

COUNCIL OF REPRESENTATIVES

October 29 & 30, 2021

DRAFT MINUTES

I. MINUTES OF MEETING

A.(1) Council voted to approve the minutes of its February 26 & 27, 2021, 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

A.(2) Council voted to elect the 107 members listed to Fellow status, on the nomination of the indicated divisions and on the recommendation of the Fellows Committee and the Board of Directors.

III. ETHICS

No items.

IV. BOARD OF DIRECTORS

No items.

V. DIVISIONS AND STATE AND PROVINCIAL AND TERRITORIAL ASSOCIATIONS

No items.

VI. ORGANIZATION OF THE APA

A.(3) Council voted to extend the expiration date for the Standards for Educational and Psychological Testing to December 2026.

B.(4) Council voted to approve the following amendments to Association Rule 40-1 as follows:

40-1.10 No individual may serve more than twelve years as a member of Council when representing a Division, State/Provincial/Territorial Psychological Association or Ethnic Minority Psychological Association, whether as a representative or as an alternate unless an exemption has been granted by the Board of Directors. An exemption may be requested by a Division, State/Provincial/Territorial Psychological Association or Ethnic Minority Psychological Association when the entity: (1) is unable to find two candidates who do not exceed the twelve-year term limit requirement; and (2f) will have only one seat on Council during the year in which

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 If the motion fails, Council members' votes will not be published for that meeting).

the member would serve, if elected. Also, in accordance with Article V, Section 7, of the APA Bylaws, an individual who has served for six consecutive years as a member of Council 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 Ethnic Minority Psychological Association. An individual's term of office as a Council member shall be terminated when necessary to comply with the term limitations set forth in this section.

C.(5) Council voted to approve the following resolution on Recommendations Regarding Council's Effectiveness as recommended by the Virtual Work Groups' Report on Council Effectiveness Implementation:

Resolution on Recommendations Regarding Council's Effectiveness

- WHEREAS In August 2020, APA's Council of Representatives received a report from the Council Effectiveness Work Group (CEWG), which contained a number of recommendations about methods Council could undertake to improve its effectiveness in making and overseeing policy for the discipline and profession of psychology;
- WHEREAS following the August 2020 Council meeting, APA staff began implementing several of the recommendations from the CEWG report, including those related to improvements in new Council member orientation; education of Council members on the process for development of policy and for Council member-initiated new business items (NBIs); and a consolidated policy tracker that would allow Council members and others to determine the status of policy proposals pending before the APA Board of Directors, Council of Representatives, boards and committees, and/or task forces;
- WHEREAS following the August 2020 Council meeting both the APA Council Leadership Team and a number of individual Council members solicited Council members to join topical work groups to further address and explore those CEWG recommendations related to education and access; governance organization & relations; communication and deliberation; inclusion and culture; and new vehicles for policy making;
- WHEREAS on August 22, 2021, September 10, 2021, and October 7, 2021, these work groups shared consolidated draft reports of their recommendations with Council members and certain APA elected and appointed leaders, and staff, which recommendations were organized into 20 proposed motions for the Council of Representatives to consider for further action (the Council Effectiveness Workgroup Implementation Report);
- WHEREAS numerous members of Council as well as elected and appointed leaders from APA's advisory groups provided comments, recommendations for revision, and also expressed agreement with many of the proposals made in the CEWG Work Group's Implementation Report;
- WHEREAS the authors of the Council Effectiveness Workgroup Implementation Report met on multiple occasions with leaders from the Board of Directors and the Council Leadership Team to determine a manner for consideration of those proposals on which there was broad agreement; and those proposals that required further

consideration because of concerns expressed by one or more individuals or groups;

WHEREAS those who met agreed that staff worked toward many of the goals and objectives of the following motions: (“Initiatives Ready for Implementation”): 1 (Expectations and Roles of Council Members); 2 (Educating Council about Policy and Procedures for Policy Work); 3 (Comprehensive COR Website with Policy Portal); 4 (Interactive Policy Tracker on the COR Website) 8 (Virtual Meetings Between Formal Meetings); 9 (COR Listserv Practices and Norms); 12 (Procedures for Preparing Ballots for Membership Vote on Bylaws Changes (including Pro-Con Statements); 16 (Association Rules Change to Keeping Pending NBIs Visible and Actionable); 17 (New Procedure to Strengthen the NBI Diversity Impact Statement);

WHEREAS those who met agreed that the goals and objectives of the following motions could be met by no later than August 2022: (“Initiatives Pending Implementation”): 13 (NBI Process Summary in Video Script Draft); 18 (Creation of Early Review Mechanism for Newly-Submitted NBIs and to Encourage Triage Process for Urgent Items);

WHEREAS those who met agreed that the following proposed motions had raised sufficient questions or comments that those motions should be deferred at this time so additional consultation and discussion could occur before these motions moved forward: (“Initiatives Requiring Discussion Prior to Moving Forward”): 5 (Council Policy Liaison Program); 6 (Public Release Review Team for Policy Statements); 10 (Protocols for In-Person Council Meetings); 14 (Changes to Affirmatively Enhance Timely Progress of New Business); 15 (Creation of Council Interest Committees); 19 (Move to a Quarterly Council Meeting Schedule); 21 (Council Meeting Agenda Time);

WHEREAS one of the recommendations in the CEWG Work Group’s Implementation Report, recommendation number 20, is for a new group to be formed to oversee the implementation of CEWG-inspired recommendations;

WHEREAS another recommendation in the CEWG Work Group’s Implementation Report, recommendation number 7, is for a new group to be formed to evaluate the functioning of the Council Leadership Team and to consider recommendations to increase effectiveness;

THEREFORE BE IT RESOLVED that Council approves the establishment of a nine-member task force, the Council Effectiveness Implementation Oversight Task Force, charged with reporting to Council not later than August 2023 on the following:

1. Evaluation and tracking of the progress made on Initiatives Ready for Implementation since the CEWG Report was received by Council in August 2020;
2. Receiving reports from staff and providing feedback on further work on Initiatives Pending Implementation.

3. Coordinating outreach as appropriate to APA's elected and appointed leaders, APA Divisions, state, provincial, and territorial psychological associations, ethnic psychological associations, and/or APA membership to seek comment, feedback and suggestions related to the Initiatives Requiring Discussion Prior to Moving Forward, and making proposals about the further disposition of the such initiatives;
4. The Council Effectiveness Implementation Oversight Task Force shall be appointed, based on nominations received from Council members and with the use of the Council diversity matrix, by the APA President, and shall include two current members of CLT and at least seven current or recently former members of Council, including at least two of the Organizers (movers of this motion) and past or current Council Diversity Work Group leadership or an ethnic psychological association member. The task force will sunset in August 2023 unless Council votes to continue its work.

THEREFORE BE IT RESOLVED that Council approves the establishment of a seven-member Council Leadership Team Evaluation Task Force, charged with carrying out the tasks specified below in collaboration with Council, and formally reporting to Council not later than August 2022 on the following:

1. evaluating the mission, composition, and function of the Council Leadership Team, as described in Rules 60-1.1, 60-1.2, and 60-1.3, and as experienced by APA Council members since CLT was initiated in 2015;
2. evaluating whether CLT and the Board of Directors have effectively supported Council in developing its role as a policymaking body including through principles of psychological science related to meetings and consensus-building;
3. making recommendations to Council about whether CLT should continue as currently designed and structured or whether modifications should be made that would enhance the effectiveness of Council in developing policy for the discipline and profession of psychology;
4. The Task Force shall be appointed, based on nominations received from Council Members and with the use of the Council diversity matrix, by the APA President and shall include two current members of CLT and five current or recently former members of Council, including at least one member of CEWG Work Group 2 or an Organizer and one member of the Council Diversity Work Group. The Task Force shall sunset in August 2022 unless Council votes to continue its work.

D.(6) Council voted to approve amending Association Rule 220 as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

220. AMENDING APA BYLAWS

220.1.2 An explanatory statement will be included with each Bylaws amendment sent to the Membership for a vote. A maximum of three authors will be selected by the Council Leadership Team to prepare the explanatory statement. The names of the authors will not be identified on the statement but will be provided upon request after the vote by the membership on the Bylaw amendment. The Council Leadership Team will consult with authors about any recommended changes to the statement. The final decision about the content of the explanatory statement shall rest with the Election Committee. The President shall be the final arbiter of the content in the event a clear decision can't be made by the Election Committee.

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220-1.3 Guidelines for preparing pro and con statements that accompany ballots for proposed APA Bylaw amendments follow: (a) pro and con statements shall be written unless two-thirds of the voting Council members consider such statements unnecessary; (b) except when instructed by Council to the contrary, each pro and con statement shall be limited to 200 words; (c) the groups and a maximum of three authors will be selected by the Council Leadership Team to prepare[ing] each [the] statement[s]. The names of the authors will not be identified on the statements but will be provided upon request after the vote by the membership on the Bylaw amendment [and the names of those individuals shall be identified on the statements]; (d) the ballot will include the Council vote in favor of and opposed to the Bylaw amendment; (e) the pro statement shall be labeled "statement in favor of adopting this amendment" and the con statement shall be labeled "statement against adopting this amendment."; f) the statements in favor of and against adopting the amendment will be alternated on the ballots sent to the Membership; g) the statements in favor of and against adopting the amendment may not include ad hominem or prerogative statements. [Council or its designee shall determine who is to prepare the statements; and (c) pro and con statements shall be exchanged between the respective author(s). Rebuttal statements may be written (and so identified) by the respective original authors if they choose to do so. Rebuttals may not exceed 200 words.]

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[The Election Committee shall be responsible for any editorial and substantive revisions that are necessary to ensure factual accuracy and fair representation of the issue.] The [Committee] Council Leadership Team will consult with authors about any recommended changes. The final decision about the content of the pro and con statements shall rest with the {original author(s)} Election Committee. The President shall be the final arbiter of the content in the event a clear decision can't be made by the Election Committee.

E.(7) Council voted to approve the following amendments to the Association Rules (bracketed/strikethrough material to be deleted; underlined material to be added):

110-14. RULES GOVERNING SIMULTANEOUS SERVICE

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

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

Boards

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

Committees

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

Commissions

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

F.(8) Council voted to receive the Final Report of the Council Diversity Work Group.

G.(8A) Council voted to approve the following amendments to the Association Rules (underlined material to be added):

30. PROCEDURES OF COUNCIL

30-1.3 The CLT Chair, in consultation with CLT members, shall appoint one and up to three Organizational Ombuds (OO) for meetings of Council who may continue to serve at the pleasure of the CLT in succeeding years. An OO shall not also serve as a member of Council; an OO who is selected while serving as a member of Council shall be replaced during their OO term in accordance with the procedures established in rule 40-1, et seq.

30-1.[3] 4 The order of business for meetings of Council shall be proposed by the President in consultation with the Council Leadership Team and adopted by Council. Once the order of business is adopted, a two thirds vote is required to change the order.

30-1.[4] 5 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 Council Leadership Team, at least two weeks prior and whenever possible 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 Council Leadership Team and any other board or committee that has reviewed the issue.

This rule shall not be interpreted to apply to supplemental materials such as exhibits, comments, or minutes that are not available at the time the agenda is finalized and posted.

30-1.[5] 6 The Council may, by a majority vote, go into executive session, participation in which is limited to the members of Council and such other persons that are requested by the APA President to attend. The proceedings of such sessions are considered confidential.

H.(9) Council voted to approve amending Association Rule 40-2 as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

40-2. [LIAISON/OBSERVERS] ETHNIC MINORITY PSYCHOLOGICAL ASSOCIATION NON-VOTING DELEGATES TO COUNCIL

40-2.1 ~~[Any unit designated in Article V, Section 1 of the APA Bylaws that fails to secure a seat in the Council of Representatives may appoint a single Liaison/Observer to the Council. Liaison/Observers must be members of the APA. Said units shall make provision for representation from the diversity of American society.]~~ Each Ethnic Minority Psychological Association affiliated with APA shall be invited to appoint a non-voting delegate to Council if they choose not to appoint a voting member of Council.

40-2.2 ~~[Liaison/Observers]~~ Non-voting delegates to Council shall be entitled to: (a) receive all except confidential materials provided to the Council of Representatives; (b) attend all Council

sessions, workshops and caucuses with the exception of the Executive Sessions of Council; (c) be seated in a portion of the Council chamber designated for their use; (d) speak to agenda items of direct concern to their constituents~~[- if specifically invited to do so by the Presiding Officer].~~

40-2.3 ~~[Liaison/Observers]~~ Non-voting delegates to Council shall not be entitled to vote on matters before the Council.

I.(10) Council voted to rescind the portion of its February 2013 action which required regional psychological association observers to be members of APA and approves the following amendments to Council's February 2013 motion below (bracketed/strikethrough material to be deleted):

Council asks that the following regional psychological associations be invited to send a representative to serve as an observer to the APA Council of Representatives: Eastern Psychological Association, Midwestern Psychological Association, New England Psychological Association, Rocky Mountain Psychological Association, Southeastern Psychological Association, Southwestern Psychological Association, and Western Psychological Association.

The observers shall hold membership in ~~[both]~~ the Association represented ~~[and the American Psychological Association]~~ and shall be entitled to: (a) receive all except confidential materials provided to the Council of Representatives; (b) attend all Council sessions and caucus meetings with the exception of the Executive Sessions of Council; (c) be seated in a portion of the Council chamber designated for their use; (d) speak to agenda items of direct concern to their constituents if specifically invited to do so by the Presiding Officer.

The observers shall not be entitled to vote on matters before Council or to receive financial assistance from APA for their attendance at the Council meetings.

J.(28) Council received as information the *Advocacy Coordinating Committee Report to Council*.

VII. PUBLICATIONS AND COMMUNICATIONS

A.(11) Council voted to approve the creation of a new Division 15 journal, to be titled *Educational Psychology for Policy and Practice*.

B. (12) Council voted to approve the following amendments to the Association Rules (bracketed/strikethrough material to be deleted; underlined material be added):

170-2. RESPONSIBILITIES OF PUBLICATION AND COMMUNICATIONS BOARD

170-2.1 The Publications and Communications Board shall establish publication policies and appoint editors to the APA journals (except the editor of the *American Psychologist*, ~~[official organ]~~ flagship journal of the Association~~[- and the executive editor of *Psychological Abstracts*]).~~

170-6. EDITOR OF THE AMERICAN PSYCHOLOGIST

170-6.1 The *American Psychologist* shall be the ~~[official organ]~~ flagship journal of the APA. The Board of Directors shall designate the editor and determine ~~[his or her]~~ the individual's term of office.

VIII. CONVENTION AFFAIRS

No items.

IX. EDUCATIONAL AFFAIRS

A.(13) Council voted to approve the continued recognition of Counseling Psychology as a specialty in professional psychology for a period of seven years.

B.(14) Council voted to approve an extension of recognition of Sleep Psychology as a specialty in professional psychology for an additional period of one year, to expire in August 2022.

C. (15) Council voted to approve an extension of recognition of Clinical Psychology as a specialty in professional psychology for an additional period of one year, to expire in August 2022.

D. (16) Council voted to adopt as APA policy the *Student Learning Outcomes for Introductory Psychology* and approve December 2031 as the expiration date.

E.(25) Council received as information an update on the business pending item, Reiteration of APA's Values on Discrimination in Light of Contemporary Resurgence in Discrimination and Hate Crimes (NBI #20A/Feb 2019).

X. PROFESSIONAL AFFAIRS

A.(17) Council voted to adopt as APA policy the *Guidelines for Psychological Practice with Military Service Members, Veterans and Their Families* and approve December 2031 as the expiration date for the Guidelines.

B.(18) Council voted to adopt as APA policy the *Guidelines for Optimal Use of Social Media in Psychology Practice* and approves December 2031 as the expiration date for the Guidelines.

C.(18A) Council voted to adopt as APA policy the following *APA Resolution in Support of the Centers for Disease Control's Guidance on Adding "Mental Health Conditions" to its List of Underlying Medical Conditions that are Directly Related to Increased Risk of Severe Illness or Mortality from COVID-19*:

The American Psychological Association (APA) supports the Centers for Disease Control and Prevention's (CDC) October 21, 2021, published guidance to add "mental health conditions" to its list of "underlying medical conditions that are directly related to increased risk of severe illness or mortality from COVID-19." Recognizing and adding this population with mood disorders, including depression and schizophrenia spectrum disorders, to the list of medical conditions with heightened threat for severe illness is consistent with APA's ongoing support and advocacy for a population health approach to behavioral health (including mental health and substance use conditions and the interconnectedness of psychological and physical health). This approach promotes using a broad set of strategies to work further upstream, including health promotion, disease prevention, and management of disease. APA will continue to advocate for the addition of other mental health conditions as the science indicates.

CDC's guidance also reflects long standing scientific knowledge that the biopsychosocial components of health and the "mind-body" connection are key to a psychologically and physically healthy general population. APA acknowledges the important precedent set by the

CDC in its recognition of the inextricable link between mental and physical health. We urge CDC to ensure whole-person health continues to be a priority.

D.(26) Council received as information an update on the business pending item, Healthcare Practice Guideline Policy (NBI #13B/March 2018).

E.(29) Council received as information an *Update on the Development of Clinical Practice Guidelines by APA*.

XI. SCIENTIFIC AFFAIRS

A.(30) Council received as information an *Update on APA Climate Change Task Force*.

XII. PUBLIC INTEREST

A.(19) Council voted to archive the following 2010 Resolution on Ending Homelessness:

Resolution on Ending Homelessness

WHEREAS safe, stable, affordable, accessible and permanent housing is a basic need, and its absence negatively impacts typical development, physical and mental health, academic success, family cohesion, and the ability to exercise individual rights and responsibilities (e.g. Zlotnick & Zerger, 2008; Substance Abuse and Mental Health Services Administration, 2003; Donahue & Tuber, 1995; U.S. Conference of Mayors, 2009);

WHEREAS homelessness and risk of homelessness is matter of public health concern (e.g. Krieger & Higgins, 2002; Schnazer Dominguez, Shrout & Caton, 2007);

WHEREAS populations who have historically been discriminated against and marginalized have been disproportionately affected by the lack of affordable, accessible, safe and stable housing. Such oppressed groups include: racial and ethnic minorities, (e.g. African Americans, Native Americans), refugees and immigrants, older adults, veterans, persons with disabilities, including mental illness, female heads of household with children and youth, unaccompanied youth -- many of whom are lesbian, gay, bisexual, and transgender youth, and/or youth aging out of foster care systems (e.g. Lehman and Cordray, 1993; U.S. Conference of Mayors, 2008; U.S. Conference of Mayors, 2009; U.S. Department of Housing and Urban Development, 2009; Toro, Dworsky & Fowler, 2007; Shinn, 2007; Cochran, Stewart, Ginzler & Cauce, 2002);

WHEREAS ethnic minorities and marginalized persons including women have been disproportionately impacted by subprime loans, lower incomes, lower salaries, and higher unemployment rates which all contribute to homelessness (Manneh, 2008);

WHEREAS in times of economic downturn, job loss and high rates of underemployment and unemployment, more persons in urban, suburban and rural areas lose their homes, or are at risk of homelessness (e.g. U.S. Conference of Mayors, 2009; U.S. Department of Housing and Urban Development, 2008); and where ethnic minorities are especially vulnerable and at risk for losing the most (Manneh, 2008);

WHEREAS homelessness results from structural systemic issues including the lack of affordable housing; insufficient supportive community-based services, especially those intended to treat

mental illnesses and/or substance abuse; under-funded schools that cannot adequately build foundations for academic or vocational success; limited job training programs and opportunities; a shortage of affordable day care and after school programs to support female-headed families; job layoffs; underemployment and unemployment; and escalating costs of food, housing and transportation (e.g. Bosman, 2009; National Alliance to End Homelessness (2009, 2010); National Coalition for the Homeless, 2009); Rafferty & Shinn, 1991; Zlotnick, Robertson, & Lahiff, 1999);

WHEREAS psychosocial stressors impacting mental and physical health are often associated with entrance into and exit from homelessness, and where expanded access to culturally competent, community-based prevention, intervention and treatment services, along with structural changes, contributes to the remediation of homelessness (e.g. Burt et al., 1999; Burt, Person & Montgomery, 2007; Haber & Toro, 2004; Morse et al., 1996);

WHEREAS the field of psychology is uniquely poised to contribute to the amelioration of homelessness through scientific research, program design and evaluation, education and training, advocacy, and the culturally competent assessment and treatment of persons across the life span who are without homes or at risk of homelessness (e.g. Haber & Toro, 2004; Shinn, 1992);

WHEREAS psychologists aspire to enhance the physical, emotional and behavioral well being of all persons, especially those who are marginalized and most vulnerable (Health Care for the Homeless Clinicians' Network, 2000; 2003).

THEREFORE BE IT RESOLVED that the Council of Representatives of the American Psychological Association reaffirm its commitment to advance psychology's contributions to ending homelessness in the following actions:

- Direct research efforts towards the prevention of homelessness in marginalized and vulnerable populations; design a plan to disseminate an evidence-based intervention plan for those currently experiencing homelessness or at imminent risk of homelessness; support and/or conduct applied research on service utilization among chronically and pervasively mentally ill populations at risk for homelessness; and the evaluation of programs that support rapid return to stable and permanent housing.
- Investigate methods and interventions to promote resilience in different populations at risk for homelessness including those within rural versus urban areas, single males versus female heads of household with children, unaccompanied youth (many of whom are gay, lesbian or transgendered and/or youth aging out of foster care systems), racial and ethnic minorities (e.g., African Americans, Native Americans), refugees and immigrants, persons reentering communities following incarceration, older adults, veterans, or persons with disabilities including mental illness (among other vulnerable populations). Recognize that implementation success may well require a change in approach, such as reducing the use of substance abuse as a basis of denial for shelter or services (Kosa, 2009; U.S. Interagency Council on Homelessness, 2008).
- Recommend training and educational practices that enhance the ability of psychologists to work effectively with populations at risk of homelessness or currently living without homes by expanding graduate school curricula focused on diverse and underserved populations; creating internships and continuing education to encourage psychologists to work with populations experiencing homelessness; and enlisting psychologists to offer appropriate mental health education programs to service providers, community-based organizations, community volunteers and the public at large focused on the remediation

of homelessness.

- Encourage psychologists to provide strength based clinical and assessment services to populations who are homeless or at risk of homelessness. Culturally competent services shall address a continuum of needs and focus on serving people in the communities in which they and their families live, and will take into consideration how specific structural systemic issues interact in different combinations and in different ways for specific populations. Psychologists are encouraged to establish meaningful collaborations with physicians, nurses, social workers, educators, service providers and advocates committed to addressing the multifaceted needs of persons who are experiencing homelessness or at risk of losing their homes.
- Promote and advocate for policies and legislation that support the rapid reentry of persons into stable, safe, affordable and permanent housing. Including:
- Legislation that funds comprehensive services as well as safe, stable, affordable least restrictive and most appropriate and accessible housing in urban, suburban and rural areas.
- Advocate for funding for targeted comprehensive services, education and job training opportunities for youth in foster care, and for transitional services for those returning to home placement and/or communities.
- Advocate for education, job training and affordable day care to support families, including but not limited to poor and low income families.
- Legislation that would provide expanded funding for a range of mental health services for families, including but not limited to at risk families, unaccompanied youth and children in foster care placements, as well as persons of all ages with disabilities.
- Advocate for health care coverage for those without homes and at risk of losing stable or permanent housing.
- Advocate for an increase in mental health, substance abuse and alcohol abuse prevention and treatment programs.
- Advocate for comprehensive supportive services that promote the strengthening of families.
- Advocate that public funds be provided to finance not only emergency responses to homelessness, but also to implement preventative programs to reduce the incidence and prevalence of homeless persons and families.
- Advocate for stricter regulations governing financial institutions, predatory lending, credit, and mortgage practices.
- Disseminate accurate information about homelessness to psychologists, policymakers, and the public to call attention to structural systemic issues that exacerbate homelessness. Suggest both psychological (e.g. clinical) and systemic structural interventions for those who suffer the consequences of poverty and homelessness.

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B.(20) Council voted to adopt as APA policy the following 2021 APA Resolution on Homelessness titled, *Resolution on Ending Homelessness*:

Resolution on Ending Homelessness

Five-year policy review

WHEREAS safe, stable, affordable, accessible, and permanent housing is a human right, and its absence negatively impacts typical development; physical and mental health functioning; nutrition; social and emotional wellbeing; education, employment, and training opportunities; academic success; family and social cohesion; and the ability to exercise individual rights and responsibilities (e.g., American Psychological Association, 2021a; Tars, 2017; United Nations, 1948; United Nations, 2015; United Nations Human Rights, Office of the High Commissioner, 1966);

WHEREAS certain activities associated with individuals who lack a home or shelter or are in unstable living conditions, such as sleeping outdoors, in cars, or in abandoned buildings, doubled up, congregating in specific settings, violating curfews, or sharing food have been criminalized or sanctioned under specific state and local civil ordinances, and can result in encounters with law enforcement officers and legal systems causing stigmatization, increased hardship, and a further curtailment of legal rights and liberties, including incarceration, loss of the ability to vote, financial penalties and costs, forfeiture of possessions and property, employment loss, ineligibility for public housing and other benefits, and in some instances separation from children and loss of legal custody (Bailey, 2016, Batko et al., 2020; MacDonald et al., 2015; Muentner et al., 2019; National Coalition for the Homeless, 2014; National Law Center on Homelessness and Poverty, 2014);

WHEREAS at least 1.5 million Americans yearly live without homes, and many more unaccounted-for persons live doubled up and in crowded and unsafe settings as a result of insufficient supplies of adequate affordable housing and in combination with other factors, and where health and homelessness are inextricably linked insofar as poor health often contributes to homelessness and living without homes can cause or exacerbate health conditions, housing instability and homelessness are matters of significant public health concern. Homelessness and housing instability have a deleterious impact across the life span on physical and emotional health and wellbeing, and the societal costs associated with unstable housing are staggering. From infancy through childhood, adulthood, and old age, persons living without homes, when compared with the general population, are disproportionately at risk for the neuro-psychological, developmental, cognitive, social, emotional, and health consequences of toxic exposures, infectious diseases and chronic illnesses, unclean water, faulty plumbing, unsafe wiring, inadequate food, unhealthy living spaces and crowded conditions, air pollution, and environmental injustice; are more likely to be displaced by natural disasters, pandemics, and the outcomes of climate change; and tend to die on average twelve years sooner than persons who are housed. Additionally, more than 1.5 million students enrolled in public schools in the United States (during the 2017-2018 academic year) were homeless, resulting in a substantial impact only on the educational system and the child's learning. Moreover, whereas persons living without homes have been particularly impacted by higher than average rates of severe acute respiratory syndrome—coronavirus disease 2019 (SARS—COVID-19) and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS; Ahmed et al., 2016; Briggs et al., 2013; Chun et al., 2020; Cutili et al., 2016; Donovan & Shineski, 2013; Elder & King, 2019; Grant et al., 2013; Haskett et al., 2015; Karb et al., 2020; Milloy et al., 2012; Montgomery et al., 2016; National Alliance to End Homelessness, 2020; National Center for Homeless Education, 2020; National Health Care for the Homeless Council, 2019; Sandel et al., 2018; United States Conference of Mayors, 2016; Zaveri, 2020);

WHEREAS populations who have historically been marginalized and discriminated against are disproportionately impacted by the lack of affordable, accessible, safe, and stable housing and are evicted from existing housing at significantly higher rates, and whereas these same populations are least likely to benefit from neighborhood revitalization and economic recovery. Such oppressed groups include those living in poverty or of low socioeconomic status; persons of color including Black, Indigenous, and other people of color (BIPOC) and other minorities; immigrants and refugees; persons with disabilities along with cognitive, physical, behavioral, and/or mental health challenges; single parents/caregivers/caretakers with children; older adults; unaccompanied youth and in disproportionately higher numbers, youth who hold sexual orientation and/or gender diverse identities (e.g., gay, lesbian, bisexual, queer, transgender, and/or nonbinary gender); emerging adults transitioning from foster care, juvenile justice, or child welfare settings; victims of interpersonal violence; veterans; and persons who have been incarcerated, arrested, paroled, on probation, or otherwise court-involved; (e.g., Choi et al., 2015; Crane & Joly, 2014; Desmond, 2016; Dworsky et al., 2013; McCann & Brown, 2019; Muentner et al., 2019; Shinn & Khadduri, 2020; Stone et al., 2018; Wiltz, 2019);

WHEREAS oppressed groups, persons of low socioeconomic status, and all individuals living in poverty are disproportionately impacted by housing loss related to destruction following natural disasters; illness, loss of income, and eviction during pandemics; inequitable wages based on gender, race, or immigration status; wage theft and underpayment; insufficient income and savings; higher rates of unemployment and under-employment; gentrification and dislocation;

job loss owing to plant shutdowns and job relocations; financial scams; predatory lending and subprime loans; discriminatory leasing practices; and inaccessible or unaffordable public transportation, all of which contribute to housing instability and homelessness (Boustan et al., 2017; Byrne et al., 2020; Desmond, 2020; Duffy et al., 2016; Shinn & Khadduri, 2020);

WHEREAS in times of economic downturn, pandemics, job loss, and periods of high rates of under-employment and unemployment, persons of low socioeconomic status and those living in poverty in urban, suburban, and rural locations are at significantly heightened risk of losing stable housing resulting in homelessness (e.g., Blustein et al., 2019; Desmond, 2016; Kopf, 2017; Shinn & Khadduri, 2020; United States Conference of Mayors, 2020);

WHEREAS homelessness results from structural racism, anti-LGBTQ+ discrimination, systemic barriers, and embedded social injustices including the lack of rapid and accessible safe and affordable housing; discriminatory gaps in wages based on gender, race, ethnicity, and immigration status; high costs of food, childcare, transportation, and utilities; health disparities and unequal access to health care treatment; insufficient supportive community services, including those targeted to treat mental health and substance disorders particularly for those with minoritized identities; under-funded schools ill equipped to prepare students for academic or vocational success; scarce job training programs; limited early childcare and after school programs to support working families; inadequate and unfair wages; job layoffs and under-employment (e.g., Barile et al., 2018; Byrne et al., 2020; Choi et al., 2015; Desmond, 2016; Duffield, 2020; Ecker et al., 2019; Grant et al., 2013; Institute of Medicine and National Research Council, 2012; National Alliance to End Homelessness, 2020; Shelton & Bond, 2018; Shinn & Khadduri, 2020);

WHEREAS psychosocial stressors that impact physical, social-emotional, and behavioral health functioning are often associated with entrance into and exit from homelessness, and where rapid, accessible and supportive housing as well as expanded access to culturally competent health and mental health care; community-based prevention, intervention, and treatment services; and job training opportunities along with structural changes and the creation of accessible, rapid and affordable housing contributes to the remediation of homelessness (e.g. Armstrong et al., 2014; Desmond, 2016; Duffy et al., 2016; Garrett-Akinsanya, 2014; Guarino, 2014; Haskett & Armstrong, 2019; Kerman et al., 2018; Morton et al., 2018; Navarro-Lashayas & Elroa-Orosa, 2017; Stone, 2019; Thurston et al., 2013; van den Berk-Clark & McGuire, 2013; Warren & Font, 2015; Yu et al., 2020);

WHEREAS the field of psychology is uniquely poised to contribute to the amelioration of homelessness through culturally competent scientific research, program design, and evaluation; empirically supported, culturally competent, trauma-sensitive interventions for those experiencing homelessness or at risk of housing instability; culturally competent education and job training for persons wishing to work at the programmatic or individual levels with persons experiencing homelessness or at risk of housing loss; and culturally competent assessment and treatment of persons across the life span who are without homes or are at risk of homelessness and advocacy around issues and policies associated with racial and socioeconomic injustice; increased access to safe and affordable housing; mandatory fair wages, the decriminalization of homelessness, and the abolishment of cash bail; structural and race-based barriers to health care; and climate justice (e.g., American Psychological Association, 2010; Cutuli & Herbers, 2014; Duffield, 2020; Guarino, 2014; Rogers et al., 2012);

And, WHEREAS psychologists aspire to promote the human rights and dignity of all persons, through the creation of equal opportunities for work, education, and physical, emotional, and behavioral wellbeing, including equal access to culturally competent treatment and care, especially for those who are most vulnerable owing to systemic racism and classism, structural inequity, or bias based on the intersectionality of marginalized identities (American Psychological Association, 2021a, 2021b);

THEREFORE BE IT RESOLVED that the Council of Representatives of the American Psychological Association reaffirms its commitment to advance psychology's contributions to ending homelessness and supports the following:

Research efforts directed towards the prevention of homelessness among marginalized and vulnerable populations, evidence-based intervention plans for those currently experiencing homelessness or at imminent risk of homelessness, applied research on service use among populations at risk for homelessness, and the evaluation and assessment of programs that support rapid and permanent housing.

Investigation of methods and interventions to promote resilience in different populations at risk for homelessness, including those within rural, suburban, or urban areas; single female or male heads of household with children; unaccompanied youth (particularly those who hold sexual orientation and/or gender diverse identities including gay, lesbian, bisexual, queer, transgender, and/or gender nonbinary youth); emerging adults (e.g., youth aging out of foster care system and leaving the juvenile justice system); people of color; refugees and immigrants; adults reentering communities following incarceration; older adults; persons with disabilities (including physical, cognitive, and mental health conditions); and veterans.

Recognition that success based on scientific findings may require a change of policy as well as program rules and procedures.

Focus on training and educational practices that enhance the cultural competency and trauma sensitivity of psychologists to effectively work with populations currently, or at risk of, experiencing homelessness. Such practices include: expansion of graduate school curricula focused on the ways in which harmful stereotypes and individualistic attributions are culturally constructed and hold the potential to influence service provisions; enhancing training to include diverse and underserved populations; creating internships and continuing education opportunities that encourage psychologists to work with populations experiencing homelessness; enlisting psychologists to offer appropriate mental health education programs focused on the remediation of homelessness to service providers, community-based organizations, community volunteers, and the public.

Recognition that psychologists should promote vocational training, decent work, and fair and equitable remuneration for all people.

Encouragement of psychologists to provide strength-based clinical assessment services to populations who are currently, or are at risk of, experiencing homelessness. Culturally competent services address a continuum of needs, focus on serving people in the communities in which they and their families live, and take into consideration how specific structural/systemic issues intersect and interact in different combinations and in discrete ways for specific populations. Psychologists are encouraged to establish meaningful collaborations with physicians, nurses, social workers, attorneys, educators, service providers, community

organizations, outreach services, and advocates committed to addressing the multifaceted needs of persons who are experiencing homelessness or at risk of losing their homes.

Promotion and advocacy for policies and legislation that support the rapid reentry of persons into stable, safe, affordable, and permanent housing, including:

- Comprehensive services, as well as safe, stable, affordable, less restrictive, and accessible housing in urban, suburban, and rural areas;
- Targeted comprehensive services, such as education and job training opportunities for youth in foster care, and for transitional services for those returning to home placement and/or communities;
- Education, job training, and affordable day care to support families, including but not limited to low-income families;
- Health care coverage for those without homes and at risk of losing stable housing;
- Increased programs and culturally competent services in mental health, substance abuse, and alcohol dependency prevention and treatment;
- Public funds to support emergency responses to homelessness and implement preventative programs to reduce the incidence and prevalence of persons and families experiencing homelessness;
- Stricter regulations governing financial institutions, predatory lending, credit, and mortgage practices and support for living wages;
- Dissemination of accurate information about homelessness to psychologists, policymakers, and the public in an effort to call attention to the structural/systemic issues that exacerbate homelessness.

Both psychological (e.g., clinical) and structural/systemic interventions are needed for those experiencing the consequences of poverty and homelessness.

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C.(20) Council voted to adopt the as APA policy the *Resolution on Advancing Health Equity in Psychology*:

Resolution on Advancing Health Equity in Psychology

APA Presidential Task Force on Psychology and Health Equity

Aspirational goals for health equity are no longer sufficient. Health inequity is driving dire need and substantial physical and psychological suffering. Inequities are so great they warrant immediate transformative action.

This resolution is centered on race/ethnicity and racism as the key driver of health inequities. At the same time, APA recognizes that inequities are experienced through the intersection of multiple elements of identity, particularly those that are associated with limited political, social, and economic power. However, even in the context of intersectional identities, race/ethnicity carries disproportionate weight in determining health inequities. To advance health equity it is fundamentally necessary to implement broad steps related to addressing race/ethnicity and racism within our field. APA considered simultaneously identifying a range of inter-related and intersectional variables (e.g., socioeconomic status, gender and gender identity, sexual orientation, disability), and concluded that to do so would have the effect of diluting the clarity and focus of the resolution and its implementation, and that a staged approach was likely to be necessary. This resolution can provide a basis for similar actions focused on other identities and social characteristics.

WHEREAS, *health equity*, defined as “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically” (World Health Organization, 2021), is an important foundation for advancing health services in psychology;

WHEREAS, *health disparities*, described as preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by socially disadvantaged populations (CDC, 2017), provide ample evidence that people of color have not experienced the mental health or health equity that is central to improving their psychological health and well-being;

WHEREAS, 2021 APA President Jennifer F. Kelly, PhD, ABPP, appointed a Presidential Task Force on Health Equity comprised of experts on the intersection of health equity and psychological science which compiled and analyzed the available scientific literature in order to make recommendations for psychological science, education and training, practice, public policy and legislative advocacy, all of which informed this resolution;

WHEREAS, health inequities are inextricably linked to racism and resulting economic and education inequities that psychologists may help to address (APA Working Group on Health Disparities in Boys and Men, 2018; FitzGerald & Hurst, 2017; Khazanchi et al., 2020; Salter et al., 2018);

WHEREAS, in six U.S. states and in many U.S. metropolitan areas, people of color already constitute the majority of the population, as is expected to be the case for the U.S. as a whole within the next 20 to 25 years (Frey, 2018); around the globe, 85% of people live in low- and middle-income countries (World Bank, 2022) and people of color represent the overwhelming majority of the world's population; and "people of the global majority" is increasingly being advanced as an alternative collective term for people of color that does not center Whiteness (Lim, 2020);

WHEREAS, trauma exposure, discrimination, and racism have resulted in people of color experiencing barriers of distrust toward health care and its professionals (Comas-Díaz et al., 2019; Jones, 2000);

WHEREAS, racialized health inequities have persisted, and at the intersection of multiple elements of identity, people of color are disproportionately at risk for inequities when compared with White Americans (CDC, 2017);

WHEREAS, psychologists possess expertise to address the social determinants of health (e.g., access to quality care, community environment, education, employment, socioeconomic status (SES), carceral status and social networks) that drive health inequities (Artiga & Hinton, 2018; Healthy People, 2030, 2021; Institute of Medicine, 2003; Klukoff et al., 2021; Kovera, 2019; Robert Wood Johnson Foundation, January 11, 2017; World Health Organization, 2008);

WHEREAS, eliminating health inequities would reduce direct and indirect medical care costs associated with illness and premature death (LaVeist et al., 2011); lost economic output is linked to the combined effect of inequities in health, education, incarceration, and employment opportunities (PolicyLink/PERE, National Equity Atlas, www.nationalequityatlas.org);

WHEREAS, psychology's traditional focus on individual behavior change fails to acknowledge structures that perpetuate inequity and fails to engage the necessary work of transforming social systems to advance health equity (Holden et. al., 2016; Lee, 2006); the focus historically has been on the downstream within-person consequences of racism rather than addressing the upstream antecedents of social hierarchy and inequity (Williams et al., 2019; Williams & Mohammed, 2013);

WHEREAS, health inequities have been a significant contributor to and exacerbator of the COVID-19 pandemic (APA, May 27, 2020; CDC, April 16, 2021; Moore et al., 2020); and COVID-19 has demonstrably worsened health inequities that will challenge the U.S. and its psychologists, and exposed shortcomings of health services and systems, including psychological services, to effectively advance health equity in the U.S. (APA, October 20, 2020; Novacek et al., 2020);

WHEREAS, health inequities compound the risks to people of color because of climate change, a significant threat to well-being and important priority of APA (Swim et al., 2009);

WHEREAS, racialized education and training, science, and clinical practice, including by psychologists, have contributed to health inequities by mismatching mainstream psychological methods and practices to communities of color with vastly different cultural perspectives; and

training models often neglect to educate psychologists in culturally appropriate methods for addressing health equity (Adames et al., 2013; Aiello et al., 2021; Buchanan et al., 2020; Hartwell et al., 2017);

WHEREAS, given limited representation of students and professionals of color in the field of psychology, and particularly in science-focused academic positions, there are persistent barriers to meeting the physical and mental health care needs of communities of color (Buchanan et al., 2020; Lin et al., 2018); academic hierarchical culture is not well-matched to the more collectivistic cultures of some communities of color; and education and training in health equity, EDI (equity, diversity, and inclusion), and structural racism is heterogeneous and often lacking in consistency over time (Adames et al., 2013; Bernstein et al., 2020; Fuentes et al., 2020; Hartwell et al., 2017; Matsumoto, 2000; Tynan & Garbett, 2007);

WHEREAS, people of color are significantly underserved by research (Barr, 2019); and health equity research continues to be undervalued by funding agencies, academic audiences, and community settings (Kaiser Family Foundation, 2018; Srinivasan & Williams, 2014);

WHEREAS, few psychologists have expertise in approaches that can enhance understanding and responsively address racialized health inequities such as Community Based Participatory Research (De Maio et al., 2019; Wallerstein et al., 2017);

WHEREAS scholars of color are significantly underrepresented on editorial boards in ways that bias publications (Bhaumik & Jagnoor, 2019; Esquierdo-Leal & Houmanfar, 2021); scholars of color, especially early career, women, and LGBTQ professionals, are often burdened with heavy and disproportionate service demands that interfere with scholarship based on ostensible concerns about representation (Misra et al., 2021); and inequities associated with intersectional identities are often overlooked, while cultural strengths are typically ignored and undervalued (Collin & Blidge, 2020; Nash, 2008);

WHEREAS, population-based interventions that address multiple dimensions of wellness are needed for those without mental health diagnoses (Payne, 2017; Young, 2004); interventions are needed to address implicit racism inherent in health care systems, agencies, and organizations (Blume, 2016); practitioners often lack competence and confidence in addressing race and racism in clinical encounters (Buchanan & Wiklund, 2020; Estaban & Battle, 2003); there is a need for greater accessibility of clinical services to populations that fall through the cracks where financial structures disincentivize care for individuals from lower and middle SES communities and people of color, and need exists for equitable and sustainable health care reimbursement (Palozzi et al., 2020); psychological assessment does not adequately capture culturally-responsive constructs central to health equity work (Braveman, 2006); and the Examination for Professional Practice in Psychology (EPPP) may have an impact that is counter to the goal of achieving a diverse practice workforce (Macura & Ameen, 2021);

WHEREAS, there is a pressing need to enlist authentic stakeholder and community engagement in which communities and stakeholders bilaterally collaborate to address health inequity (Robert Wood Johnson Foundation, 2017); and there is a critical need for more deliberate and impactful interprofessional partnerships (e.g., with AMA, APHA, SBM, and policymakers) to advance health equity (Gomez et al., 2021; Muraleetharan et al., 2021);

WHEREAS, the role of APA and of psychologists in advancing health equity is consistent with APA's guiding principles to build on a foundation of science, advocate for psychology and

psychologists, champion diversity and inclusion, respect and promote human rights, and lead by example; advancing health equity is central to APA's strategic goal to utilize psychology to make a positive impact on critical societal issues, including the objective of employing psychology to improve population health, increase access to services, and reduce disparities, and the objective of fostering the advancement of human rights, fairness, diversity, and inclusion through the application of psychological science (APA, 2019; APA Center for Psychology and Health, 2016);

WHEREAS health equity has been identified as a guiding principle of the APA/APASI advocacy priorities (APASI, 2021a); APA in 2021 adopted an Equity, Diversity, and Inclusion Framework (APA, 2021b); a range of activities focused on antiracism and health equity have been or are being undertaken by the Central Office Directorates and other programmatic units (e.g., APA, 2021c), including APA divisions (e.g., APA Division 45, 2020); APA Council of Representatives is considering a proposed resolution on the *Apology for the Role of the American Psychological Association in Promoting, Perpetuating, and Failing to Challenge Racism, Discrimination, and Human Hierarchy in the United States* (pending COR approval, October 2021) which indicates that "APA will prioritize efforts in clinical practice and health equity, such as those that elevate both advocacy for and training in culturally competent, easily accessible care models; and those that improve the discipline's knowledge of and responsiveness to the needs of communities of color"; an APA Ad Hoc Committee on Health Equity was appointed in 2021; and the aim of the Resolution on Advancing Health Equity in Psychology is to provide a unifying framework at the highest level of priority for programmatic activity across the different areas of the Association and its governance;

EDUCATION/TRAINING

Therefore, be it resolved that APA will continue to support comprehensive evaluation of early psychology exposure, recruitment, admission, and retention processes to identify ways to effectively recruit, admit, and retain students of color at all levels, from high school through postdoctoral training. This should specifically focus on pathways for scientists as well as practitioners.

Therefore, be it resolved that APA will support effective outreach and recruitment programs targeting undergraduate programs, tribal colleges, and high schools in communities that have historically experienced inequities to increase exposure, recruitment, admission, and retention of students of color in both science and practice areas, including by highlighting the careers of psychologists of color who have advanced health equity.

Therefore, be it resolved that APA will leverage its influence to promote the use of resources for the inclusion of health equity in psychology curricula. This will include the use of innovative methodologies and tools to integrate community resources and diverse approaches to address health equity topics.

Therefore, be it resolved that APA will encourage flexible training models for graduate education in psychology and doctoral internships that reduce barriers for students with multiple life demands (e.g., who need to support their families).

Therefore, be it resolved that APA will support mentoring programs (e.g., the Minority Fellowship Program) across all levels of training and throughout all stages of career development for people of color.

Therefore, be it resolved that APA will support training programs throughout the training sequence that provide exemplary training in health equity and supportive environments for students and faculty of color, based on an evaluation of the level of resources and supports provided to students, trainees, and early career psychologists of color.

Therefore, be it resolved that APA will support funding for curriculum development with the goal of incorporating health equity concepts into the psychology curriculum across levels of training from high school to postgraduate and continuing education.

Therefore, be it resolved that APA will support Continuing Education (CE) courses on health equity and encourage their broad dissemination.

Therefore, be it resolved that APA will serve as a resource for health equity training and other programs and efforts in this area.

SCIENCE/RESEARCH

Therefore, be it resolved that APA will advocate with federal research funding agencies (e.g. NIH, NSF, HRSA, PCORI) and private foundations for dedicated, sustained, and increased funding for research in health equity, that include a broader focus on social, institutional, and structural issues as key drivers of health outcomes and health equity; research on understudied populations and groups with intersectional identities; and research utilizing innovative, culturally responsive methodologies, such as community based participatory research methods.

Therefore, be it resolved that APA will advocate for federal research funding agencies to specifically include scholars of color and scholars knowledgeable about health equity issues to guide the development of research in this area, and to serve on their advisory councils more generally.

Therefore, be it resolved that APA will continue to support federal research funding opportunities that promote collaborative opportunities across HBCUs, HSIs, and tribal colleges on topics of health equity.

Therefore, be it resolved that APA will continue to develop and adopt models of language and practice for authors, journal reviewers, and journal editors that minimize bias and harmonize the consistent reporting of demographic characteristics, extending on the work of bias-free language and transparent reporting practices in the APA Style Manual. This includes the use systems-centered language (O'Reilly, 2020), which emphasizes the active nature of the systemic forces that act on communities of color and underlie many health inequities (e.g., saying that a particular community is “exposed to additional harm” rather than saying it is “at risk”).

Therefore, be it resolved that APA will promote the development of psychometrically sound research measures to assess constructs related to health equity with guidance from scientific experts and key stakeholders, including experts in collectivistic methodologies and related practices, to optimize culturally-informed, ecologically valid health equity research. These efforts should enhance existing programs aimed at developing and disseminating measurement tools for broad use (e.g., PROMIS, PhenX Toolkit [<https://www.phenxtoolkit.org/index.php>]). Therefore, be it resolved that APA will promote the standard use of best-available metrics of diversity, including race, ethnicity, sex, gender, socioeconomic status, sexual orientation, age, ability status, religion, national origin, etc. to promote comparability across studies as a strategy for advancing health equity. APA will also promote transparency in the reporting of these

metrics and in APA journals, books, and other publications, including guidelines, reports, and other communications produced by APA.

Therefore, be it resolved that APA will continue and expand existing efforts to increase representation of scholars of color on its journal and publication editorial boards, particularly including experts in health equity where appropriate. In addition, APA will encourage and support training on EDI, including a focus on health equity, for all members of the editorial team of APA journals.

PROFESSIONAL PRACTICE

Therefore, be it resolved that APA will support practice innovations that deliver competent and financially viable clinical assessment, intervention, and prevention services to diverse populations and communities. This includes the development and expansion of models for integrating psychological practice in the community and for collaboration with other health professionals (e.g., Community Health Workers) to address social determinants of health and health inequities. Examples include models of clinical and system-based assessment to address treatment barriers and service delivery challenges, as well as preventive interventions and wellness practices that attend to individual, interpersonal, and structural determinants of health in communities of color.

Therefore, be it resolved that APA will continue to develop and disseminate continuing education programs for practitioners to enhance their learning about EDI and race/racism as they relate to health equity when they deliver professional services to populations of color, communities, and organizations.

Therefore, be it resolved that APA will advocate for federal (e.g., CMS) and private (e.g., health insurance) service reimbursement formulas and models that support clinical practices that deliver competent and culturally appropriate clinical assessment, intervention, and prevention services to diverse populations and communities.

Therefore, be it resolved that APA will support current and future workforce pathway initiatives for practitioner psychologists that increase their ability to address health equity issues, with a particular focus on people of color and their various intersectional identities (e.g., gender, LGBTQI, socioeconomic status).

ADVOCACY

Therefore, be it resolved that APA will support the development of training materials and modules on health equity advocacy, with the goal of encouraging graduate students, psychology department faculty members, psychology internship and predoctoral training facility staff and professional practitioners to engage in related local, state, and federal advocacy efforts.

Therefore, be it resolved that APA will support training programs to help psychologists enhance their advocacy skills and strategies and facilitate their connections with policymakers on health equity concerns.

Therefore, be it resolved that APA will continue to develop and engage in partnerships and coalitions with other professional and policymaking organizations to address health equity issues in communities of color.

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LIST OF ACRONYMS

AMA: American Medical Association
 APHA: American Public Health Association

NIH: National Institutes of Health
CMS: Centers for Medicare and Medicaid Services
EDI: Equity, Diversity, and Inclusion
EPPP: Examination for Professional Practice in Psychology
HBCU: Historically Black Colleges and Universities
HSI: Hispanic-Serving Institution
HRSA: Health Resources and Services Administration
LGBTQI: Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
NSF: National Science Foundation
PCORI: Patient-Centered Outcomes Research Institute
PROMIS: Patient-Reported Outcomes Measurement Information System
SBM: Society of Behavioral Medicine

C.(21) Council voted to adopt as APA policy the following *Apology to People of Color for the Role of the American Psychological Association in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in the United States*:

Apology to People of Color for the Role of the American Psychological Association in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in the United States

The American Psychological Association (APA) failed in its role leading the discipline of psychology, was complicit in contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color, thereby falling short on its mission to benefit society and improve lives. APA is profoundly sorry, accepts responsibility for, and owns the actions and inactions of APA itself, the discipline of psychology, and individual psychologists who stood as leaders for the organization and field.

The governing body within APA should have apologized to people of color before today. APA, and many in psychology, have long considered such an apology, but failed to accept responsibility. APA previously engaged in unsuccessful efforts to issue apologies in the past, including an apology to Indigenous peoples. The work done to make this apology to people of color a reality was led by the people and voices of a broad cross-section of today's APA – members, APA's elected and appointed leaders, and staff – in a shared commitment to not only truly assess the harms and the harmed, but also to take responsibility and commit to taking those collective learnings and direct them into an apology that will affect true change. It is informed by listening with intention to the voices of the past – as outlined in a stunning chronology of psychology's history – and especially informed by the voices of today, the lived experience of psychologists of color, Ethnic Psychological Associations, and those who serve people of color.

Consistent with its February 2021 commitment to catalogue the long history of harms to people of color and to inform an apology and a path forward toward healing and reconciliation, APA commissioned historical research by the Cummings Center for the History of Psychology at the University of Akron (Cummings Center, 2021). In addition, recognizing that many existing historical records and narratives have been centered in Whiteness, APA also concluded that it was imperative to capture oral history and the lived experiences of communities of color, so commissioned a series of listening sessions and surveys, which also inform this resolution, by Jernigan & Associates Consulting.

The narrative that emerged from the listening sessions, surveys, and historical findings put into stark amplification the impact of well-known and lesser-known actions. It leaves us, as APA leaders, with profound regret and deep remorse for the long-term impact of our failures as an association, a discipline, and as individual psychologists.

We know too well that history can repeat itself, that the past informs the present, and that many harms will continue to be perpetuated absent purposeful intervention. In offering an apology for these harms, APA acknowledges that recognition and apology only ring true when accompanied by action; by not only bringing awareness of the past into the present but in acting to ensure reconciliation, repair, and renewal. We stand committed to purposeful intervention, and to ensuring that APA, the field of psychology, and individual psychologists are leaders in both benefiting society and improving lives.

About this Resolution

In constructing this apology, APA benefited greatly from a report generated by APA Division 45, the Society for the Psychological Study of Culture, Ethnicity, and Race, titled *Protecting and Defending our People: Nakni tushka anowa* (The Warrior's Path; APA Division 45, 2020). This Warrior's Path report reflects upon how APA and psychology can shed racist and colonial roots to embody the principles of equity, diversity, and inclusion to become an actively anti-racist discipline. The structure of this apology focuses on acknowledging the roles of psychology and APA in promoting, perpetuating, and failing to challenge racism, and the harms that have been inflicted on communities of color as a result. It should be noted that this apology is accompanied by a second proposed resolution, "Psychology's Role in Dismantling Systemic Racism," which delves more deeply into methods by which psychological science can be used to remedy harms in practice, education, criminal justice, training, and other domains.

WHEREAS psychology cannot harness its potential to disarm and dismantle racism without addressing its own history of racism and support for human hierarchy (APA, 2021c). Since its origins as a scientific discipline in the mid-19th century, psychology has, through acts of commission and omission, contributed to the dispossession, displacement, and exploitation of communities of color. This early history of psychology, rooted in oppressive psychological science to protect Whiteness, White people, and White epistemologies, reflected the social and political landscape of the U.S. at that time. Psychology developed under these conditions, helped to create, express, and sustain them, continues to bear their indelible imprint, and often continues to publish research that conforms with White racial hierarchy (Cummings Center, 2021; Helms 2003; Luther et al., 1996; Santiago-Rivera et al., 2016).

WHEREAS APA was established by White male leadership, many of whom contributed to scientific inquiry and methods that perpetuated systemic racial oppression, including promoting the ideas of early 20th century eugenics; Eugenics is defined as the idea that racial differences and hierarchies are biologically based and fixed, and was used to support segregation, sterilization, and anti-marriage laws (Cummings Center, 2021).

WHEREAS eugenicists focused on the measurement of intelligence, health, and capability, concepts which were adopted by the field of psychology and used systemically to create the ideology of White supremacy and harm communities of color (Cummings Center, 2021; Gillham, 2001).

WHEREAS psychologists created, sustained, and promulgated ideas of human hierarchy through the construction, study, and interpretation of racial difference, and therefore contributed to the

financial wealth gap and social class disparities experienced by many communities of color (Cummings Center, 2021).

WHEREAS APA has recently adopted a framework that affirms that human rights are universal and inalienable, that racism is a violation of human rights, and that APA must oppose racism in all its forms (APA, 2021e) and implemented an equity, diversity and inclusion (EDI) framework (APA, 2021d) to be infused throughout the association that holds APA accountable for promoting psychological safety, emotional intelligence and belongingness throughout APA.

WHEREAS in February 2021, APA “reaffirm[ed] its denunciation of racism in all forms for its destructive psychological, social, educational, and economic effects on human rights and human welfare throughout the lifespan;” committed to “undertake an analysis of psychology’s history, with the goal of understanding the harms that marginalized racial groups have experienced and the actions necessary to create a more equitable, diverse, and inclusive association, discipline, and society going forward;” and established a standard definition of racism (<https://www.apa.org/about/policy/resolution-combat-racism.pdf>) and a framework for understanding the following four levels of racism in designing and implementing antiracist research, education, training, policy, and clinical applications through the lens of intersectionality: structural racism, institutional racism, interpersonal racism, and internalized racism (APA, 2021c).

WHEREAS this framework for understanding the four levels of racism recognizes that racism is woven into the fabric of the historical origins of the U.S. and its territories and has become integral to the functioning of its core institutions and organizations (APA, 2021c).

WHEREAS acts of racism have exposed long-simmering racial inequities and injustices and have prompted a national conversation about systemic racism, bigotry, and xenophobia (APA, 2020a, 2021c).

WHEREAS psychology has minimized and marginalized psychologists from communities of color and their contributions to the field (Guthrie, 2004). APA specifically acknowledges the harm it caused the field and the Black/African American community during the height of the civil rights movement. APA ignored the opportunity to take a formidable stand to address poverty, racism, and social concerns affecting African Americans, despite the strong advocacy of our members, some of whom consequently left the organization to form the Association of Black Psychologists (ABPsi), an independent association. Further, APA acknowledges often excluding American Arab, Middle Eastern/North African (AMENA) individuals from APA statements regarding the impact of racism and discrimination and makes an affirmative statement here regarding their inclusion in this resolution (Awad et al., 2019).

WHEREAS psychologists established, participated in, and disseminated scientific models and approaches rooted in scientific racism when the discipline was first founded (Winston, 2020).

WHEREAS the field of psychology has not historically supported research on communities of color by not adequately reporting and including them, minimally reporting them as a demographic data point, and/or interpreting results based on Eurocentric research standards, thereby perpetuating invisibility and resulting in a lack of quality research that can inform practices and policies that impact communities of color (Helms et al., 2005; Buchanan, Perez, Prinstein, & Thurston, in press).

WHEREAS these views have often been centered in research used to advance the careers of White researchers who became “experts” with respect to the ethnically diverse studied group, without

providing any follow up to that community or insight into the data findings and the implications for the researched community (Buchanan et al., in press; McFarling, 2021).

WHEREAS a general lack of faculty and advisors of color to assist with navigating and completing graduate programs has placed great burdens on current faculty of color to support students of color and champion all university-related issues pertaining to race and diversity, all of which is a consequence of racial disparities in the field and discipline of psychology which may be rooted in negative training-related and other experiences of faculty and students of color (DeBell, 2017; Constantine & Sue, 2007; El-Ghoroury, 2012; Keels, 2017; Johnson-Bailey et al., 2009; McCoy et al., 2015).

WHEREAS psychological science and practice have been used by psychologists and others to support segregated and subpar education for many children of color (Jackson, 2005; Kazembe, 2021; Richards, 1997).

WHEREAS psychologists created and promoted the widespread application of psychological tests and instruments that have been used to disadvantage many communities of color (Fass, 1980; Helms, 2002; Kaestle, 2013; Kevles, 1968), contributing to the overdiagnosis, misdiagnosis, and lack of culturally appropriate diagnostic criteria to characterize the lived experience and mental health concerns of people of color (Anderson & Mayes, 2010; Cermele et al., 2001).

WHEREAS APA and its leadership failed to take concerted action in response to calls from Black psychologists (many of whom later formed ABPsi) for an end to the misuse of testing and assessment practices (including standardized assessments) and interventions in education and the workplace developed by psychologists and others that perpetuated racial inequality (Cummings Center, 2021; Gomez, Cano, & Baltes, 2021; Pickren & Tomes, 2002; Williams & Mitchell, 1978; Wilson, 2020).

WHEREAS for students of color, the system has been built to perpetuate multiple barriers to entry and completion, including the completion of training requirements that omit taking the perspective of diversity into account, the costs of tuition, and the costs of entrance examinations and related preparation programs (Lantz & Davis, 2017), all of which along with many other factors adversely impact the recruitment and retention and successful transition into the field of psychology for students of color.

WHEREAS APA recognizes that traditional diagnostic methods and standards do not always capture the contextual and lived experiences of people of color, which influences mental health outcomes and emotional wellbeing (Anderson & Mayes, 2010; Cermele et al., 2001).

WHEREAS psychology has been complicit in failing to effectively elevate the science behind the disproportionate concentration of adverse social determinants of health in communities of color, as well as the impact of climate change on these same communities. That includes acknowledging that neighborhoods populated primarily by people of color and members of low-socioeconomic backgrounds are overburdened with lack of access to healthy food, quality health care, and community safety, as well as disproportionate exposure to environmental hazards, including lead paint in older buildings, toxic waste facilities, and other sources of pollutants. As the incidence of adverse social determinants of health and climate change worsens, there will be increasingly deleterious effects on both the physical and mental health of these communities of color (Bullard et al, 2013; Rosner, 2016; Schell et al., 2020; Williams, 2018).

WHEREAS racist behaviors and ideologies are evidenced in the health inequities of pandemics and disease on Indigenous people (including over 570 Tribal Nations), Black/African American, Asian American, Pacific Islander American, Latina/o and Latinx, and AMENA peoples and communities; psychologists also provided ideological support for, and failed to speak out against, the colonial framework of the government-sponsored industrial (boarding) and day school systems for Indigenous youth (Cummings Center, 2021); the tragic hate crimes and killings of Black/African American people at the hands of law enforcement; the surge in hate crimes against and ongoing harms perpetuated by “model minority” stereotyping of Asian Americans; the inhumane treatment and systemic targeting and historical exclusion of immigrants of color from the civil rights granted by U.S. citizenship, through immigration policy and its aggressive enforcement and the mistreatment and criminalization of undocumented immigrants who lack access to a pathway to U.S. citizenship; the continuing hate crimes and speech perpetrated against AMENA people; and the overall climate of xenophobia in the U.S. These examples of racism are widespread and impact either directly or indirectly all individuals who belong to marginalized racial groups, including multiracial persons (APA, 2019, 2020a, 2020b, 2021a, 2021b).

WHEREAS racial inequities result from laws, systems, policies, practices, and cultural narratives that reflect racial bias and White supremacist ideology, and that APA and psychology, in keeping with the ethical values reflected in the APA Ethics Code (2016) have an important role and responsibility to disarm and dismantle racism in all its forms (APA, 2021c; Thomas, 2005; Yearby et al., 2020).

WHEREAS racism harms all people and infects their beliefs, ways of understanding the world, and interpersonal interactions (APA, 2021d; C.P. Jones, 2003).

THEREFORE, BE IT RESOLVED that APA sincerely and formally acknowledges, accepts responsibility for, and owns the actions and inactions of APA itself, the discipline of psychology, and prominent individual psychologists who stood as leaders for the organization and field, and that APA sincerely and formally apologizes to communities of color for these actions and inactions.

THEREFORE, BE IT RESOLVED that APA rejects “hegemonic science” – that is, research focused on identifying and reinforcing supposed hierarchies of human value based on a White-default – and will continue to oppose it through culturally responsive training, ethical/equity-focused approaches, peer review, and publications (e.g., APA, 2021d).

THEREFORE, BE IT RESOLVED that APA reaffirms that race is a social construct with no underlying genetic or biological basis and debunks the notion that different groups can be ranked hierarchically on the basis of physical characteristics (APA 2021c).

THEREFORE, BE IT RESOLVED that, consistent with the 2012 Final Report of the APA Presidential Task Force on Preventing Discrimination and Promoting Diversity, the 2017 APA Multicultural Guidelines, the 2019 Race and Ethnicity Guidelines, and the 2021 Resolution on Human Rights, APA will encourage psychologists and trainees to consider the limitations of White Western-oriented clinical practice, and gain awareness of other healing approaches emanating from Indigenous and other non-Western and cultural traditions (Grimes, 2018; Williams, 2018). APA will continue to learn and update new information on racism in diagnosis and clinical practice, and on the pursuit of equity, diversity, and inclusion in health service psychology, including psychological testing and assessment, while fostering practice based in culturally relevant evidence.

THEREFORE, BE IT RESOLVED that APA commits to developing future policy that is grounded in its ethical values; is based on a broad definition of research that appropriately includes knowledge by,

for, and about communities of color; and decenters Whiteness in science, scholarship, and practice. Given that such research is currently lacking for many communities of color, APA will advocate for increased funding and opportunities for scholars of color to fill this void and will encourage the development of future policy that considers the generalizability and appropriateness of current research to inform recommendations and actions and ensure rigorous, evidence-based approaches for all populations.

THEREFORE, BE IT RESOLVED that APA encourages ethical scientific research that actively engages communities of color as equitable partners and is based on the lived experiences and perspectives of those communities of color to develop needed interventions created for diverse populations and delivered by diverse providers.

THEREFORE, BE IT RESOLVED that APA will examine, review, make recommendations, or require revisions for terms referencing communities of color (such as “minority”) in journals, correspondence, titles, etc., to ensure that they are consistent with the *APA Publication Manual* (APA, 2020) and the *EDI Inclusive Language Guidelines Supplement to APA Publication Manual* (APA, in press and expected December 2021) to accurately describe the communities in a nonderogatory manner.

THEREFORE, BE IT RESOLVED that APA acknowledges that an apology absent ameliorative action is without impact, and thus commits to the following immediate actions of remedy and repair, in addition to long-term actions specified above. These actions are anchored in creating immediate and real structural change for the organization.

- APA will engage in a comprehensive audit of all the representation, policies, practices, and procedures currently underway and currently in use to include how psychologists of color will have access to the work and its intended impact on society, to be concluded by the February 2022 meeting of the Council of Representatives.
- Not later than August 2022, actions will be proposed for approval by Council, based on recommendations from members and ethnic groups, with respect to implementation of the following three priorities, though Council may offer different tactics than the examples noted below:

- **APA will prioritize efforts in knowledge production and scholarship**, such as those that enhance psychology’s scientific methods based on culturally diverse knowledge production, and those that create mechanisms to count and acknowledge all racial and ethnic groups in APA-sponsored research and membership surveys (e.g., regularly offering “AMENA” as a demographic category that survey respondents may choose, avoiding clustering small population samples, such as American Indian and Alaska Native psychologists, in “other” categories).
- **APA will prioritize efforts in training, opening pathways and workforce development**, such as those that expand opportunities for students of color to pursue careers in psychology; promote mentorship of psychologists of color; improve psychology graduate education and training to include diverse, non-Western cultural perspectives; increase mechanisms, strategies, and practices to raise participation and success rates for psychologists of color in academia, publishing, and governmental licensing; increase representation of communities of color throughout APA’s elected and appointed leadership; expand opportunities for leadership and leadership training for psychologists of color; and enhance the visibility of psychologists of diverse backgrounds.
- **APA will prioritize efforts in clinical practice and health equity**, such as those that elevate both advocacy for and training in culturally competent, easily accessible care models; and those that improve the discipline’s knowledge of and responsiveness to the needs of

communities of color. The foundational work on this has already begun, as outlined in the proposed APA resolution on advancing health equity and psychology (proposed, October 2021), developed by APA's Presidential Task Force on Psychology and Health Equity.

- To improve accountability and transparency, APA will establish and share metrics on progress toward the objectives identified, establish timeframes for accomplishing these objectives, communicate regularly to members of the association regarding progress toward meeting the objectives, and incorporate feedback received from key stakeholders regarding progress toward objectives, as a means of continuous quality improvement.

THEREFORE, BE IT RESOLVED that future APA actions could include targeted apologies and restorative processes for specific communities of color that have experienced oppression beyond the content, format, and style of this formal Council resolution to be responsive to, and respectful of, the unique cultures and traditions of a given group, such as by the inclusion of elements respectful of the cultural traditions of Indigenous peoples.

THEREFORE, BE IT RESOLVED that future APA actions could also include targeted interventions to benefit other groups that have experienced systems of oppression, including those based on religion, sex, class, sexual orientation and gender diversity, and disability identity.

THEREFORE, BE IT RESOLVED that APA reaffirms its rejection of racism and racist ideologies and its commitment to dismantling racism in all forms, including within the discipline itself, will continue to work to identify psychology's significant potential to dismantle racism in important systems and sectors of society and will continue to advocate for policies that create a more equitable and inclusive society that honors the needs and well-being of people of color.

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Council voted to adopt as APA policy the following *Resolution on the Role of Psychology and the American Psychological Association in Dismantling Systemic Racism Against People of Color in the United States*:

Role of Psychology and the American Psychological Association in Dismantling Systemic Racism Against People of Color in the United States

Historically, racism has been used to divide the public, fuel racial violence, and reduce support for health care, economic, and education policy that would benefit the well-being of society

(Blacksher & Valles, 2021; Cui & Worrell, 2019; McGhee, 2021). American psychology, including APA, has been complicit in actions that have perpetuated racism. Therefore, an important aspect of APA's continued work in understanding how psychology can meaningfully contribute to disarming and dismantling individual and systemic racism is to first acknowledge that racism has had a historical underpinning in White supremacy and in supporting structures of White privilege institutionally and structurally for centuries.

The purpose of this resolution is to identify psychology's role in helping to expose, understand, and ultimately dismantle racism operating across all levels in each of the following systems of society – education, science, health care, work and economic opportunities, criminal justice, early childhood development, and government and public policy, as addressed below, while acknowledging that systemic racism has impact beyond these sectors.

For the first time, APA and American psychology are systematically and intentionally examining, acknowledging, and charting a path forward to address their roles in racism. At the same time, this is an insufficient response with respect to both psychology's responsibility and its potential to heal. In short, this resolution is in itself necessary but not sufficient. The resolution possesses moral legitimacy only as one step in an ongoing process, not as an endpoint. Not later than the Council of Representatives' second meeting of 2022, and with advice from the Task Force on Strategies to Eradicate Racism, Discrimination, and Hate and other subject matter experts within and outside the Association, APA's CEO will develop a plan to prioritize, operationalize, and ensure accountability for achieving the goals of the resolutions set forth below.

This resolution also acknowledges the complexity of ethnoracial dialogues, especially in the United States (U.S.). While the limited and forced federal categorization and definition of ethnicity and race exist, the minoritized experiences of individuals and communities facing systemic racism cannot be easily and plainly described. For this reason, in this resolution, "ethnic and racial minorities," "ethnically and racially diverse individuals," "people of color," and other terms are interchangeably used while also mentioning specific ethnic and racial groups. Terms such as "people of color" are also used as inclusive language for biracial and multiracial individuals who must navigate multiple race-related systemic challenges. The resolution also warns that a monolithic approach to understanding ethnically and racially categorized people without appreciating the diversity-within factors and intersectional identities in itself is a form of systemic racism that denies various unique challenges and strengths that exist within each ethnic and racial group.

Education

WHEREAS, Racism at every level permeates the landscape of education in the United States (U.S.), from housing and policies that determine where children are zoned to attend school in prekindergarten through postsecondary and lifelong learning, to the detriment of the academic achievement, self-concept, persistence, and success of students of color (Baumgartner & Johnson-Bailey, 2010; Burt et al., 2018; Sosina & Weathers, 2019; Voight et al., 2015; Wong et al., 2003);

WHEREAS, Access to quality education, affirming and safe education environments, and positive academic support impact not only people of color but also the larger society, given that attainment of education positively influences economic, vocational, physical health, psychological health, community, and social well-being (Gage et al., 2019; Krezmien et al., 2006; Sullivan et al., 2014);

WHEREAS, Education holds the promise of personal and communal well-being for students of color (Worrell et al., 2020), but that the history of racism has consistently led to defunding, under-resourcing, and police presence in schools, specifically depriving people of color and affecting their job procurement, job experiences, and other educational outcomes (Freeman, 2021; Metzl, 2019);

WHEREAS, teachers of color continue to be underrepresented in U.S. K-12 schools, which can negatively impact the self-image of students of color in predominantly White educational spaces (Clark & Clark, 1947; Gaias et al., 2021; Jordan & Hernandez-Reif, 2009; Kohli, 2008; Mabokela & Madeson, 2003; Okonofua et al., 2021);

WHEREAS, Students of color are increasingly enrolled in majority- underserved, high-poverty schools and school segregation is associated with significant racial disparities in a) per-pupil school funding, b)teacher qualifications and experience, c) access to honors and Advanced Placement courses, and d) access to health and mental health services in schools, among other disparities, and therefore represents a structural form of racism that is foundational to racial and ethnic inequities in educational attainment (Graves & Blake, 2016; Sosina & Weathers, 2019; Teranishi, 2010);

WHEREAS, Asian American and Pacific Islander children in educational settings are harmed by the “model minority” myth, which suggests that these students do not experience educational or mental health challenges and homogenizes very diverse Asian American populations (Leong & Lau, 2001; Luther et al., 2021). In addition, increased racism and xenophobia directed against Asian American and Pacific Islander children may negatively impact their self-image and mental health, potentially impairing their educational attainment. Immigrant Asian American and Pacific Islander children may have also experienced trauma due to war and conflict in their countries of origin, which may also affect their educational attainment (American Psychological Association, 2009, 2013);

WHEREAS, Previously unexamined ethnocentric curricular and co-curricular activities need to be carefully reviewed and addressed for the perpetuation of systemically racist beliefs in education policies (Brown & Brown, 2010; Harper, 2012; Hyland, 2005);

WHEREAS, individual interactions and everyday experiences of students of color with their peers and educators should be respected - and not considered a cultural enrichment to White educators and students (Lewis, 2003; Modica, 2015; Perez Huber & Cueva, 2012; Sera & Wall, 2021; Sue et al., 2007; Young, 2011);

WHEREAS, Educators should strive to provide inclusive learning experiences for all students, but they may fail to see the impacts of negative linguistic stereotyping and biases toward students of color, in contrast to affirmation of White students from Western and European backgrounds when both groups experience English-proficiency challenges and present with accents (Blanchard & Muller, 2015; Byrnes et al., 1997; Palmer & Eun-Young, 2005). Such discrepancies of treatment and reactions toward certain heritage languages can lead to a sense of shame and an expectation to assimilate to the White American norm, further systematically oppressing students of color with linguistic diversities, and inaccurately equating Flores et al., 2015; Gándara et al., 2004; Lippi-Green, 1997; Matthews & López, 2019; Ready & Wright, 2011; Tatum, 1987);

WHEREAS, Discriminatory policies and practices (forms of institutional racism), the inappropriate application of psychometric tests and assessment instruments, and teacher biases have prevailed in the overrepresentation of children of color classified in special education; identified with behavioral problems; subjected to suspensions, expulsions, and placements in alternative schools; and associated with low graduation rates (Downey & Pribesh, 2004; Fulks et al., 2020; Gilliam et al., 2016; Girvan et al., 2019; Losen & Martinez, 2013);

WHEREAS, Education has been used as a weapon of oppression against people of color within the U.S. domestic context, including boarding schools designed to strip Indigenous Americans of their language and culture and segregated schools that provided inferior education and opportunity (Mohatt et al., 2014; Family and Children's Trust Fund of Virginia, 2019), and international students of color whose families settle in the U.S. with refugee, asylee, immigrant, and/or undocumented statuses face additional layers of systemic racialized oppression (Chen & Rhoads, 2016; Gildersleeve & Vigil, 2015; Merriam et al., 2001; Suárez-Orozco et al., 2015; Teranishi et al., 2015);

WHEREAS, Interlocking systems of oppression negatively affect students marginalized by their intersectional identities—for example, Black female students with a disability—such that they experience exclusionary discipline at significantly higher rates than their White peers, leading to school pushout (Gage et al., 2019; Krezmien et al., 2006; Sullivan et al., 2014). In addition, for girls and women of color, systemic racism and systemic sexism are intersecting oppressive factors in education (Crenshaw, 1991; Eaton et al., 2020);

WHEREAS, Because of the disproportionate concentration of students of color in lower economic strata resulting from racism, students of color seeking higher and graduate education are often in a disadvantaged economic position, which necessitates increased reliance on student loans, in turn leading to further systemic disadvantage on the basis of race (Jiménez & Glater, 2020; Lantz & Davis, 2017; Wilcox et al., 2021a, 2021b);

WHEREAS, Assessments of the impacts of systemic racism in education often center around what negative and hurtful experiences students face, but what remains lacking are institutional/school-level conversations and actions to intervene and address systemic oppression that educators of color face. Educators of color, often being the only or one of the few in educational spaces, are expected to navigate White norms set by their peers and administrators but also students (and their families) without adequate support and resources and with an additional, disproportionate, and often under-appreciated role in advancing institutional diversity, equity, and inclusion agendas (Alger, 2000; Gonzalez, 1995; Jackson & Phelps, 2004; Jimenez et al., 2019; Perna, 2003; Turner et al., 2008);

WHEREAS, Although education is intended to liberate and enlighten, it has too often oppressed and silenced the voices of people of color who know and have experienced a different history. Psychological education comes from a White, Western European and ethnocentric perspective that has distorted the lives of people of color, omitted their contributions in history, and portrayed them in pathological and stereotypical ways. The detrimental impact to people of color is demeaning, and it provides those with power and privilege a false reality that allows them to oppress and pass racist policies in innocence and naivete (Cross, 2005; Huber et al., 2006);

WHEREAS, The use of standardized test scores in the admissions process are viewed inappropriately by some as a barometer of applicants' academic merit, when in fact they "do

not measure the full range of abilities that are needed in higher education, nor were they designed to . . . tests are therefore best viewed as imprecise estimates of how students might be expected to perform” (Institute of Medicine, 2004, p. 6; Worrell, 2009); and

WHEREAS, The climate for diversity in higher education and graduate psychology programs can encourage or suppress underrepresented racial and ethnic group participation (Worrell, 2011); in education, students of color are subjected to more negative racial experiences, and their racial and ethnic backgrounds are often portrayed in a stereotypical and demeaning fashion (Cheryan & Monin, 2005; Maton et al., 2011; Mendoza-Denton et al., 2002);

THEREFORE, BE IT RESOLVED that APA reaffirms its commitment to combating every level of racism throughout the education system, from prekindergarten through postsecondary education and lifelong learning, for its devastating effects on the academic, physical, psychological, and economic well-being of people and communities of color;

THEREFORE, BE IT RESOLVED that APA will advocate for rigorous education policy in order to create equity across learning environments that will positively impact students of color and the larger society, fostering educational attainment that will reverberate across social determinants of health, complemented with population-specific policies to redress the history of violence and inequity disenfranchising Indigenous American, Latinx, Black, Middle Eastern and North African, Asian American and Pacific Islander, and biracial and multiracial communities;

THEREFORE, BE IT RESOLVED that APA affirms the importance of teaching the history of racism in the U.S. and will continue to provide resources to support the teaching of this history to prepare all students to think critically about identity, community, and civics, fostering both educational success and solidarity to build a more just future;

THEREFORE, BE IT RESOLVED that APA will advocate for evidence-based pre-service and in-service training for teachers to raise awareness of and mitigate against biases, both explicit and implicit, that negatively affect learning and development among students of color;

THEREFORE, BE IT RESOLVED that APA will support school desegregation efforts to achieve a better balance across schools to reflect the diversity of the communities that public schools serve while ensuring that resources are adequately advocated for historically minoritized and marginalized students;

THEREFORE, BE IT RESOLVED that APA urges all schools and school districts to review student disciplinary policies and collect and monitor demographic data on students under disciplinary action, ensuring that these policies do not disproportionately affect students of color;

THEREFORE, BE IT RESOLVED that APA further urges all schools and school districts to provide culturally responsive and age-appropriate mental health services and supports to students, particularly historically minoritized and marginalized students at risk for behavioral, academic, or other psychosocial challenges that may affect student learning;

THEREFORE, BE IT RESOLVED that through appropriate mechanisms, APA will encourage higher education admissions policies that require a comprehensive, holistic review of each applicant, including an assessment of applicants’ attributes that support the mission of the institution, and balance quantitative data with these qualitative characteristics. Further, APA will encourage

programs to consider interview processes that are not cost-prohibitive to applicants of color and do not disadvantage applicants who cannot travel;

THEREFORE, BE IT RESOLVED that APA will advocate for Public Service Loan Forgiveness and college affordability in order to promote equitable access to higher and graduate education for students of color;

THEREFORE, BE IT RESOLVED that APA calls on psychology departments and programs to engage in sustainable and systemic antiracist efforts, and actively work to change educational environments that are ethnoracially discriminatory and oppressive;

THEREFORE, BE IT RESOLVED that APA will encourage higher education institutions and graduate psychology training and internship programs to develop and regularly evaluate the climate for equity and inclusion; regularly train students, faculty, and staff regarding institutional antiracism and anti-racist policies and expectations; and establish confidential mediation processes for students and faculty who experience racism and/or racism;

THEREFORE, BE IT RESOLVED that through appropriate mechanisms, APA will support and lead efforts to encourage undergraduate and graduate departments and programs of psychology to systematically review instructional materials and goals and incorporate greater attention to psychology's historical role in perpetuating racism;

THEREFORE, BE IT RESOLVED that through appropriate mechanisms, APA will encourage Health Service Psychology graduate programs to establish explicit policies regarding the value of culturally competent care pursuant to the APA Multicultural Guidelines and the role of institutional diversity in achieving this goal;

THEREFORE, BE IT RESOLVED that APA will support and lead research, advocacy, prevention, and program development efforts that seek to ameliorate the antecedents and consequences of all levels of racism throughout the education system through psychological science and practice;

THEREFORE, BE IT RESOLVED that APA calls on all psychologists to actively engage in antiracist efforts to address the causes and effects of all levels of racism in the education system; advocate for changes to policies and procedures that contribute to racist practices and outcomes; engage in antiracist practice through an intersectional lens; develop preventive and intervention efforts to promote racial justice; and promote racial justice through their research, teaching, practice, and advocacy; and

THEREFORE, BE IT RESOLVED that because racism in criminal justice, employment, housing, health care, and other systems both causes and is caused by racism in the education system, APA will support and lead research, advocacy, prevention, and program development efforts that seek to address systemic racism at the intersection of education and other systems.

Science

WHEREAS, Stereotypes, insufficient education and information, and structural biases and barriers have limited the access and interest of populations of color to the field of psychological science (e.g., Buchanan et al., in press; Roberts et al., 2020);

WHEREAS, Structural biases and barriers, such as a lack of appreciation for qualitative and mixed-methods research, have limited the research on historically marginalized groups and from diverse scholars (Chavez et al., 2008; Howard & Hoffman, 2018);

WHEREAS, Structural biases and barriers, such as biases toward research with White comparison groups, have created inequities in the review processes used to evaluate research based on theories and methods relevant to the study of diverse populations (Buchanan et al., in press; Hall & Maramba, 2001);

WHEREAS, Convenience sampling has maintained a “White-default” approach to the reporting of findings in psychological science, which also reproduces Whiteness as the standard against which outcomes for marginalized populations are measured (Buchanan et al., in press);

WHEREAS, Epistemological biases have limited sampling designs, research designs, and methodological approaches that, in turn, stand to limit our understanding of the qualitative and quantitative characteristics and experiences of underrepresented and historically marginalized groups within the scientific literature (Cokley & Awad, 2008, 2013);

WHEREAS, Scholarly structures pertaining to the propagation, dissemination, and recognition of research, such as impact factors and citation counts, have created disparate opportunities, processes, and outcomes for scholars from racial/ethnic and intersecting marginalized backgrounds. This has implications for their retention and recruitment into the field, provision of mentoring tailored to the needs of junior faculty of color, and their prospects for professional development, such as procuring tenure in departments of psychology and related fields (Buchanan et al., in press);

WHEREAS, The devaluing of contributions of scientists of color has resulted in their marginalization from full participation in the field of psychology, including APA governance groups, journal editorial and peer review positions, and tenured and tenure-track university positions, in turn harming the scope of scientific progress (Roberts et al., 2020);

WHEREAS, Research training has inadequately prepared new cohorts of psychological scientists to identify, understand, and correct systemic inequities, such as the lack of recruitment of diverse and underrepresented participants, the use of measurement tools normed for White populations and the underuse of participatory approaches that emphasize collaboration with community stakeholders, thereby continuing to perpetuate inequity in psychological science (Helms et al., 2005);

THEREFORE, BE IT RESOLVED that APA will invest in skills-based training of scientists to ensure all can identify, understand, address, and help to dismantle systemic racism that has disproportionately excluded racial/ethnically diverse viewpoints, scholars, and samples from psychological research;

THEREFORE, BE IT RESOLVED that APA affirms that scholars strive for samples that take a more careful approach to representative sampling, so that research results are more generalizable with respect to the research questions being investigated;

THEREFORE, BE IT RESOLVED that APA affirms and will encourage psychological scientists to conduct and report research within APA journals in a manner that better incorporates all racially/ethnically diverse groups relevant to their psychological research, as appropriate, to

increase the diversity of the samples examined and reported in psychological research. This includes, engaging representatives of diverse groups in planning, conducting, interpreting, and communicating about such research to help ensure that their human rights are respected and protected and to promote the objectivity of scientific inquiry by considering historical, cultural, and political contexts;

THEREFORE, BE IT RESOLVED that APA will adopt practices and collect data to ensure accountability, reflected in metrics such as the proportion of papers including diverse populations sent for peer review, commensurate practices in manuscript titling, and monitoring of discriminatory or racist comments within the reviewing and editorial process;

THEREFORE, BE IT RESOLVED that APA will create resources to guide scientific departments in addressing inequities in review, promotion and tenure criteria (and critically evaluate publication impact metrics) to place a value on work within diverse communities, provide career resources, culturally congruent mentoring, and reinforcement for research that adopts practices that promote greater diversity in how research is conducted, reported, and disseminated;

THEREFORE, BE IT RESOLVED that APA will advocate for increased research funding and opportunities for scholars of color to expand the foundation of knowledge that informs diagnosis and intervention and other aspects of psychological practice;

THEREFORE, BE IT RESOLVED that APA will strive to ensure that racially/ethnically diverse scholars are represented on APA and other peer review panels, editorial boards, and governance groups and in leadership positions that shape practices and policies (which may be enhanced by mentoring and guidance for early career scientists); and

THEREFORE, BE IT RESOLVED that APA will systematically evaluate the policies and practices used to review psychological science (e.g., grant proposals, publications, and reports) and the progress of scholars from racially/ethnically diverse backgrounds, or among researchers studying racially/ethnically diverse groups, to reduce all forms of bias while also encouraging reform and redesign of policies and practices to assure equity, diversity, and inclusion in research.

Health Care

WHEREAS, Health care in the U.S. reflects the history of racism denying communities of color access to care, resulting in an inequitable and inaccessible health care system for all (American Psychological Association, 2021b; Bailey et al., 2021; Gee & Ontniano Verissimo, 2016; James, 2017; Krieger, 2021);

WHEREAS, The dominant health care model informing education, training, and practice interventions has largely been derived from White and Western populations and professionals without systematic inclusion of other perspectives, resulting in systems and practices that do not acknowledge or incorporate non-White, non-Western knowledge and perspectives (Interlandi, 2019);

WHEREAS, The traditional “medical model” of health care pathologizes cultural difference, driving underutilization by marginalized communities due to stigma and creating barriers to a population health approach, which aims to provide access to primary, secondary, and tertiary

levels of prevention and intervention services for historically minoritized communities (Bailey et al., 2021);

WHEREAS, The failure to understand how the role of power, combined with the systematic exclusion of vital cultural and psychological knowledge and resources and inadequate cultural competency of providers to work with people of color, results in the application and misapplication of diagnoses and therapeutic interventions less well-suited to those who are not White and Western (American Psychological Association, 2021c);

WHEREAS, This misapplication can reinforce inaccurate theories, models, and interventions and stigmatization, which results in inadequate, inappropriate, potentially harmful and fundamentally poor health care for people of color (American Psychological Association, 2021c);

WHEREAS, The history of oppression suffered by people of color has resulted in intergenerational trauma that calls for a developmental, culturally responsive, and race conscious; trauma-informed; and lifespan approach to treatment (Comas-Diaz, Hall & Neville 2019; Mohatt et al., 2014);

WHEREAS, The COVID-19 pandemic has magnified the profound existing socioeconomic, racial/ethnic, and intersectional inequities in access to diagnostic assessment and behavioral health services to address anxiety, depression, and grief, among other mental health concerns (Evans & Bufka, 2020); and

WHEREAS, Many people of color experience multiple barriers to accessing needed behavioral health services, including cultural and linguistic barriers, the high cost of care, limited or challenging insurance options, unaffordable or not easily accessible transportation, and a paucity of appropriately trained and culturally responsive providers in communities of color (American Psychological Association, 2017).

THEREFORE, BE IT RESOLVED that APA will strongly encourage educators and trainers of health care providers to address the limitations of knowledge derived primarily from White and Western populations and will promote education and training structures across the professional lifespan that are inclusive of diverse perspectives to improve the knowledge and cultural responsiveness of professionals;

THEREFORE, BE IT RESOLVED that APA affirms that psychological practice needs to adopt culturally responsive, evidence-based prevention, early intervention, and recovery frameworks based on a population health approach to dismantle power structures in the behavioral health care system that serve to create barriers to effective and quality care to people of color;

THEREFORE, BE IT RESOLVED that, through continuing education policies, as appropriate, APA will encourage psychologists and other providers to seek further education and training on implicit bias, microaggressions, and the necessity of a developmentally, culturally sensitive and race conscious, trauma-informed, and lifespan approach to treatment when working with populations with histories of oppression and intergenerational trauma;

THEREFORE, BE IT RESOLVED that APA will partner in interprofessional and interdisciplinary program development, consultation, and advocacy efforts in support of culturally derived, informed, and adapted evidence-based and practice-based evidence, assessments, and

interventions that reflect the knowledge, experience, and inclusion of intersectional communities of color;

THEREFORE, BE IT RESOLVED that APA will continue to advocate for greater federal investment and funding in training of psychologists from underrepresented groups and to expand incentives for psychologists and other mental health professionals to work in underserved communities (e.g., through expansion of federal Health Resources and Services Administration's programs, such as the National Health Service Corps);

THEREFORE, BE IT RESOLVED that APA will continue to advocate for the availability and accessibility of and payment for culturally responsive telehealth practices, such as audio-only telemental health services and interjurisdictional practice, that reduce barriers to access for all populations, especially those in rural and remote areas, without access to significant technology, and to those with disabilities, and thereby reduce geographic, cultural, functional and linguistic barriers to accessing care;

THEREFORE, BE IT RESOLVED that APA will continue to develop and advocate for access to Current Procedural Terminology (CPT) codes and reimbursement models to capture the ways in which psychologists practice across diverse groups in addressing mental health, physical health, and social determinants of health;

THEREFORE, BE IT RESOLVED that when advancing a population health approach, APA will also promote quality measurement that captures disparities across diverse groups, such as poor quality care, and advance the development and implementation of quality and trusted services that eliminate ethnic and racial disparities in care; and

THEREFORE, BE IT RESOLVED that APA will continue to advocate for equitable health care for all, including comprehensive health care for communities of color at federal and state levels, and stronger enforcement of mental health parity laws to ensure that behavioral health treatments are adequately covered by insurance plans.

Work and Economic Opportunities

WHEREAS, Work is integral to adult life and human identity, a critical source of economic opportunity, and a key contributor to the welfare of families, communities, and society at large (Katz & Kahn, 1978), yet ample research evidence demonstrates how racism at all levels can powerfully undermine equal access and equal outcomes at work and in the workforce (Avery et al., 2018; Avery & Ruggs, 2020);

WHEREAS, The history of the U.S. includes the use of racism to divide the workforce, facilitate unsafe and racist workplaces, and justify low wages especially for workers of color (Gee & Ford, 2011);

WHEREAS, Both work and racism interact with one another to profoundly affect the world of work, including disempowering multiracial labor unions, facilitating deindustrialization's disproportionate impact on communities of color, and promoting the "wages of Whiteness" privileging White workers and marginalizing immigrant workers and workers of color (Roediger, 1999);

WHEREAS, Technological advances (e.g. artificial intelligence, automation) in a globalized world worsen racial and economic inequities across the globe, fueling survival immigration and anti-immigrant sentiment (Matamoros-Fernández, 2017);

WHEREAS, Racism diminishes workforce training and development opportunities for people and communities of color, contributing to higher levels of unemployment, poverty, crime, community violence, and problems for the re-entry population securing jobs;

WHEREAS, Employers will perpetuate systemic racism in their work environment whenever they fail to adopt a lens of equity, diversity, and inclusion, thereby risking the creation of discriminatory policies and practices that uphold a broader climate and culture rife with biases, both explicit and unintentional;

WHEREAS, Ethnic and cultural diversity yields a substantial positive financial return for U.S. companies, especially for diversity at the executive level (Hunt et al., 2015; Roberson & Park, 2007) and may lead to other valued organizational outcomes when implemented well from the top and integrated into organizational policy and practice, including increased profitability and increased employee motivation, commitment, and productivity (Peterson & Mann, 2020); and

WHEREAS, Applied psychology has developed evidence-based interventions for addressing racism in the workplace as a systemic problem requiring multimodal solutions prior to, during, and subsequent to entering the workforce, including congenial and productive intergroup contact in the workplace.

THEREFORE, BE IT RESOLVED that APA will collaborate through consultation and policy with private and public sectors at local and national levels to meaningfully increase representation of people of color at all levels in the workforce by helping to ensure equal access and opportunity along all critical educational and training pathways showing evidence for a more diverse and robust workforce applicant pool;

THEREFORE, BE IT RESOLVED that APA will advocate for organizational and policy solutions with robust equity, diversity, and inclusion initiatives across public and private sectors, along with comprehensive health care and a broad parental leave and daycare program, all of which will benefit communities of color, and thus the good of all families, communities, and the nation;

THEREFORE, BE IT RESOLVED that APA will encourage employers to use reliable, valid, and fair employment testing and personnel selection practices that minimize bias, reduce adverse impact, and comply with professional standards, legal requirements, and ethical guidelines (Equal Employment Opportunity Commission [EEOC], 1978; EEOC 2012; Hough et al., 2001; Morelli, 2019; Ployhart & Holtz, 2008; Schmidt & Hunter, 1998; Society for Industrial and Organizational Psychology [SIOP], 2018). Such practices require continuous evaluation and investment in personnel selection systems to maintain their high quality and reflect their commitment to providing people of color applying to jobs with fair and equitable hiring opportunities (Jones et al., 2017; SIOP, 2018);

THEREFORE, BE IT RESOLVED that APA will urge all organizations to examine, redefine, and improve organizational culture to fully include and support employees of color at all levels. This requires a systematic examination of policies and practices including but not limited to performance management, training, compensation, and changes to organizational climate;

THEREFORE, BE IT RESOLVED that APA will advocate—within and outside the discipline—for top-down organizational cultural change implemented with employees and cultivated through leadership, teamwork, and day-to-day individual behaviors that contribute to productive intergroup contact. This should include feedback structures and processes that facilitate bottom-up, assessment, and change in the form of organizational diversity, equity, and inclusion committees and multiracial labor unions; and

THEREFORE, BE IT RESOLVED that APA will advocate—within and outside the discipline—for specific support structures, mentorship, professional development, and retention and recruitment of employees of color in leadership and upper management positions, especially given the additional burdens such employees face due to intersecting marginalization.

Criminal and Juvenile Justice

WHEREAS, The U.S. criminal justice system originated in laws, policies, and practices that criminalized and punished Indigenous and African people for resisting colonization and slavery, and has evolved to require or incentivize the oppression of people of color through convict leasing; the Jim Crow era; the wars on crime and drugs; broken-windows, zero-tolerance, and quality-of-life policing; mass incarceration; and the criminalization of immigrants (Chavez-Dueñas et al., 2019; Cunneen & Tauri, 2019; Hinton & Cook, 2021; Muhammed, 2019);

WHEREAS, The criminal justice system produces glaring racial and ethnic disparities for people of color, compared to White people, through more aggressive policing and prosecution, increasing the likelihood that people of color plead guilty and are convicted by judges and juries, are detained and imprisoned for longer periods of time (Kovera, 2019), and experience a host of negative educational, economic, health, and mental health consequences as a result (Bor et al., 2018; Bryant-Davis et al., 2017; Burke et al., under contract; Stevenson et al., 2020);

WHEREAS, Bias and discrimination can have cumulatively worse impacts at each juncture within the criminal and juvenile justice systems (Hunt, 2015; Kovera, 2019; Stevenson et al., 2020) and are especially pronounced against individuals who hold multiple marginalized identities (Ritchie, 2017); and

WHEREAS, Decades of psychological science have yielded incontrovertible evidence that negative criminal and juvenile justice outcomes for people of color are facilitated by (a) structural racism in the system that generates bias and discrimination (Muhammed, 2019); (b) institutional racism in policies and practices, including professional socialization into subcultures of social control and intolerance (Hall et al., 2016; Stoughton, 2015) and chronic situational conditions that are known to intensify bias (Pryor et al., 2020; Swencionis & Goff, 2017); and (c) interpersonal racism arising from stereotypes and attitudes among criminal and juvenile justice professionals, both explicit and implicit, that dehumanize people of color and associate them with criminality and threat (Andretta et al., 2019; Eberhardt, 2019; Willis-Esqueda, 2020), all of which threatens the perceived legitimacy of criminal and juvenile justice actors and undermines the system as a whole (Trinkner & Goff, 2019; Tyler, 2017);

THEREFORE, BE IT RESOLVED that APA will advocate for the development of empirically rooted, culturally informed policies, programs, and practices that seek to eliminate the disproportionate criminalization and punishment of people of color by reducing opportunities for discriminatory outcomes, such as discouraging law enforcement actions that overpolice communities of color; addressing factors known to relate to increased risk of bias in criminal justice professionals'

decision-making, such as racial bias, serious mental illness, and substance use; and instituting services that match both momentary and long-term needs, including responding to individuals' mental health crises or disabilities with appropriately trained behavioral health professionals and community-based programs and supporting successful rehabilitation of people of color who enter the system and reintegrate into their community (Goff & Rau, 2020; Klukoff et al., 2021; Kovera, 2019; Primm et al., 2005; Pryor et al., 2020; Thompson et al., 2016);

THEREFORE, BE IT RESOLVED that APA will work to address the harms inflicted upon people of color by the criminal and juvenile justice system by advancing historically and culturally informed programs, policies and practices that foster educational, economic, physical, and psychological well-being and resilience among people, families, and communities of color (Arditti & Johnson, 2020; Fine & Cross, 2016);

THEREFORE, BE IT RESOLVED that APA will promote partnerships between psychologists and criminal and juvenile justice agencies to foster research and development related to the use of rigorous, diversity-science informed methods that facilitate measurement, analysis, and identification of racial and ethnic disparities throughout the criminal and juvenile justice system and support data-driven changes to laws, policies, practices, and multicomponent interventions that will eliminate structural racism, dismantle institutional racism, and facilitate the democratic ideal of equal justice for all (Boxer et al., 2021; Miller et al., 2019); and

THEREFORE, BE IT RESOLVED that APA will support criminal and juvenile justice agencies as they build antiracist values into their organizational policies and practices, including encouraging administrators and supervisors to endorse antiracist principles through the execution of evidence-based reforms that eradicate bias and discrimination, adopt effective interventions that raise awareness of the conditions that produce racial and ethnic disparities at every level of the criminal justice system (Brannon et al., 2018; Neville & Spanierman, 2012), and implement recruitment, hiring, and promotion practices that attract, retain, and advance racially and ethnically diverse people who understand the lives and perspectives of people of color as well as people who are committed to equity and justice (Ba et al., 2021; Ward et al., 2009).

Early Childhood Development

WHEREAS, Attitudes toward race are learned very early in life, through modeling within the family and within cultural contextual experiences. These socialization experiences may begin as parent-led processes but may become more peer-led during adolescence (Hu et al., 2017);

WHEREAS, Interpersonal and internalized racism develop through direct methods of transmitting race-related messages, such as educational conversations with parents, or through indirect socialization experiences, such as observation of parental attitudes and behaviors, which produce the development of attitudes and biases towards oneself and others (Boykin & Toms, 1985; Hughes & Chen, 1997; Hughes et al., 2006 ; Liu et al., 2019);

WHEREAS, Research on racism and implicit bias has shown that anti-Black racism and discrimination relates to parental discipline and occurs from toddlerhood throughout adolescence. Racism may be more likely to be indirectly communicated through parents' negative attitudes towards people of color (Brown et al., 2007; Lesane-Brown et al., 2010; Xu et al., 2014);

WHEREAS, Disparities in school discipline grow from racism of school staff as well as policing in schools and the influence of the norms of White sociocultural norms consequently impacting Black, Indigenous, and other students of color (Anyon et al., 2016; Sevon et al., 2021; Skiba et al., 2002);

WHEREAS, Research suggests that implicit biases may be reduced through interventions designed to either address biases directly or increase teachers' empathy for children of color (Gilliam et al., 2016);

WHEREAS, Systems and structures of racism affect youth of color even prenatally through such mechanisms as maternal health care, stressors associated with experiencing racism, and disparities in access to resources and opportunity, and continue to affect youth of color throughout the lifespan (APA 2021);

WHEREAS, Racist attitudes that often begin in early childhood have been linked to racial inequity (Kovera, 2019) and negative group outcomes (Dovidio et al., 2002; Greenwald et al., 2009);

WHEREAS, Significant adversity in life such as exposure to racism can undermine the foundations of healthy development (Shonkoff et al., 2021);

WHEREAS, Parents of color are more likely to be in low-wage jobs and paid less compared to White counterparts and to experience erratic work hours, and are less likely to have employment benefits like paid time off or parental leave. These challenges are often exacerbated for women of color. While evidence suggests that parents of color tend to spend more time with their children despite long and inconsistent work hours, this comes at the cost of overall well-being, with implications for childcare and ultimately child/adolescent mental health (Moorman, 2021);

WHEREAS, Children of all backgrounds who learn about their own culture and that of other ethnoracial identities yield more optimal psychosocial outcomes (Priest et al., 2014); and

WHEREAS, Increased contact between youth and people of different ethnoracial identities yields reduced racial conflict in the organization or environment (Dovidio et al., 2017);

THEREFORE, BE IT RESOLVED that all APA antiracism efforts should consider a developmental approach to how racism is socialized across the lifespan and include consideration of protective factors in the prevention of both interpersonal and internalized racist attitudes;

THEREFORE, BE IT RESOLVED that APA will support the development and implementation of interventions designed to address the prevention of racism and promotion of antiracism that are developmentally appropriate beginning in very early childhood;

THEREFORE, BE IT RESOLVED that to improve children's positive racial and ethnic socialization, APA will advocate for strategies to improve cross-racial experiences before children attend school, and increase contact with peers before age six, when they typically become a part of a school group. The adults in close contact with children need skills and guidance to provide environments that appreciate diversity and inclusion and reject racism and discrimination. Such adults include family members, caretakers, educators, and professionals serving children;

THEREFORE, BE IT RESOLVED that APA will advocate for increased research on racism that includes not only race-related outcomes but also childhood racism socialization processes, as well as support for the development of standardized effective measurement tools that quantify both direct and indirect racism socialization methods. This information will then help in the development of policies, practices and recommendations for promoting antiracism within and across generations;

THEREFORE, BE IT RESOLVED that APA will update materials developed for the public to be inclusive of cultural differences and current experiences of all communities, including citizens of diverse races and ethnic origins and more recent migrant groups;

THEREFORE, BE IT RESOLVED that APA will increase dissemination to the public of educational information addressing the prevention of racism and the promotion of antiracism in early childhood by engaging subject matter experts in opportunities to communicate via television, social media, audio and other visual formats, and other venues as available;

THEREFORE, BE IT RESOLVED that APA will advocate for learning environments (e.g., school, extracurricular activities) that are culturally diverse and antiracist; and

THEREFORE, BE IT RESOLVED that APA will promote alliances with other health professionals, educators, and community groups committed to children's well-being and concerned with systemic racism.

Government and Public Policy

WHEREAS, Public policy at all levels plays an inextricable role in perpetuating and eradicating racism through policy changes in areas including, but not limited to, education, health care, science, criminal justice, and employment;

WHEREAS, Racism, especially its institutional and structural forms, cannot be dismantled without effective public policy, as existing or absent public policy pertaining to (but not limited to) education, health care, science, criminal justice, and employment is rooted in both historical and contemporary racism;

WHEREAS, Psychology is uniquely positioned, and has a responsibility, to inform antiracist and equity-driven public policy through psychological science and practice;

THEREFORE BE IT RESOLVED that APA reaffirms its commitment to promoting comprehensive strategies to address systemic racism, as well as actively taking steps to eradicate racism in U.S. governmentwide programs;

THEREFORE BE IT RESOLVED that APA is committed to the education and training of psychologists who are well-versed in both public policy as well as systemic and social determinants of health, including racism; and,

THEREFORE BE IT RESOLVED that as Congress and state legislatures consider legislation concerning race and racism, APA will consider and apply psychological science in determining how best to educate, support, and/or oppose such proposals.

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D.(22) Council voted to receive the report entitled, *Examining Psychology’s Contributions to the Belief in Racial Hierarchy and Perpetuation of Inequality for People of Color in the United States Historical Review*.

E. (24A/Oct 2021) A new business item, Resolution Affirming and Building on APA’s History of Support for Reproductive Rights, was referred to the Board for the Advancement of Psychology in the Public Interest and the Policy and Planning Board.

F.(27) 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

No items.

XVI. FINANCIAL AFFAIRS

A.(23) Council voted to approve amending Association Rule 210 as follows (bracketed/strikethrough material to be deleted; underlined material to be added):

210: FINANCE

2101. FINANCE COMMITTEE

2101.1 The Finance Committee shall be composed of seven voting members and up to seven non-voting members. Of the voting members, two shall be elected each year for terms of three years, one slate shall be drawn from current Council members or Finance Committee members who have served within the previous seven years (including outgoing members of the Finance Committee); the second slate shall be drawn from APA members who have demonstrated interest and expertise in organizational financial policies and operations. No member may serve more than two consecutive terms. The seventh voting member of the Committee is the APA Treasurer, who shall serve as its Chair.

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

~~[Consistent with the mission of the Finance Committee set forth in Article XI, Section 3 of the APA Bylaws, the Finance Committee shall review and make recommendations on all new business and any old business coming before Council having financial implications that have not already been provided for in the budget. In addition, it is the responsibility of the Committee to (a) recommend overall investment strategy, including, but not limited to, amounts to be invested in equities, bonds, short term holdings and real estate; (b) monitor the performance of the investment managers, if any; (c) research and develop alternative investments; (d) and advise the Treasurer and appropriate staff on investing funds not entrusted to an investment manager. It is also the responsibility of the Committee to (a) review audit scope and approach; (b) monitor issues raised during the audit and management letter; (c) understand the major components of the consolidated financial statements; (d) ensure compliance with legal and regulatory requirements; and, (e) monitor major financial risk exposures and steps taken to control such exposures.]~~

2102. BUDGET

2102.1 Council delegates to the Board the authority for decision-making related to budget and financial matters. At least annually, a report on the Association's budget and finances will be provided to Council on behalf of the Board of Directors.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

2102.2 ~~[In the financial policy of the APA, a distinction shall be made between general programs, direct service programs, and support functions.]~~

The~~se~~ overall financial goals of the APA should be considered with APA's commitment to providing programs and services that meet the scientific and charitable mission and the changing priorities of the association.

Financial plans shall be made with the aim of insuring that only necessary expenses shall be incurred in carrying out policies and programs of the Association and that those expenses are consistent with the need to maintain a reasonable standard of performance. With respect to income, financial plans shall maximize income from all sources other than dues and shall support

programs consistent with the basic objectives and professional standards of the APA. It shall be the goal to present a balanced integrated¹ budget annually (after consideration of the cash flow from building operations and a draw of up to 5% from the long-term investment portfolio²) and manage operations during the year to produce a positive integrated budget operating margin over a rolling three-year period.

2102.3 To achieve these goals, the chief executive officer (CEO) shall be responsible for developing the Association's annual budgets to be submitted to the Board of Directors for approval. These budgets shall be reviewed, modified, and approved first by the Finance Committee and then the Board of Directors prior to submission as information to Council. Council approval is required for any single, unbudgeted item that exceeds \$3 million or sale of Association real estate. The strategic planning process should represent the avenue by which the Association's priorities are set and new initiatives are approved.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

2102.4 In order that this policy can be adequately carried out, the financial records of the APA shall be so maintained as to permit a matching of direct income and direct expenses plus allocated expenses by program. The annual budget shall be developed in such a way that the projected difference between income and expenses, by program, can be readily determined.

2102.5 Presidential Activities Fund

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

210-3. ORGANIZATIONAL FINANCIAL HEALTH

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

Short-term financial health.

The Association shall strive to maintain cash on hand as of December 31st equal to at least three months of annual operating expenses and three months of the current portion of long-term debt.

Long-term financial health.

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

- Maintaining a long-term investment portfolio equal to at least 30% of total annual operating expenses.
- Acknowledging a conservative estimate of fair market value (FMV) of equity in buildings as a point of reference³.

- Maintaining Standard & Poor's (S&P) Bond Rating BBB or higher.
- Complying with debt covenants, as applicable.

D.(31) Council received as information the *2020 Audited Financial Statements*.