdrawn.

B.(21) The Board voted to recommend that Council approve the following motion:

> 1) That Council requests that "practice guidelines" be changed to "professional practice guidelines" and "treatment guidelines" be changed to "clinical practice guidelines" in APA policy documents relevant to guidelines development; and that the *Criteria For Practice Guideline Development And Evaluation* (APA, 2002), *Criteria For Evaluating Treatment Guidelines* (APA, 2002), and *Determination and Documentation of the Need for Practice Guidelines* (APA, 2005) be revised to incorporate the new terminology and brought back to Council for approval.
>
> 2) That Council approves amending the Association Rules as follows (bracketed material to be deleted; underlined material to be added):
>
> > 30-8.3 The revised draft version of standards and guidelines shall be forwarded to the Office of General Counsel in order to disseminate to the membership notice of a [90] <u>sixty (60)</u> day comment period and instructions for the receipt of comments.

C.(21A) The Board voted to recommend that Council adopt as APA policy the following Resolution on the Recognition of Psychotherapy Effectiveness:

Recognition of Psychotherapy Effectiveness[1]

Introduction

[1]While statements about the effectiveness of psychotherapy must be accurate yet generalized in a policy document format, research studies have not equitably investigated all factors that either enhance or diminish psychotherapy effectiveness. Full explication of the differential status of any given variable and the state of research of any given factor in the practice of psychotherapy is beyond the scope of this document. The research citations that accompany each statement provide specificity of scope, limitations, and implications for psychotherapy practice and identify the therapeutic circumstances in which research has determined that psychotherapy is soundly effective. Examples of these important moderating variables include client/patient characteristics, clinician characteristics, context factors, diagnostic classification and severity, developmental status, and factors related to such human and cultural diversity as race, ethnicity, gender, sexual orientation and disability status (Bernal, Jimenez-Chafey, & Domenech Rodriguez, 2009; Curry, Rohde, Simons, Silva, Vitiello, Kratochvil, et al., 2006; Hinshaw, 2007; Kazdin, 2007; Kocsis, Leon, Markowtiz, Manber, Arnow, Klein, & Thase, 2009; McBride, Atkison, Quilty, & Bagby, 2006; Miklowitz, Axelson, George, Taylor, Schneck, Sullivan, et al., 2009; Ollendick, Jarrett, Grills-Taquechel, Hovey, & Wolff, 2008).

WHEREAS psychotherapy is rooted in and enhanced by a therapeutic alliance between therapist and client/patient that involves a bond between the psychologist and the client/patient as well as agreement about the goals and tasks of the treatment (Cuijpers, et al., 2008, Lambert, 2004; Karver, et al., 2006; Norcross, 2011; Shirk & Karver, 2003; Wampold, 2007);

WHEREAS psychotherapy (individual, group and couple/family) is a practice designed varyingly to provide symptom relief and personality change, reduce future symptomatic episodes, enhance quality of life, promote adaptive functioning in work/school and relationships, increase the likelihood of making healthy life choices, and offer other benefits established by the collaboration between client/patient and psychologist (American Group Psychotherapy Association, 2007; APA Task Force on Evidence-Based Practice, 2006; Burlingame, et al., 2003; Carr, 2009a, 2009b; Kosters, et al., 2006; Shedler, 2010, Wampold, 2007, 2010);

Definitions

WHEREAS evidence-based practice in psychology is "the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences" (APA Task Force on Evidence Based Practice, 2006, p. 273);

WHEREAS a working definition for Psychotherapy is as follows: "Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable" (Norcross, 1990, p. 218-220);

WHEREAS a working definition for Treatment is as follows: Treatments when used in the context of health care, refer to any process in which a trained healthcare provider offers assistance based upon his or her professional expertise to a person who has a problem that is defined as related to "health" or 'illness." In the case of "mental" or "behavioral" health, the conditions for which one may seek "treatment" include problems in living, conditions with discrete symptoms that are identified as or as related to illness or disease, and problems of interpersonal adjustment. The treatment consists of any act or services provided by a bonafide health provider intended to correct, change or ameliorate these conditions or problems (Beutler, 1983; Frank, 1973);

Research on Effectiveness

WHEREAS the effects of psychotherapy are noted in the research as follows: The general or average effects of psychotherapy are widely accepted to be significant and large, (Chorpita et al., 2011; Smith, Glass, & Miller, 1980; Wampold, 2001). These large effects of psychotherapy are quite constant across most diagnostic conditions, with variations being more influenced by general severity than by particular diagnoses—That is, variations in outcome are more heavily influenced

by patient characteristics e.g., chronicity, complexity, social support, and intensity---and by clinician and context factors than by particular diagnoses or specific treatment "brands" (Beutler, 2009; Beutler & Malik, 2002a, 2002b; Malik & Beutler, 2002; Wampold, 2001);

WHEREAS the results of psychotherapy tend to last longer and be less likely to require additional treatment courses than psychopharmacological treatments. For example, in the treatment of depression and anxiety disorders, psychotherapy clients/patients acquire a variety of skills that are used after the treatment termination and generally may continue to improve after the termination of treatment (Hollon, Stewart, & Strunk, 2006; Shedler, 2010);

WHEREAS for most psychological disorders, the evidence from rigorous clinical research studies has shown that a variety of psychotherapies are effective with children, adults, and older adults. Generally, these studies show what experts in the field consider large beneficial effects for psychotherapy in comparison to no treatment, confirming the efficacy of psychotherapy across diverse conditions and settings (Beutler, 2009; Beutler, et al., 2003; Lambert & Ogles, 2004; McMain & Pos, 2007; Shedler, 2010; Thomas & Zimmer-Gembeck, 2007; Verheul & Herbrink, 2007; Wampold, 2001). In contrast to large differences in outcome between those treated with psychotherapy and those not treated, different forms of psychotherapy typically produce relatively similar outcomes. This research also identifies ways of improving different forms of psychotherapy by attending to how to fit the interventions to the particular patient's needs (Castonguay & Beutler, 2006; Miklowitz, 2008; Norcross, 2011);

WHEREAS comparisons of different forms of psychotherapy most often result in relatively nonsignificant difference, and contextual and relationship factors often mediate or moderate outcomes. These findings suggest that (1) most valid and structured psychotherapies are roughly equivalent in effectiveness and (2) patient and therapist characteristics, which are not usually captured by a patient's diagnosis or by the therapist's use of a specific psychotherapy, affect the results (Castonguay & Beutler, 2006; Livesley, 2007; Norcross, 2011);

WHEREAS in studies measuring psychotherapy effectiveness, clients often report the benefits of treatment not only endure, but continue to improve following therapy completion as seen in larger effect sizes found at follow-up (Abbass, et al., 2006; Anderson & Lambert, 1995; De Maat, et al., 2009; Grant, et al., 2012; Leichsenring & Rabung, 2008; Leichsenring, et al., 2004; Shedler, 2010);

WHEREAS research using benchmarking strategies has established that psychotherapy delivered in routine care is generally as effective as psychotherapy delivered in clinical trials (Minami, et al., 2008; Minami, et al., 2009; Minami & Wampold, 2008; Nadort, et al., 2009; Wales, Palmer, & Fairburn, 2009);

WHEREAS the research evidence shows that psychotherapy is an effective treatment, with most clients/patients who are experiencing such conditions as depression and anxiety disorders attaining or returning to a level of functioning, after a relatively short course of treatment, that is typical of well-functioning

individuals in the general population (Baldwin, et al., 2009; Minami, et al., 2009; Stiles, et al., 2008; Wampold & Brown, 2005);

WHEREAS research will continue to identify factors that make a difference in psychotherapy, and results of this research can then be reported to clinicians who can make better decisions (Gibbon, et al., 2010; Kazdin, 2008);

WHEREAS researchers will continue to examine the ways in which both positive and possible negative effects of psychotherapy occur, whether due to techniques, client/patient variables, therapist variables, or some combination thereof, in order to continue to improve the quality of mental health interventions (Barlow, 2010; Dimidjian & Hollon, 2010; Duggan & Kane, 2010; Haldeman, 1994; Wilson, Grilo, & Vitousek, 2007);

Effectiveness Related To Health Care Policies

WHEREAS the effects produced by psychotherapy, including the effects for different age groups (i.e. children, adults, and older adults) and for many mental disorders, exceed or are comparable to the size of effects produced by many pharmacological treatments and procedures for the same condition, and some of the medical treatments and procedures have many adverse side-effects and are relatively expensive vis-a-vis the cost of psychotherapy (Barlow, 2004; Barlow, Gorman, Shear, & Woods, 2000; Hollon, Stewart, & Strunk, 2006; Imel, McKay, Malterer, & Wampold, 2008; Mitte, 2005; Mitte, Noack, Steil, & Hautzinger, 2005; Robinson, Berman, & Neimeyer, 1990; Rosenthal, 1990; Walkup, et al., 2008; Wampold, 2007, 2010);

WHEREAS a substantial body of scholarly work (e.g., Henggeler & Schaeffer, 2010; Roberts, 2003; Walker & Roberts, 2001; Weisz et al., 2005) have documented the effectiveness of psychotherapy across a range of problems affecting children and adolescents;

WHEREAS large multisite studies as well as meta-analyses have demonstrated that courses of psychotherapy reduce overall medical utilization and expense (Chiles, Lambert, & Hatch, 2002; Linehan, et al., 2006; Pallak, Cummings, Dorken, & Henke, 1995). Further, patients diagnosed with a mental health disorder and who received treatment had their overall medical costs reduced by 17% compared to a 12.3% increase in medical costs for those with no treatment for their mental disorder (Chiles, Lambert, & Hatch, 2002);

WHEREAS there is a growing body of evidence that psychotherapy is cost-effective, reduces disability, morbidity, and mortality, improves work functioning, decreases use of psychiatric hospitalization, and at times also leads to reduction in the unnecessary use of medical and surgical services including for those with serious mental illness (Dixon-Gordon, Turner, & Chapman, 2011; Lazar & Gabbard, 1997). Successful models of the integration of behavioral health into primary care have demonstrated a 20-30% reduction in medical costs above the cost of the behavioral/psychological care (Cummings, et al., 2003). In addition, psychological treatment of individuals with chronic disease in small group

sessions resulted in medical care cost savings of $10 for every $1 spent (Lorig, et al., 1999);

WHEREAS there is strong scientific evidence to support the links between mental and physical health, and a growing number of models and programs support the efficacy of the integration of psychotherapy treatment within the primary health care system (Alexander, Arnkoff, & Glass, 2010; Felker, et al., 2004; Roy-Byrne, et al., 2003). In fact, early mental health treatments that include psychotherapy reduce overall medical expenses, simplifies and provides better access to appropriate services and care to those in need, and improves treatment seeking;

WHEREAS many people prefer psychotherapy to pharmacological treatments because of medication side-effects and individual differences and people tend to be more adherent if the treatment modality is preferred (Deacon & Abramowitz, 2005; Paris, 2008; Patterson, 2008; Solomon et al., 2008; Vocks et al., 2010). Research suggests that there are very high economic costs associated with high rates of antidepressant termination and non-adherence (Tournier, et al., 2009), and psychotherapy is likely to be a more cost effective intervention in the long term (Cuijpers, et al., 2010; Hollon, et al., 2005; Pyne, et al., 2005);

Effectiveness with Diverse Populations

WHEREAS the best research evidence conclusively shows that individual, group and couple/family psychotherapy are effective for a broad range of disorders, symptoms and problems with children, adolescents, adults, and older adults (American Group Psychotherapy Association, 2007; Burlingame, et al., 2003; Carr, 2009a, 2009b; Chambless, et al., 1998; Horrell, 2008; Huey & Polo, 2008, 2010; Knight, 2004; Kosters, et al., 2006; Lambert & Archer, 2006; Norcross, 2011; Pavuluri, Birmaher, & Naylor, 2005; Sexton, Alexander, & Mease, 2003; Sexton, Robbins, Hollimon, Mease, & Mayorga, 2003; Shadish & Baldwin, 2003; Stice, Shaw, & Marti, 2006; Wampold, 2001; Weisz & Jensen, 2001);

WHEREAS the development and/or adaptation of evidence-based psychotherapy practices for each age group have further demonstrated effectiveness in reducing symptoms and improving functioning across the lifespan. Specific challenges that emerge with age are addressed by developmental research that pinpoints the most efficacious content, vocabulary, and techniques used for different ages. As a result, substantial evidence supports psychotherapy as a front line intervention for community dwelling older adults, older adults with medical illnesses, who are low-income, ethnic minority and have co-occurring mild cognitive impairments. In addition, increasing evidence has documented that older adults respond well to a variety of forms of psychotherapy and can benefit from psychological interventions to a degree comparable with younger adults. Furthermore, many older adults prefer psychotherapy to antidepressants, and psychotherapy is an important treatment option for older adults who are often on multiple medications for management of chronic conditions and are more prone to the adverse effects of psychiatric medications than youner adults (Alexopoulos, et al., 2011; APA, 2004; Areán, et al., 2005a; Areán, et al., 2005b;

Areán, Gum, Tang, & Unutzer, 2007; Areán, et al., 2010; Arnold, 2008; Gum, Areán, & Bostrom, 2007; Cuijpers, van Straten & Smit, 2006; Kazdin, et al., 2010; Kaslow, et al., 2012);

WHEREAS researchers and practitioners continue to develop culturally-relevant, socially-proactive approaches and modalities that will allow psychologists to extend psychotherapeutic services to vulnerable and currently underserved populations such as adults, children, and families living in poverty (Ali, Hawkins, & Chambers, 2010; Belle & Doucet, 2003; Goodman, Glenn, Bohlig, Banyard, & Borges, 2009; Smith, 2005, 2010; Smyth, Goodman, & Glenn 2006);

WHEREAS both evidence-based psychotherapy practice for the general population and culturally adapted interventions are generally effective with racial/ethnic minorities, psychologists who work with marginalized populations, such as people living in poverty and/or other socially-excluded groups, can improve the effectiveness of their interventions through awareness of unintentional age, race, class, and/or gender bias. The acquisition of multicultural competence and the adaptation of psychotherapy, whether in content, language, or approach, can improve client engagement and retention in treatment and can enhance development of the therapeutic alliance (Griner & Smith, 2006; Horrell, 2008; Huey & Polo, 2008, 2010; Miranda, et al., 2005; Miranda, et al., 2006; Vasquez, 2007; Whaley & Davis 2007);

WHEREAS the research continues to support that psychotherapy, both group and individuals models of clinical interventions, is effective treatment for individuals with disabilities. The studies also indicate that psychotherapy is effective for a variety of disability conditions including cognitive, intellectual, physical, visual, auditory, and psychological impairments. The research supports that psychotherapy is effective for individuals with disabilities over the life span. A sample of the research reflecting the effectiveness of therapy with individuals with disabilities include: Glickman (2009), Hibbard, Grober, Gordon, & Aletta (1990), Kurtz & Mueser (2008), Livneh & Sherwood (2001), Lysaker, Glynn, Wilkniss, & Silverstein (2010), Olkin (1999), Perlman, Cohen, Altiere, Brennan, Brown, Mainka, & Diroff, (2010), Rice, Zitzelsberger, Porch, & Ignagni (2005), Radnitz (2000), and Vail & Xenakis (2007);

WHEREAS research indicates the beneficial effects of psychotherapy as a means of improving mood and reducing depression among individuals with acute and chronic health conditions (e.g., arthritis, cancer, HIV/AIDS) (Fisch, 2004; Himelhoch, et al., 2007; Lin, et al., 2003);

WHEREAS although some cultural adaptations already have demonstrated effectiveness as mentioned above, many underserved communities can continue to benefit from specific adaptations or demonstrated effectiveness of evidence-based psychotherapy practice. For example, current psychotherapy research suggests that racial/ethnic minorities, those with low socioeconomic status, and members of the LGBT community may face specific challenges not addressed by current evidence-based treatment. In conducting psychotherapy, practitioners are sensitive to these challenges and pursue appropriate adaptations (Butler,

O'Donovan, & Shaw, 2010; Cabral & Smith, 2011; Gilman, et al., 2001; Smith, 2005; Sue & Lam, 2002);

THEREFORE Be It Resolved that, as a healing practice and professional service, psychotherapy is effective and highly cost-effective. In controlled trials and in clinical practice, psychotherapy results in benefits that markedly exceed those experienced by individuals who need mental health services but do not receive psychotherapy. Consequently, psychotherapy should be included in the health care system as an established evidence-based practice.

Be It Further Resolved that APA increase its efforts to educate the public about the effectiveness of psychotherapy; support advocacy efforts to enhance formal recognition of psychotherapy in the health care system; help ensure that policies will increase access to psychotherapy in the health care system, with particular attention on addressing the needs of underserved populations and encourage integration of research and practice; and support advocacy for funding.

Be It Further Resolved that APA encourages continued and further research on the comparative effectiveness and efficacy of psychotherapy.

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XI. SCIENTIFIC AFFAIRS

A.(22) The Board voted to recommend that Council adopt the revised *Guidelines for Ethical Conduct of Behavioral Projects Involving Human Participants by High School Students* as APA policy and approves August 2022 as the expiration date for these Guidelines

XII. PUBLIC INTEREST

A.(23) The Board voted to recommend that Council approve $12,300 in additional expenditures to fund a meeting and conference calls in 2012 of the Task Force on Trafficking of Women and Girls.

B.(24) The Board voted to recommend that Council approve $6,300 in additional expenditures to contribute to the funding for a meeting and conference calls in 2012 of the Guidelines for Psychological Practice with Older Adults Revision Working Group.

The Board requested that a process for handling future guideline revisions be developed by the Policy and Planning Board, the Board of Professional Affairs, Board of Educational Affairs, Board of Scientific Affairs and the Board for the Advancement of Psychology in the Public Interest.

C.(25) The Board voted to postpone the item "Funding Request (2013): Leadership Institute for Psychologists" to its December 2012 meeting.

D.(26) The Board voted to postpone the item "Funding Request (2013): Public Interest Leadership Conference" to its December 2012 meeting.

XIII. ETHNIC MINORITY AFFAIRS

No items.

XIV. INTERNATIONAL AFFAIRS

A.(26A) The Board voted to approve APA signing a Memorandum of Understanding with the Cuban Psychological Society (Sociedad Cubana de Psicología) and the Spanish Psychological Association (Colegio Oficiales de Psicólogos) if their respective boards also approve.

XV. CENTRAL OFFICE

No Items.

XVI. FINANCIAL AFFAIRS

A.(27) The Board voted to recommend that Council approve the 2013 spring revenue projections as outlined below to serve as the revenue framework for the development of the 2013 Budget.

Total Operational Revenues	$107,441,097
Total Operational Expenses	$106,822,200
OPERATING MARGIN	$618,897

The revenue estimates as outlined above will serve as the general framework for the 2013 Budget and the financial forecast for 2013 – 2015 that will be developed this fall.

B.(28) The Board voted to recommend that Council approve the following planning factors be used for developing the 2013 Budget:

Inflation Factors-0%
Salary Increase Merit % - 3%
Salary Increase Promo/Equity % - 1%
Discretionary Fund: President & President-elect - $65,000

C.(29) The Board voted to recommend that Council approve the following changes to the APA Association Rules (bracketed material to be deleted; underlined material to be added):

210-2 BUDGET

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

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

210-4 FORECAST

Consistent with the mission of the Finance Committee set forth in Article XI, section 3 of the APA Bylaws, the Finance Committee shall work with the CEO and the CFO in the development of an annual financial forecast (up to five years) to be presented to Council annually. Based on the assessment of the forecast, the Finance Committee shall recommend to the Board of Directors and to the Council of Representatives overall long-range financial goals for the Association. Upon approval of these goals by Council, they shall serve as the basis on which [boards, committees, and] the CEO will proceed to develop plans and budgets to achieve these goals and to work toward the **[**reserve**]** organizational financial health requirements **[**covered**]** described in AR 210-3.

210-2.5 [Special] Presidential d[D]iscretionary funds

[The Board of Directors and Council each shall have a discretionary fund to be used at their own discretion. Council shall be responsible for setting the discretionary fund limits. After APA Council and Board have adopted a budget, new unbudgeted expenditures to be made from their respective discretionary funds shall be approved as follows:

(a) If emerging from Council action, the proposed allocation from the Council discretionary fund shall require approval by a simple majority vote of the Council members voting.

(b) If emerging from Board action, the proposed allocation from the Board discretionary fund shall require approval by a two-thirds majority of Board members voting.

(c) If either action involves the support of a task force and/or ad hoc committee, the authorization would be for one year only and assigned to the appropriate office/program. If the mission of the task force or committee is to continue beyond one year, it must be reauthorized and funded on a year-to-year basis.

(d) All allocations other than those described in (c) will be sent to Council for review if authorized for an additional period of time.**]**

A **[**special discretionary**]** fund will be allocated for presidential initiatives and must be spent during the first two years of the three-year cycle of each president. The Finance Committee shall regularly review and recommend changes to the fund limit. Council shall approve changes to the **[**be responsible for setting the discretionary**]** fund limit. The specific allocation of these funds shall be approved in advance by the Board of Directors.

[The Finance Committee regularly shall review and recommend as appropriate limits to the discretionary funds which shall be reviewed by the Board of Directors and submitted to Council for approval.**]**

30-1 PARLIAMENTARY PROCEDURES, ORDER OF BUSINESS, AND EXECUTIVE SESSION

30-1.4 No matter may be properly placed before the Council for its votes that has not been disseminated to the members of Council, in its final form and with a response from the Board of Directors, at least 30 days prior to the meeting at which the matter is to be deliberated.
"Final form" shall mean that all sections of the agenda item are complete. Agenda item sections that must be complete include (1) a description of the issue, (2) a description of the

implementation plan, (3) the fiscal implications of passing the main motion or any amended or substitute motion, (4) the exact wording of the main motion and any amended or substitute motion, and (5) the recommendations of the Board of Directors and any other board or committee that has reviewed the issue. **[**Agenda items that do not meet the definition of "final form" will not be accepted for the Council agenda. The Board of Directors' recommendation is not required in advance of the meeting on any items requesting Council discretionary funds at Council's February meeting. The Board of Directors shall make its recommendation regarding such requests at the Council meeting.**]**

50-3. AD HOC GROUPS

50-3.1 The standing boards and committees and continuing committees may, in exceptional circumstances, appoint, for designated time periods, such ad hoc groups (e.g., task forces, work groups, ad hoc committees, subcommittees) as may be necessary. If funding is already available for an ad hoc group, the Board of Directors shall be informed at its next meeting of the establishment of the group and provided with a description of the following: purpose; progress to date; membership roster (if available); duration of the group's appointment; and funding amount [and source of funding]. If new funding is needed for the ad hoc group, prior approval must be obtained from the Council of Representatives. **[**or Board of Directors as appropriate. The request for approval shall include a description of the following: purpose; membership roster (if available); duration of the group's appointment; and funding amount required and the source from which funding is requested. Requests for Council discretionary funds or for funds to be added to the budget require Council approval.**]**

The Board also requested that the Board Presidential Initiatives Working Group consider changes to the rule requiring that presidential discretionary funds be spent in the first two years of the three-year cycle of each president.

E.(30) The Board voted to recommend that Council approve the Revised Long-Term Investment Policy Statement (bracketed material to be deleted; underlined material to be added):

SCOPE OF THIS INVESTMENT POLICY

The funds in the **[**l**]**Long **[**t**]**Term **[**p**]**Portfolio are not endowment funds for purposes of UPMIFA.

The Association's real estate holding (namely the 10 G Street LLC) can be viewed as the equivalent of a fixed income investment. When viewed as such, the 10 G Street LLC property represents a diversifying asset when evaluating the relative amounts of equity and fixed income holdings within the Long Term Portfolio (see page 8 of this policy).

The Roles and Responsibilities defined under page 3 of this policy pertain to the oversight of the assets held within the Long Term Portfolio. The authority over the real estate LLCs and related investments has been delegated to the CEO, DCEO and CFO per Council of Representatives resolution.

RESPONSIBILITY AND SELECTION OF THE INVESTMENT CONSULTANT(S)

…

In selecting an Investment Consultant, the Finance Committee shall act in good faith and with the care of an ordinary prudent person following prudent due diligence procedures, including

consideration of various candidates, costs reasonable to the organization's mission and expertise, and recommendations from investment experts. The Finance Committee shall review the Investment Consultant's performance **[**twice**]** annually, considering in that evaluation the advice given, long term returns of the portfolio, the performance of recommended managers. The Finance Committee retains the authorization to initiate a review at any time as warranted by circumstances.

INVESTMENT GUIDELINES

Guidelines for Cash Equivalents

1. The Long Term Portfolio may be invested only in commercial paper rated A1 (or equivalent) or better at the time of purchase. The manager should use their discretion in selling a bond whose rating has been downgraded below A1.
2. Money Market Funds selected shall contain securities whose credit rating at the absolute minimum would be rated investment grade by Standard and Poor's, and/or Moody's.

[3. Items 1 and 2 (above) do not apply if the manager utilizes the APA designated Institutional Money Market Fund (IMMF) within Schwab Institutional.**]**

F.(30A) The Board voted to accept the audited Consolidated Financial Statements, the Supplemental Financial Report (A-133), the APA 750 LLC, and the APA Ten G LLC financial statements for the year ended December 31, 2011. The Board also voted to appoint Argy, Wiltse & Robinson, P.C. to perform the 2012 APA audit and tax work (to be conducted in 2013) contingent upon negotiation of acceptable engagement terms.

G.(34) The Board was provided an update on the projects entitled "Investment in APA and Strategic Plan Initiatives."

D. By unanimous vote on email in April, the Board voted to extend the current authorization giving the CEO and CFO joint authority to approve the bank required renewals of APA's line of credit in an amount not to exceed $10 million as deemed appropriate for up to five years, through and including 2017.