

New York State Psychological Association

NYSPA Resolutions on Diversity

Adopted by NYSPA Council of Representatives on November 17, 2018

A 2018 Presidential Initiative of the Division of Culture, Race, and Ethnicity

Executive Committee, Division of Culture, Race, and Ethnicity (DCRE)

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Introduction to NYSPA's Resolutions on Diversity

DCRE Executive Committee

The DCRE Executive Committee is pleased to present a series of diversity-based resolutions to New York State Psychological Association (NYSPA)'s Council of Representatives. We would like to express our gratitude to several NYSPA members for expressing concern regarding the rising levels of Islamophobia in New York State. As a result, a motion was presented to the Executive Committee (EC) in early 2016. After deliberation, the committee voted to support a series of resolutions regarding diverse groups. This vote was reaffirmed in 2017. As such, we would like to thank Presidents Roy Aranda and Herb Gingold and their ECs for empowering our division to complete this task. As can be seen below, this product was the result of the tireless effort of many experts and groups within and outside of NYSPA. We would like to thank all of the contributors to this product. Lastly, we would like to thank the members of the DCRE's Executive Committee who are currently serving or cycled off of our board at any phase of this project.

Pamela Hays's (1996, 2016) "ADDRESSING" model is used as a framework to reflect sociocultural for these statements. According to Hays, consideration of **age**, developmental **disabilities**, acquired **disabilities**, **religion**, **ethnicity**, **sexual orientation**, **socioeconomic status**, **indigenous group membership**, **nationality**, and **gender** contributes to a complete understanding of cultural identity. Each factor can help researchers and clinicians appreciate the oppressive forces, which underrepresented groups' experience.

Hays' (1996, 2016) recognizes that a person can be part of a majority or minority group. Being part of a majority group comes with a series of privileges and power; whereas, being part of a minority group creates

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vulnerability and the potential to be targeted by members of the majority or other minorities (Hong, 2012; Perlmutter, 2002). Each identity factor must be integrated into a composite identity. As such, a person could be part of a majority group in one domain, but be a minority in another domain, or have multiple minority statuses (Lytle, De Luca, Blosnich, & Brownson, 2015; Purdie-Vaughns, & Eibach, 2008; Sterzing, Gartner, Woodford, & Fisher, 2017). The more minority groups a person belongs to, the more vulnerable they are to marginalization, invisibility, and intersectional microaggressions (Banks, 2012; Nadal et al., 2015; Purdie-Vaughns, & Eibach, 2008). Moreover, being in the “majority” or in the “minority” changes in different social contexts. Lastly, different identity factors will have greater salience in different social contexts.

In closing, we recognize that in using Hays’ framework, we might have unintentionally excluded a given group. As such, we hope that these resolutions will serve as living documents and that there will be additions and revisions as the concept of identity continues to develop.

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NYSPA's Resolution on Children

Kristen Parente, BS, Kean University

Whereas the Convention on the Rights of the Child (CRC; 1990) ensures non-discriminatory rights to life, survival and development.

Whereas discrimination toward children reflects their vulnerability to rights violations (CRC, 1990; Mama, 2010)

Whereas children may lack the capability to verbalize their concerns or independently care properly for themselves, they relinquish control to a parent or guardian (Mama, 2010).

Whereas this surrender of control puts the child at risk for abuse, neglect, lack of resources, mental illness or dangerous living conditions (Scharf & Goldner, 2018).

Whereas providing mental health care to the child is a multidimensional process (Becker, Boustani, Gellatly, & Chorpita, 2018).

Whereas intersectional discrimination contributes to the disempowerment of children, increasing overall risk to mental and physical health (Wilson et. al, 2009).

Whereas psychologists have long recognized their role to improve the mental health, well-being, and general welfare of individuals and our society through participation in social justice and social action (Ramey, 1974).

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Whereas it is the duty of psychology as a profession to lead in the causes of social justice in minority communities and to speak to, and give voice to, the needs of those who do not have a strong voice (Tucker et al., 2007).

Whereas currently public policy has endangered the safety and violated the rights of unaccompanied minors at the border (Riley et al., 2018; Roschelle, Greaney, Allan, & Porras, 2018).

Whereas, in New York, it is the duty of psychology as a profession to be a mandated reporter when abuse or neglect is suspected and as such, vigilance is required (Office of Children and Family Services, 2018).

Whereas the New York State Psychological Association recognizes that children are a vulnerable population, based on developmental age and lack of autonomy and ability to consent (Tresgallo, Richmond, Blustein, & Dubler, 2008).

Whereas the New York State Psychological Association recognizes that intersectionality poses heightened risk to minors, as they are more at risk for discriminatory practice (Harnois, 2014). This is exemplified by the risk to unaccompanied minors at the border, who lack a voice of a guardian to protect their psychological well-being.

Whereas we recognize the prevalence of childhood mental health disorders being estimated between 10% and 20%, with higher rates reported among disadvantaged youth (Cabaj, McDonald & Tough, 2014).

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Therefore, be it resolved, that the New York State Psychological Association commits itself to maintaining and enhancing competency regarding the childhood population. We recognize the importance of advocating on behalf of children and developing safeguards to protect the health and welfare for children.

Be it further resolved, that the New York State Psychological Association rejects any actions that threatens minors and places risk to their best interest.

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NYSPA's Resolution on Adolescents

Kristen Parente, BS, Kean University

Whereas the Convention on the Rights of the Child (CRC, 1990) ensures non-discriminatory rights to life, survival and development and is defined by any person under the age of 18.

Whereas adolescents remain at risk for the same maltreatment, abuse and neglect faced by children (Scharf & Goldner, 2018).

Whereas the period between childhood and adulthood brings about a period of parental dependence transitioning into autonomy, provoking stress and potential for mental health concern (Fischhoff, 2001).

Whereas adolescents endure complex and changing settings, social influence, and biological change that effect healthy development and risk assessment (Jessor, 1991; Steinberg, 2010)

Whereas adolescents vary in their perspective on knowledge about risk, management skills, and personal meaning of risk (Chen, Thompson, & Morrison-Beedy, 2010).

Whereas perceived vulnerability in the adolescent population may be contributing to high-risk behaviors. The leading cause of death among the adolescent population reflects this risk taking behavior, primarily being accidental injury (Fischhoff, 2001; National Center for Health Statistics, 2010).

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Whereas mental health issues are on the rise for the adolescent population, with suicide as the third leading cause of death within this group. Further, one in five adolescents have had a major mental health disorder (Grunbaum et. al, 2004; Office of Adolescent Health, 2017).

Whereas we recognize the complexity of adolescent development in conjunction with other minority statuses (Hays, 2016).

Whereas intersectional discrimination contributes to the risk for developing mental health conditions in this vulnerable period of development (Blum et al., 2000).

Whereas we understand as scientists that the prefrontal cortex, which is involved in judgment and self-control, is the last portion of the brain to mature, typically in early adulthood, contributing to the poor risk assessment within the adolescent community (Steinberg, 2010).

Whereas we recognize the prevalence of alcohol, tobacco, prescription and illicit drug abuse within the adolescent population to be a major concern (SAMSHA, 2018). This is especially as NYSPA addresses the current opioid crisis.

Whereas we recognize the additional stress faced by this population through recent the rise in violence within schools, and the effect of such stress on mental health conditions. These stressors can be mediated by increased social support (Duru & Balkis, 2018).

Whereas adolescents are stereotyped as moody, irresponsible, and often have their opinions and feelings minimized by adults (Gross & Hardin, 2007).

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Therefore, be it resolved, that the New York State Psychological Association will promote competency in the optimal treatment of adolescents, through evidence based practice¹ and research and advocate on their behalf.

Be it further resolved, that the New York State Psychological Association will promote mental and physical well-being of adolescents.

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¹ Evidence Based Practice includes all modes of psychotherapy supported by research. For example,, cognitive behavioral therapies, psychoanalytic/psychodynamic therapy, family systems therapy, and so forth (American Psychological Association, 2006).

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NYSPA's Resolution on Older Adults

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Whereas the global population of older individuals 60 years or more is projected to grow by 56% between the years of 2015-2030 resulting in 1.4 billion persons. The projected estimate of older individuals for 2050 is 2.1 billion (United Nations, 2015).

Whereas in the United States, individuals aged 65 years or older, make up 46.2 million or 14.5% of the total population. It is projected that this age group will double to 98.2 million in the year 2060 and make up 25% of the total population (US Census Bureau, 2018).

Whereas labor force participation among individuals 65 and older has increased from 11.8% in 1990 to 17.4 % in 2010 and is expected to continue to increase to 31.9 % by 2022 (Toosi, 2012; U.S. Bureau of Labor Statistics, 2008)

Whereas 40% of older individuals are continuing to work because of economic necessity including decreased government and unemployment benefits (Pew Research Forum, 2009)

Whereas 57% of older individuals are working because they want to remain active, healthy, feel useful and be productive (Pew Research Forum, 2009).

Whereas ageism, is a form of discrimination that needs to be considered similarly to discrimination based on race, ethnicity, religion, nation of origin, gender or disability (American Psychological Association, 2002)

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Whereas a survey indicates that 80% of individuals aged 60 or more have experienced ageism (Dittman, 2003)

Whereas ageism impacts mental and physical health of older adults through increased stress, delayed recovery from illness, decreased interest in living, and decreased interest in following a healthy lifestyle (Levy 2002; Nelson, 2016)

Whereas ageism creates a stereotype that reinforce the negative roles of older adults being a burden, nonproductive and discarded, unnoticed, devalued, misunderstood (Levy, 2002; Nelson, 2016)

Whereas providers due to their own perceptions of aging are likely to attribute depression or pain as a natural part of aging without looking at other possible causes (Tomko & Manley, 2013)

Whereas providers may limit their treatment recommendations based on their perceived bias towards elderly patients (Austin, Qu, & Shewchuck, 2013)

Whereas language used by the health care provider can impact and further promote the negative stereotype of aging (Gendron, Welleford, Inker, John, & White, 2016)

Therefore be it resolved that the NYSPA denounces ageism in all its forms for its negative psychological, physical, social, educational and economic impact on older adults.

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Be it further resolved that NYPSA will

- (1) pursue equitable representation of older adults at all levels of NYSPA governance
- (2) call upon psychologists to eliminate process and procedures that perpetuate discrimination and omission of older adults from research, training, practice, and education
- (3) call upon all psychologist to speak out against ageist behavior and take proactive steps to prevent ageist acts
- (4) promote psychological research on effects of ageism on older adults
- (5) promote projects involving the non-ageist care of elders with serious illness
- (6) promote awareness among all health care professionals that depression is not a natural process of aging
- (7) promote awareness among all health care professionals that chronic pain is not a natural process of aging
- (8) recommend that providers not deny older patients treatment options due to provider assumptions about their age and rather base care on their physical and mental health needs.
- (9) promote integrated mental health services with primary care so that providers from both fields can dialogue and check in with each other's implicit biases and stereotyping of the older patient.

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NYSPA's Resolution on Disability Rights and Full Inclusion

Rochelle Balter, PhD, JD, Independent Practice

Whereas the World Health Organization (WHO) estimates that fifteen percent (over a billion people) of the world's population has one or more disabilities (WHO, 2011)

Whereas in the United States, nearly 26 percent of the population has a disability and for those over 65 years old, that rate increase to roughly 40 percent (Center for Disease Control, 2018).

Whereas within the "work age" (18-64) the employment percentage for people with disabilities was 40 percent lower than for those who were non-disabled (Center for Disease Control, 2018).

Whereas people with disabilities have been stigmatized since ancient times and continue to be discriminated against to the present time in terms of education, employment and other areas of life (Berkson & Taylor, 2006; Grossberg, 2011; M. McMahon & B. McMahon, 2016).

Whereas people with disabilities have been subjected to a history of purposeful unequal treatment based on characteristics that are beyond the control of such individuals (Americans With Disabilities Act, 1990).

Whereas reactions to having a disability, even today, include fear, anxiety, pity and other strong, irrational negative responses as well segregation, discrimination, abuse and ignorance (Berkson & Taylor, 2006).

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Whereas People with Disabilities, in general, are subjected to unfair stereotyping and evaluations, those with intellectual disabilities are less understood, and receive more rejections and prejudicial evaluations than those with other types of disabilities (Werner, 2015).

Whereas, those with physical, medical and cognitive disabilities (TBI, etc), are often wrongly perceived as having limited intellectual capacity, such stereotyping adds an additional barrier for those with disabilities applying for or pursuing programs and internships in professional fields. This is especially true in Psychology where only two percent of Psychologist in the American Psychological Association admit to having one (or more) disabilities (Olkin, 2002). With few Psychologists with Disabilities available, there is a cascade effect in that few mentors, professors or role models are available to assist students with disabilities in their career aspirations.

Whereas the stigma associated with disability continues unmitigated as does stigma by association (the stigma spreads to friends and relatives of the individual with a disability) (Goffman, 1963)

Whereas the lack of physical access, cognitive access and emotional access keep the individual with a disability from true participation in many activities of daily living (Gibson, King, Teachman, Mistry, & Hamdani, 2017; Schleien, Miller, Walton, & Pruett, 2014).

Therefore, be it resolved that the New York State Psychological Association will support disability as a minority status and will insure that psychologists, students and others with disabilities may fully participate in

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NYSPA activities without prejudice (including providing meeting and educational materials in alternate formats when requested).

Be it further resolved, NYSPA will insure that all Meetings, Council activities and educational programs conducted and sponsored by the organization, will be held in fully accessible venues.

Be it further resolved, NYSPA will support equitable representation of psychologists with disabilities in research, training and educational pursuits and discontinue practices that promote injustice toward and exclusion of psychologists with disabilities in hiring and participation practices in education, research and practice.

Be it further resolved, NYSPA will promulgate and promote appropriate guidelines for working with clients with disabilities and strive to educate New York psychologists about such practices.

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New York State Psychological Association

NYSPA's Resolution on Biases against Hindus, Jains, Buddhists, Parsis, and Sikhs

Anu Raj, PsyD, NYIT College of Osteopathic Medicine

Whereas the United States First Amendment provides protections for people of all faiths (U.S. Constitution, Amendment I).

Whereas South Asia is comprised of many diverse religions including Christians, Muslims, Hindus, Jains, Buddhists, Parsis and Sikhs (Joshi, 2006; as cited in Mishra, 2013)

Whereas recent world events have made religious minorities of South Asia more vulnerable to racial discrimination and racial profiling (Abdelkader, 2014; Ahluwalia, 2011; Prashad, 2005; Puar & Rai, 2004). Historically, when discrimination and mistrust transcends daily living, and when it becomes systemic, the targeted individuals experience higher than normal levels of psychological distress.

Whereas, these include feelings of isolation, anger, distrust, sadness, paranoia, anxiety, and existential fear related to safety in public settings. Systemic discrimination includes: violence from public safety personnel, which includes higher than normal forensic examinations and arrests due to racial profiling (South Asian Americans Leading Together [SAALT], 2014).

Whereas this includes profiling at points of entry into the United States, even with legitimate documents, or when air-traveling (Iyer, 2017; SAALT, 2014). Daily discrimination happens in many aspects of life.

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Whereas, after 9-11, Sikhs were targeted on their streets and attacked, which led to injuries and deaths (Ahluwalia, 2011; Ahluwalia & Pellettiere, 2010; Mishra, 2013; Puar & Rai, 2004). Many other occurrences happen in schools where children of these faiths are physically and verbally abused by their schoolmates (Bajaj, Ghaffar-Kucher & Desai, 2016).

Whereas, the American Psychological Association's (2017) multicultural guidelines require psychologist to be aware of the cultural complexities of identity. Yet, experts have expressed concern that mental health providers are often unaware of systemic prejudices facing South Asians. Therefore, further education and training is needed to be able to address these issues, in schools or in communities (Ahluwalia & Alimchandani, 2013; Ahluwalia & Zaman, 2009).

Whereas, In light of recent rise of discrimination and targeted attacks against Hindus, Jains, Buddhists and Sikhs, religious leaders and political leaders have supported the rights and welfare of these people (Ahluwalia, 2013; SAALT, 2014).

Whereas psychologists have the unique task of improving mental health on an individual basis and impact mental health policies on a societal level. Collective voice of psychologists against social injustice and lending a voice to the under-served is a natural extension of the psychology community.

Whereas, New York State Psychological Association recognizes the contributions of people all faiths, particularly, Hindus, Jains, Buddhists, Parsis, and Sikhs. The association recognizes the inalienable rights of people of fore-mentioned, under-represented faiths. Leading a life in pursuit of life, liberty and pursuit of happiness are indisputable rights of all people.

New York State Psychological Association

Be it resolved that the New York State Psychological Association commits itself to competent and informed practice of psychological services while serving people of Hindu, Jain, Buddhist, and Sikh faiths. This will be through increased access to mental health services and improvement in mental health policies. Increased training of psychologists for treatment and advocacy with Hindu, Jain, Buddhist and Sikh communities will be addressed by vocal and visible participation of the association.

Be it further resolved, New York State Psychological Association resolves to reject any actions that further harm, oppress, stereotype and limit access to rights under the protection of the law, or discriminate Hindus, Jains, Buddhists and Sikhs.

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New York State Psychological Association

NYSPA's Resolution on Anti-Semitic and Anti-Jewish Prejudice

Daniel Kaplin, PhD, St. Francis College

Modeled after APA's (2007) Resolution

Whereas the United States First Amendment provides protections for people of all faiths (U.S. Constitution, Amendment I).

Whereas prejudice and discrimination based on religion have caused untold human suffering throughout recorded history.

Whereas anti-Jewish hostility, or anti-Semitism, has taken various forms over several millennia (Prager & Telushkin, 2016).

Whereas, anti-Semitism has resulted in forced conversion, persecution, expulsion, scapegoating and death of Jews throughout the world (Kedar, 1996; Rürup, 2004; Steinberg, 2008).

Whereas, these basic human rights violations were most recognizable throughout the world with the genocide of six million Jews during the Holocaust (Kalman & Doron, 2017).

Whereas, the United States has a history of discriminating against Jews by restricting employment, social clubs and resort areas, education, and housing (Norwood, 2003).

New York State Psychological Association

Whereas, in response to the pervasive nature of anti-Semitism, the United States Congress approved the Global Anti-Semitism Awareness/Review Act in 2004, which was designed to monitor and combat anti-Semitism worldwide (U.S. Department of State, 2004).

Whereas these actions could partially explain a decline in anti-Semitic acts of violence in the United States between 2005 and 2015 (Cohen, Kaplin, Jussim, and Rubenstein, 2016). Nevertheless, as a function of the changes in political culture in the United States, there has been a sharp increase in anti-Semitic acts in 2016 and 2017 (Anti-Defamation League, 2018; Kaplin, 2017).

Whereas the 2015 ADL Global 100 Report indicates that 9% of American Adults (21 million) and 26% of adults worldwide (over 1 billion) harbor anti-Semitic attitudes (Anti-Defamation League, 2015).

Whereas "modern" or "new" anti-Semitism includes a denial of biases against Jews, while prejudiced attitudes exist and discriminatory statements or acts are engaged in (Anti-Semitism Worldwide, 2004; Prager & Telushkin, 2016)

Whereas this form of anti-Semitism may be more difficult for its perpetrators to identify and challenge, as their beliefs about themselves may be that they are not biased against Jews (Dovidio & Gaertner, 2010);
and

Whereas this form of anti-Semitism may be asserted in the context of discourse regarding the actions of the Government of Israel, thus further disguising the anti-Semitic nature of the discourse (Cohen, Jussim, Bhasin, & Salib, 2011).

New York State Psychological Association

Whereas the link between extreme anti-Israel rhetoric and deeds directed against Jewish individuals and communities has become an observable global trend and has at times unleashed demonization and dehumanization of Jews; (Anti-Semitism Worldwide, 2004; Cohen et al., 2011); and

Whereas these negative attitudes have trickled down to college campuses (Marcus, 2016; Sheskin & Felson, 2016; Weinstein & Jackson, 2010).

Whereas every anti-Semitic act creates a climate of fear, anxiety and insecurity, both for the individual and the community; as such therefore, Jews are exposed to suffering the feelings of vulnerability, anger, depression and other sequelae of victimization (Crandall & Eshleman, 2003; Valent, 2002).

Whereas the American Psychological Association (2007) expressed their strong opposition for anti-Semitism and anti-Jewish sentiment of all kinds.

Whereas the New York State Psychological Association opposes prejudice and discrimination based upon race, ethnicity, religion, sexual orientation, gender, gender identity or physical condition.

Therefore, be it resolved, that the New York State Psychological Association condemns all anti-Semitic attitudes and actions, both overt and covert, and will use its influence to promote fairness, respect, and dignity for all people, regardless of religion or ethnicity, in all arenas in which psychologists work and practice, and in society at large.

Be it further resolved that the New York State Psychological Association will take a leadership role in opposing anti-Semitism.

New York State Psychological Association

Be it further resolved that the New York State Psychological Association encourages research to better understand the characteristics, causes, and consequences of both overt and covert anti-Semitic and Anti-Jewish prejudice.

Be it further resolved that the New York State Psychological Association will include appropriate information on anti-Semitism in its multicultural and diversity training material and activities, and that diversity and multicultural efforts will take cognizance of anti-Semitism, whether subtle or not, and will attempt to overcome it.

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New York State Psychological Association

NYSPA's Resolution on Islamophobia and Anti-Muslim Prejudice

Raymond Brock-Murray, PhD, College of St. Elizabeth and Daniel Kaplin PhD, St. Francis College

Whereas the First Amendment of the Constitution of the United States provides protections for all Muslims to practice and express their religious beliefs (U.S. Constitution, Amendment I).

Whereas the U.S. and global political and social climates have at times contributed increased discrimination and prejudice against Muslims, on institutional, legal, and societal levels (Beshara, 2018; Cashin, 2011; Renton, 2018).

Whereas Islamophobia impacts Muslims' physical and mental health in both direct and indirect ways (Davids, 2009). In the era of Islamophobia, Muslims express more apprehension about utilizing mental health providers, which creates disparities in treatment (Amri & Bemak, 2012; Laird, Amer, Barnett, & Barnes, 2007).

Whereas Muslims now report higher levels of sadness, fear, isolation, depression, worry, loss of safety, identity, and anxiety as a result of anti-Muslim harassment, verbal abuse, and physical assault (Abu-Ras, Suárez, & Abu-Bader, 2018; Hodge, Zidan, & Husain, 2016; Kunst, Tajamal, Sam, Ulleberg, 2012; Sway, 2005).

Whereas this harassment often harms people who are already traumatized by having directly experienced war, terrorism, abuse, and seeking asylum in the U.S., or indirectly through the hardships of loved ones (Kira et al., 2008).

New York State Psychological Association

Whereas anti-Muslim sentiment undermines the mental health needs and religious beliefs of the Muslim community are largely unfamiliar to psychologists, even in the context of everyday stressors and the prevalence of mental disorders unrelated to anti-Muslim discrimination (Amri & Bemak, 2012; Inayat, 2007).

Whereas several political, faith, and community leaders and organizations play a role and have resolved to support the rights and welfare of those in the Muslim community (Halafoff, & Wright-Neville, 2009).

Whereas the duties of psychologists are to improve the mental health, well-being, and general welfare of individuals and our society through participation in social justice and social action (Martino, Eiroa-Orosa, & Arcidiacono, 2018; Santiago-Rivera, Talka, & Tully, 2006; Thrift & Sugarman 2018).

Whereas it is the duty of psychology as a profession to lead in the causes of social justice in minority communities and to speak to, and give voice to, the needs of those who at times do not have a strong voice (Santiago-Rivera et al., 2006).

Whereas it is the duty of psychology as a profession to make access to services available to all communities in need, including those of the Muslim community, especially the needs of those communities that are underserved or underrepresented in help-seeking and receiving services from psychologists.

Whereas the New York State Psychological Association recognizes the invaluable contributions of Muslims and Muslim Americans to American society, and recognizes the inalienable rights of Muslims to lead mentally and emotionally healthy lives in the pursuit of life, liberty, and the pursuit of happiness.

New York State Psychological Association

Whereas, in the face of Islamophobia, further research is needed to better serve the needs of Muslims (Amer & Bagasra, 2013).

Therefore, be it resolved, that the New York State Psychological Association commits itself to competent and informed practice in serving the Muslim community through increased efforts in mental health outreach in Muslim communities and with Muslim leaders, increased cooperation and training with Muslim psychologists already serving New York's many Muslim communities, increased training of psychologists in treatment and advocacy with Muslim clients and within Muslim communities, increase vocal and visible participation in advocacy aimed at supporting the rights and needs of those in the Muslim community as it relates to issues of mental health and well-being.

Be it further resolved, that the New York State Psychological Association rejects any actions that work to further harm, oppress, stereotype, limit access to rights under protection of the law, or discriminate against Muslims.

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New York State Psychological Association

NYSPA's Resolution Regarding Commitment to Diversity and Inclusion of Diasporan Africans

Vernon Smith, PhD, Borough of Manhattan Community College

Whereas “any act of racial discrimination, Afrophobia, xenophobia and intolerance runs contrary to fundamental human rights (United Nations Human Rights Council, 2018, p. 14).”

Whereas the World Health Organization (2013) lists as among their major objectives “to strengthen effective leadership and governance for mental health (p.10).”

Whereas the American Psychological Association (2001b, 2004) declared “both active racism and passive acceptance of race-based privilege disrupt the mental health and psychological functioning of both victims and perpetrators of racial injustice.”

Whereas the American Psychological Association (2001a) “call(ed) upon all psychologists to eliminate processes and procedures that perpetuate racial injustice in research, practice, training, and education.”

Whereas the Association of Black Psychologists (2011) has called upon the National Institutes of Health to address empirically-supported findings of disparities in NIH grants funding negatively impacting African Americans.

Whereas NIH leadership acknowledged those disparities and committed to alleviating the funding disparities (Association of Black Psychologists, 2011).

Whereas the US Office of the Surgeon General (2014) recommends that government entities can “ensure that those in need, especially potentially vulnerable groups, are identified and referred to mental health services (p. 2).”

New York State Psychological Association

Whereas the Office of Minority Health of the US Department of Health and Human Services (2011) has as a core goal of cultural and linguistic competency the objective of “develop[ing] a policy agenda to expand the diversity and cultural and linguistic competency of the health care workforce “ and “for medical schools, boards of trustees of universities, health care systems, professional health associations, and health-related businesses to consider and implement a policy of inclusion in all aspects of their organizational structure and processes (p. 130).”

Whereas African Americans with mental illness, including serious mental illness, tend to over-utilize inpatient (especially emergency-room) mental health services and underutilize medication and outpatient psychological services (Substance Abuse and Mental Health Services Administration, 2015).

Whereas there is evidence that African Americans report social, cultural, and structural barriers to use of psychologists and psychotherapy (Sanders, Bazile, & Akbar, 2004).

Whereas African Americans perceive mental health issues as stigmatizing and associate the need for psychotherapy with serious and persistent mental illness, rather than with helping with daily stressors and quality of life concerns (Sanders et al., 2004).

Whereas clinicians’ multicultural competence and anti-Black bias may uniquely and negatively impact their expectations of forming a therapeutic bond and expectations of treatment effectiveness (Katz & Hoyt, 2014)

Whereas the mission of the New York State Psychological Association (2018) is “to advance the science and practice of psychology as a means of promoting human welfare.”

New York State Psychological Association

Be it resolved that the New York State Psychological Association (NYSPA) demonstrates efforts to align its organizational priorities with the best practices of leading global institutions spearheading efforts to better serve the mental healthcare needs of African descent;

Be it further resolved that NYSPA implements training programs designed to enhance the cultural awareness and competency of leadership, enabling them to better meet the professional practice and development needs of the Association, its divisions, and its members;

Be it further resolved that NYSPA demonstrates its efforts to include members of African descent in positions of leadership and governance;

Be it further resolved that NYSPA demonstrates its efforts to educate its members and the public about the deleterious effects of bias and discrimination against individuals of African descent;

Be it further resolved that NYSPA implements outreach programs designed to better educate members of the public of African descent about the benefits of outpatient mental health care;

Be it further resolved that NYSPA commits to advancing continuing education supportive of the needs for psychologists to understand the unique scientific and clinical domains of knowledge relevant to individuals of African descent;

Be it further resolved that NYSPA develops and implements self-studies to measure the effectiveness of efforts designed to meet policy, organizational, scientific, and clinical objectives relevant to individuals of African descent.

New York State Psychological Association

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NYSPA's Resolution on Arab-American, Middle Eastern, and Northern African Communities

There is some controversy surrounding whether the proper term for this group should be *Middle Eastern Northern African*, the *Arab World*, or *West Asian North Africa (WANA)/North Africa-West Asia (NAWA)* (Culcasi, 2010). While these subtleties in language underscore a concerning European colonialist origins and dispute over which countries should be included (Culcasi, 2010), for the purpose of this resolution we have elected to use the terminology of the Arab American Middle Eastern, and Northern African (AMENA) Psychological Association which was founded in 2017. This can be used as an umbrella term to include all of the aforementioned groups.

Daniel Kaplin, PhD, St. Francis College

Whereas Arab, Middle Eastern, and Northern African (AMENA) individuals are geographically, ethnically, religiously, and linguistically diverse in their practices (Fallah, Murawski, & Moradian, 2018; Kose, Özcan, & Karakoc, 2016; Özbudun, 1985; Pfösti & Kymlicka, 2015).

Whereas AMENA individuals have been historically classified as White or Caucasian to facilitate naturalization to the United States in the early 1900s (Gualtieri, 2001). Nevertheless, there have been attempts to have AMENA acknowledged since the 1980s (Kayyali, 2013).

Whereas the U. S. Census explored adding the AMENA category to recognize the ethnic diversity in this community (U.S. Census, 2015). Some researchers question the benefits and drawbacks of this approach (Beydoun, 2016; Kayyali, 2013). In the end, the Census elected to not include this category noting, “we do feel that more research and testing is needed before we can proceed to implement or propose to implement a separate Middle Eastern or North African category” (U.S. Census, 2018, pg. 14).”

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Whereas the United States also recently proposed a travel ban that would adversely affect immigrants, refugees, and asylum seekers coming from several Arab/Middle Eastern and Northern African, Muslim majority countries (Ahmed, 2017; Ayoub & Beydoun, 2017; Chacón, 2017; Fullerton, 2017; Gilbert, 2017).

Whereas estimates of AMENA individuals living in the United States range between 2 to 3.7 million (Arab American Institute, 2014). Yet, the travel ban and the Census's decision leave individuals from the AMENA community feeling invisible and further marginalized within the U.S. community (Arab American Institute, 2018; Council on American Islamic Relations, 2018).

Whereas not having an ethnic identity results in the reinforcement of negative stereotypes and discrimination of members within the AMENA community (Brown, Ali, Stone, & Jewell, 2017; Gaddis & Ghoshal, 2015; Ikizler & Szymanski, 2018; Suleiman, 1999). These stereotypes might be reduced through evaluative conditioning (French, Franz, Phelan, & Blaine, 2013).

Whereas AMENA individuals experience higher rates of acculturative stress, depression, suicide, infectious disease, chronic illness, and lower age-adjusted mortality (Alhasanat-Khalil et al., 2018; El-Sayed, Tracy, Scarborough, & Galea, 2011a; El-Sayed, Tracy, Scarborough, & Galea, 2011b).

Whereas this lack of information reinforce the existing stigma regarding mental health, women's health issues, immigration status for members within the AMENA community (Ali, Skirton, Clark, & Donaldson, 2017; Awad, Martinez, & Amer, 2013; Dardas et al., 2018; Zolezzi, Alamri, Shaar, & Rainkie, 2018).

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Whereas researchers and clinicians have attempted to address some ways to better serve members of the AMENA population (Abi-Hashem, 2008; Abi-Hashem, 2011; Dwairy, 2006; Nassar-McMillan, Choudhuri, D. D., & Santiago-Rivera, A., 2010; Wrobel & Paterson, 2013).

Whereas this in contrary to our values as psychologists of developing multicultural guidelines that reflect the unique and overlapping identities we have (American Psychological Association, 2017). This includes the importance of cultural competencies when working with AMENA individuals (Fallah et al., 2018).

Whereas AMENA-Psy was formed, in part, to address some of lack of information about the culture and values of the AMENA community.

Whereas NYSPA reaffirms APA and AMENA Psy's values emphasizing the equitable treatment of all individuals.

Therefore be it resolved, that the New York State Psychological Association rejects any actions that work to further harm, oppress, stereotype, limit access to rights under protection of the law, or discriminate against members of the AMENA community.

Be it further resolved that NYSPA supports the recommendation that mental health professionals who work with AMENA individuals receive proper training about the populations they serve, the conditions in their countries of origin, and the specific problems they face in order to develop cultural and diversity-based competence.

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Be it further resolved that NYSPA demonstrates its efforts to include members of AMENA descent in positions of leadership and governance.

Be it further resolved that NYSPA demonstrates its efforts to educate its members and the public about the deleterious effects of bias and discrimination against individuals of AMENA descent.

Be it further resolved that NYSPA implements outreach programs designed to better educate members of the public of AMENA descent about the benefits of outpatient mental health care.

Be it further resolved that NYSPA commits to advancing continuing education supportive of the needs for psychologists to understand the unique scientific and clinical domains of knowledge relevant to individuals of AMENA descent.

Be it further resolved that NYSPA develops and implements self-studies to measure the effectiveness of efforts designed to meet policy, organizational, scientific, and clinical objectives relevant to individuals of AMENA descent.

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NYSPA's Resolution on Asian American Communities

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Whereas the adoption of the Universal Declaration of Human Rights (1948) has led the global community to enact numerous international human rights instruments, including the International Convention on the Elimination of All Forms of Racial Discrimination (Office of the United Nations High Commissioner for Human Rights, 1969).

Whereas the international world has made important advances in the struggle against racism, racial discrimination, xenophobia and related intolerance (Alleyne, 2010).

Whereas racism and racial discrimination threaten human development because of the obstacles which they pose to the fulfillment to basic human rights to survival, security, development, and social participation (Emerson & Murphy, 2014; Rebanal, & Santiago, 2017).

Whereas economic and political threat has resulted in anti-Asian sentiment and enactment of laws against the human and civil rights of Asian Americans (Chin & Tu, 2016; Naram, 2017)

Whereas the tendency to scapegoat when anxious, Asian Americans have often been the target of being rendered “the other”, “the perpetual foreigner”, and “the model minority” resulting negatively affecting their social development, self-esteem, and personal feelings of efficacy (Chin, 2017; Keum, Miller, Lee, & Chen, 2018; Museus & Park, 2015).

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Whereas racism negatively affects the cognitive and affective development of members of the dominant group by perpetuating distorted thinking about the self and members of marginalized or oppressed groups (Juang et al., 2016; Li, Gee, & Dong, 2018; Wong-Padoongpatt, Zane, Okazaki, & Saw, 2017).

Whereas racism can promote anxiety and fear in the dominant group members whenever they are in the presence of Asian Americans, their presence often lead to acts of hostility and aggression or unfair and biased treatment (Craig & Richeson, 2014; Umaña-Taylor, 2016)

Therefore be it resolved that the NYSPA denounces racism in all its forms for its negative psychological, social, educational and economic effects on Asian Americans;

Be it further resolved that NYSPA will:

- (1) pursue equitable representation at all levels of NYSPA governance
- (2) call upon all psychologists to eliminate processes and procedures that perpetuate racial injustice and omission of Asian Americans from research, practice, training and education
- (3) call upon all psychologists to speak out against racist behaviors, and take proactive steps to prevent the occurrence of intolerant or racist acts
- (4) promote psychological research on the alleviation of racial/ethnic injustice toward Asian Americans.

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NYSPA's Resolution on Indigenous Communities

The term *indigenous populations* include American Indians (e.g., Native Americans and some Alaska Natives [AIAN]) and Native Hawaiians and Pacific Islander [NHOP] (e.g., Polynesians, Melanesians, and Micronesians) (Braun & LaCounte, 2014; Mateata-Allain, 2005). While American Indians, Native Hawaiians and Pacific Islanders are distinct, for the purpose of this resolution we combine them, as they reflect native communities (Braun & LaCounte, 2014; Sharpe, 2013).

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Whereas indigenous peoples have suffered from historic injustices as a result of, among other things, their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests (Göcke, 2013; Riley & Carpenter, 2016).

Whereas Indigenous populations have experienced systemic persecution, genocide, structural violence, forced assimilation, relocation, and the removal of children from their midst (Burnette & Figley, 2017; Jacobs, 2005; Kirmayer, Gone, & Moses, 2014; Madley, 2015).

Whereas Indigenous populations are often portrayed invisible, too weak for survival, or a “savage other” in Western education textbooks (Rowse, 2014; Stanton, 2015; Vallowe, 2018).

Whereas this colonization has resulted in the systematic destruction of Indigenous people, their language, and culture (Chenhall & Senior, 2009; Kirmayer et al., 2014; Riley & Carpenter, 2016).

Whereas Indigenous populations have been treated as ethnically or cultural inferior by the United States (Dyar, 2003). This has resulted in placement of indigenous populations on reservations, systematic

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segregated from society, living in poverty, and with harsh and inadequate housing (Chenhall & Senior, 2009; Perry, 2009; Sharpe, 2013).

Whereas the inherent rights of indigenous peoples that derive from their political, economic and social structures and from their cultures, spiritual traditions, histories and philosophies have largely been ignored.

Whereas these acts have resulted in a deleterious effect on the physical/psychological health of Indigenous populations (Braun & LaCounte, 2014; Burnette & Figley, 2017; Gryczynski & Johnson, 2011; McIntyre et al., 2017; Sharpe, 2013).

Whereas these health problems include, but are not limited to, sudden infant death syndrome, heart disease, cancer, diabetes, tuberculosis, sexually transmitted diseases, and obesity (Alexander, Wingate, & Boulet, 2008; Gryczynski & Johnson, 2011; Sharpe, 2013).

Whereas these physical challenges are compounded with higher rates of alcoholism, tobacco and other drug use, gambling disorders, anxiety, depression, suicide, learning disorders, PTSD, and domestic violence (Alegria et al., 2009; Gryczynski & Johnson, 2011; Patterson Silver Wolf, Perkins, Van Zile-Tamsen, & Butler-Barnes, 2018; Ponicki et al., 2018; Sharpe, 2013; Traille & Roy, 2011).

Whereas these actions are contrary to psychologists' value that all peoples contribute to the diversity and richness of civilizations and cultures, which constitute the common heritage of humankind, its humanities, and as a function of colonization, a common Genomic code (Delle Fave, 2017; Lindo et al., 2018). Moreover, psychologists recognize the requirement to provide culturally appropriate services.(Atkinson, Thompson, & Grant, 1993; James, Noel, Favorite, & Jean, 2012)

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Whereas Indigenous peoples have the right to the full enjoyment, as a collective or as individuals, of all human rights and fundamental freedoms as recognized by the United Nations (1948) international human rights law and the United States Declaration of Independence (1776).

Whereas as members of NYSPA who in accordance with the principles of justice, democracy, respect for human rights, equality, non-discrimination, good governance and good faith we wish to foster wellness.

Therefore be it resolved that NYSPA resolved opposes physical, psychological, social, educational and economic effects of discrimination on indigenous peoples.

Be it further resolved that NYSPA will:

- (1) pursue equitable representation at all levels of NYSPA governance,
- (2) promote psychological research on the experience of indigenous peoples
- (3) engage in education and knowledge-gaining efforts to create affirming research, practice, and training related to the wellness of indigenous peoples

Be it further resolved that NYSPA will call upon psychologists to:

- (1) recognize and eliminate processes and procedures that promotes a view of the indigenous populations as primitive or pathological and allow for discrimination against members of this naturally occurring population.
- (2) recognize and eliminate processes that omit the experiences of indigenous minorities from research, practice, training and education,
- (3) speak out against all discriminatory behaviors

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NYSPA's Resolution on Latin/Hispanic Communities

Researchers have debated whether one should use the term Latina/o or Hispanic (Pew Research Forum, 2012). However, according to the American Psychological Association, these terms can be used interchangeably. As such, I have decided to use the more gender neutral term, Hispanic, when describing this group.

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Whereas the United States is a huge melting pot that provides fodder for the proliferation of multi-racial and multi-cultural bigotry (Morelli & Spencer, 2000; Thornton, 2012).

Whereas the U.S. was the fifth largest Spanish-speaking country in the world in 2010 and the second largest country by 2015 (Instituto Cervantes, 2016; U.S. Census, 2010). As such, members of the Hispanic community require sensitivity to diversity because of the many cultural backgrounds (Adames & Chavez-Dueñas, 2017; Cardemil & La Roche, 2017).

Whereas members of the Hispanic community are subjected to racism, prejudice, stereotypes, microaggressions and macroaggressions because of their culture, immigration status, appearance, language, accent, educational background, employment, socioeconomic status, and country of origin (Anderson & Finch, 2017; Hansen & Dovidio, 2016; Mattar, 2010; Saenz, 2014).

Whereas the Hispanic population is portrayed as less educated, less intelligent, less productive, less well-adjusted, more physically violent, and prone to greater criminal tendencies (Cervantes, Alvord, & Menjívar, 2018; Jones, 1991; Saenz, 2014; Unnever & Cullen, 2012). Moreover, members of the Hispanic community are more likely to be asked for identification, invalidated because of their speech or accent, invalidated because of

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appearance, and the subject of racial jokes (Ditlmann & Lagunes, 2014; Gonzales-Backen & Umaña-Taylor, 2011; Hansen & Dovidio, 2016; Roth, 2010).

Whereas the consequences of these negative attitudes have resulted in denial of treatment, substandard or inadequate treatment, misdiagnosis, denial of needed services, loss of income, loss of benefits, and poorer experiences with the legal system (Bustamante, Leclerc, Mari, & Brietzke, 2016; Landale, Oropesa, & Noah, 2017; Parra-Cardona & DeAndrea, 2016; Tran & Ponce, 2017).

Whereas the cumulative impact may have debilitating and sometimes deadly consequences including high blood pressure, cardiovascular disease, and increased death rates (Anderson & Finch, 2017; Busse, Yim, & Campos, 2017; Kershaw et al., 2016; Shin, Soltero, Mama, Sunseri, & Lee, 2017).

Whereas Hispanic have higher rates of depression, anxiety, and PTSD symptoms, behavioral changes including withdrawal, academic failures and dropping out of school, increase in self-harm behaviors, and somatic complaints (Bustamante et al., 2016; Cervantes, Goldbach, Varela, & Santisteban, 2014; Cheng & Mallinckrodt, 2015; Loeb et al., 2018; Mata-Greve & Torres, 2018; Negi, 2013; Zambrana & Morant, 2009).

Whereas the United States has approximately 11 million undocumented individuals who belong to the Hispanic community (Herbst, Bernal, Terry, & Lewis, 2016). Many live in fear that any exposure might lead to detention and deportation proceedings (Rojas-Flores, Clements, Hwang Koo, & London, 2017).

Whereas parents who are separated from their children may be stripped of their parental rights (Rojas-Flores, et al, 2017). Frequent relocations, economic hardships, inadequate housing, and poor physical and mental health are prevalent.

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Whereas it is uncertain what impact the proposed repeal of Deferred Action for Childhood Arrivals (DACA) will have on 800,000 individuals who entered the U.S. as minors to remain U.S. (Abrego, 2018).

Whereas psychologists who evaluate and treat members of the Hispanic community must employ culturally sensitive and valid methods in their assessments and be aware of their own limitations as set forth by the American Psychological Association (2017).

Therefore be it resolved that NYSPA supports the recommendation that mental health professionals who work with Hispanic individuals receive proper training about the populations they serve, the conditions in their countries of origin, and the specific problems they face in order to develop cultural and diversity-based competence.

Be it further resolved that NYSPA demonstrates its efforts to include members of Hispanic descent in positions of leadership and governance.

Be it further resolved that NYSPA demonstrates its efforts to educate its members and the public about the deleterious effects of bias and discrimination against individuals of Hispanic descent.

Be it further resolved that NYSPA implements outreach programs designed to better educate members of the public of Hispanic descent about the benefits of outpatient mental health care.

Be it further resolved that NYSPA commits to advancing continuing education supportive of the needs for psychologists to understand the unique scientific and clinical domains of knowledge relevant to individuals of Hispanic descent.

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Be it further resolved that NYSPA develops and implements self-studies to measure the effectiveness of efforts designed to meet policy, organizational, scientific, and clinical objectives relevant to individuals of Hispanic descent.

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NYSPA's Resolution on Lower SES Communities

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Whereas socioeconomic disparities continue to increase within the United States and throughout the world (APA Taskforce on Socioeconomic Status, 2007; World Bank, 2017).

Whereas a small segment of the population holds a majority of the wealth (Caliendo, 2015). Yet, there is a strong desire to reduce economic inequities (Norton & Ariely, 2013).

Whereas structures in place within US society continue to promote social class divisions, and make it difficult to attain social class mobility (Liu, 2001, 2011). These class divisions could partially be explained by a cognitive schema, which default to class division (Stubager, Tilley, Evans, Robison, & Harrits, 2018).

Whereas pro-rich attitudes are found within society (Horwitz & Dovidio, 2017). Yet individuals who are within the lower social class tend to be typecasted as having dispositional poverty, which results in being stereotyped as lazy and unmotivated (Kunstman, Plant, & Deska, 2016; Rodriguez et al., 2017; Streib, Ayala, & Wixted, 2017).

Whereas social class and socioeconomic status have a tremendous impact on one's physical and psychological well-being, access to resources, and opportunities one is afforded (APA TaskForce on Socioeconomic Status, 2007; Liu, 2001; Zalaquett & Chambers, 2017).

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Whereas members of lower social class tend to have worse environmental living conditions, such as housing, greater risk of violence, transportation, and access to watersheds, which further their marginalization (Denq, Constance, & Su-Shiow Joung, 2000; Hill, Collins, & Vidon, 2018; Lubitow, Rainer, & Bassett, 2017; Vacha & McLaughlin, 2004).

Whereas individuals, and families of low social class background face barriers to access and resources that benefit their physical/mental health and well-being (APA Taskforce on Socioeconomic Status, 2007; Appio, Chambers, & Mao, 2013; Perry, Harp, & Oser, 2013); Rose & Hatzenbuehler, 2009; Zalaquett & Chambers, 2017).

Whereas members of low social class, low socioeconomic status face greater discrimination, bullying and are marginalized by society, based on our perception of their social class standing (Hong, Peguero, & Espelage, 2018). These experiences contribute to class-based trauma (Liu, 2011). Moreover, the negative impact of class inequality continues to serve as a barrier to academic achievement in higher education (Jury et al., 2017).

Whereas the negative impact of these inequities can be reduced by peer social capital, teachers who care, family and community assets, and multiple streams of motivation (Williams et al., 2017).

Whereas an outcome of this is lower educational achievement, which limits the ability to break out of the cycle of poverty, negative health outcomes, and limited resource availability (Gentry, 2016; Harper, Marcus, & Moore, 2003).

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Whereas socioeconomic disparity in the USA intersects with race, ethnicity, gender, age, sexual orientation, and (dis)ability. (APA taskforce, 2007). Several examples include racial and ethnic minorities, women, LGBTQ+ population, the elderly, and children (APA Multicultural Guidelines, 2017; APA Taskforce on Socioeconomic Status, 2007; Bowleg et al., 2017; Perry et al., 2013).

Whereas, social class, classism, and socioeconomic status are important variables to consider when developing one's multicultural competencies as psychologists (APA Multicultural Guidelines, 2017; Williams, Bryan, Morrison, & Scott, 2017; Zalaquett & Chambers, 2017).

Whereas there is a need as psychologists to examine our social class biases and assumptions that have detrimental effects on our clients/patients (Appio et al., 2013; Greenleaf, Ratts, & Song, 2016). This includes paying attention to structural, and institutional factors that may be limiting the client improve their life (Greenleaf et al., 2016).

Therefore be it resolved NYSPA resolves to dedicate resources towards increasing research, advocacy, education and awareness surrounding social class and classism for its membership, and will consciously incorporate programming related to social class and classism in its annual meetings.

Be it further resolved that NYSPA will:

- (1) pursue equitable representation at all levels of NYSPA governance,
- (2) factor social class and socioeconomic status within psychological research
- (3) engage in education and knowledge-gaining efforts via research, practice, and training

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(4) engage in advocacy efforts towards creating a more just and equitable society

In addition, NYSPA will call upon psychologists to:

(1) recognize and eliminate processes and procedures that perpetuate classism and classist behaviors within the organization, and allow for discrimination against those belonging to a marginalized social class group.

(2) recognize and eliminate processes that omit the impact of social class and classism from research, advocacy, practice, training and education,

(3) speak out against discrimination and marginalization based on social class standing and low SES.

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NYSPA's Resolution on Sexual Minorities

The language for sexual identity continues to evolve to reflect the nuanced differences in human sexual, romantic, and emotional attraction. Sexual minority identities include but are not limited to gay and lesbian identities, bisexuality, pansexuality, polysexuality, and asexuality. While general definitions for each of these identities might exist, it is important to center each client's definition of their sexual identity.

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Whereas prejudice and discrimination against sexual minorities has caused immense suffering globally and within the US.

Whereas the United Nations Human Rights Council adopted a resolution in 2016 to protect against violence and discrimination based on sexual orientation and gender identity, more than a third of the world's countries criminalize same-sex relationships (The United Nations Global Campaign, n.d.).

Whereas sexual minorities have experienced violence and discrimination in the form of murder, physical violence, sexual assault, employment discrimination, harassment, and been denied access to healthcare and housing.

Whereas though there has been some movement within the US to afford protection and rights to sexual minorities, there is a wide range across states with regards to legal rights afforded to sexual minorities and their sense of safety (Non-discrimination laws, 2018).

Whereas there has been a rise in reported sexual orientation discrimination since 2016 (Dashow, 2017).

Whereas sexual minorities experience a significant negative impact on physical and emotional wellness due to minority stress and discrimination (American Psychological Association, 2012).

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Whereas some sexual minority populations (e.g., bisexuals, asexuals) experience prejudice from the heterosexual community as well as the sexual minority community (Harper & Ginicola, 2017).

Whereas, due to heterosexism within society, sexual minorities may be less able to safely rely on traditional forms of support such as families, spiritual/religious organizations, communities, and healthcare providers (Kort, 2008).

Whereas there is a history within the mental health field where professionals have perpetuated in pathologizing sexual minorities by labeling same-sex attraction as a mental illness (e.g., Diagnostic & Statistical Manual II).

Whereas though major mental health organizations now affirm nonheterosexual orientations, there continues to be efforts to repathologize nonheterosexuality through use of reparative therapy (American Psychological Association, 2012).

Whereas though mental health organizations have taken steps to increase affirmative spaces such as through the APA Guidelines, research shows continued lack of training and knowledge among mental health professionals (Burkard, et al., 2009; Rock, Carlson, & McGeorge, 2010).

Therefore, due to the negative physical, psychological, social, educational and economic effects of discrimination on sexual minorities, NYSPA resolves to take a stand against heterosexism, homophobia, biphobia, and other forms of sexual minority discrimination in all its forms.

Be it further resolved that NYSPA will:

- (1) pursue equitable representation at all levels of NYSPA governance,
- (2) promote psychological research on the alleviation of heterosexism

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(3) engage in education and knowledge-gaining efforts to create affirming research, practice, and training

In addition, NYSPA will call upon psychologists to:

(1) recognize and eliminate processes and procedures that perpetuate heterosexism and allow for discrimination against sexual minorities

(2) recognize and eliminate processes that omit the experiences of sexual minorities from research, practice, training and education,

(3) speak out against heterosexist and discriminatory behaviors

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NYSPA's Resolution on International Migrants, Refugees, and Asylum-Seekers

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Whereas, the United Nations' (1948) declaration of human rights states that "All human beings are born free and equal in dignity and rights."

Whereas, according to the United Nations (2017), nearly the United States accepted 50 million (or 19% of worldwide) new international Migrants between 2000-2017.

Whereas, we recognize the United States as the top migrant receiving country, with a wide lense of cultural, lingual, educational and social background (United Nations, 2017).

Whereas the U.S. Constitution (Amendment XIV), the U.S. Migration and Refugee Act (1962), the Immigration and Nationality Act (1965), and the United States Refugee Act (1980) provide pathways for citizenship and resettlement of international migrants (Auvil, 2017; Gorman, 2017; Lemke, 2017; Xi, 2017). These individuals can gain citizenship through formal applications, requesting asylum (while in the United States), refugee status (a person who requests protection while still overseas), and as a function of birthright citizenship.

Whereas international migrants are at increased risk of psychological harm, as supported by research, experiencing stressors related to previous trauma, detention, beginning a new life away from family and culture, and the struggle of their journey to the United States (Aranda & Vaquera, 2015; Buckley, 2013; Cleveland & Rousseau, 2013).

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Whereas the maltreatment, discrimination, detention and anti-immigration legislation can lead to stress and be predictors of depression, emotional trauma, and irritability (Betancourt et al., 2017; Division 27 of the American Psychological Association, 2018; Kaltman et al., 2010; Pfortmueller et al., 2013; Toar, O'Brien, & Fahey, 2009).

Whereas the threat of deportation is particularly stressful and increases psychological and medical risk. Immigrants, refugees, and asylum seekers are more vulnerable to PTSD, distress, developmental disruption, depression, anxiety, heart disease and a number of other medical conditions (Betancourt et al., 2017; Division 27 of the American Psychological Association, 2018; Kaltman et al., 2010; Pfortmueller et al., 2013; Toar, O'Brien, & Fahey, 2009).

Whereas we recognize the intersectionality between international migration status and other marginalized groups, such as age, race, gender, religion and sexual orientation may increase risk of psychological harm (Bredström, 2005; Fruja Amthor, 2017; Takeuchi, Alegría, Jackson & Williams, 2007). **Thus,** international migrants, refugees, asylum seekers, experience compounded oppression, marginalization, discrimination and disenfranchisement faced in the United States.

Whereas we recognize that the building of a social identity in America can affirm a positive sense of self in the face of biases, building resilience and coping skills and these benefits are threatened by the looming threat of deportation and anti immigration legislation (Cohen & Wills, 1985; Jasinskaja-Lahti, Liebkind, Jaakkola & Reuter, 2006).

Whereas, we recognize that the separation of families through deportation induces psychological stress and increases risk of psychological disorder. Children who are separated from a parent have increased

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rates of anxiety and depressive symptoms, as well as behavioral and emotional issues related to sleep, stability and aggression (Division 27 of the American Psychological Association, 2018; Hainmueller et al., 2017). Adults are faced with trauma and stigma of deportation, inability to support families and severed relationships (Division 27 of the American Psychological Association, 2018)

Whereas, we mirror the American Psychological Association’s strategic (2009) plan to “increase support for research, training, public education and interventions that address and reduce health disparities among underserved populations.”

Whereas psychologists are among the most qualified groups to educate the public and advocate to influence policies related to social issues (Cook, 2018). We take on this role as practitioners, academics and researchers to enhance greater understanding and promote tolerance.

Whereas, the immigrant population struggles with access to care for their psychological and physical needs, as they face obstacles with language and cultural barriers, literacy, restricted legal entitlements, poverty, familiarity with the US healthcare systems and fear of immigration enforcement (Giacco, Matanov & Priebe, 2014; Immigrant Eligibility for Health Care, 2017).

Whereas, federal programs offering deportation relief, such as the Deferred Action for Childhood Arrivals (DACA), allowed eligible participants to experience a reduction in psychological distress (Venkataramani et al., 2017).

Therefore, be it resolved, that the New York State Psychological Association commits itself to preserving and enhancing competency regarding the immigrant population. Furthermore, NYSPA denounces any form of stereotyping towards the immigrant community and harmful discriminatory legislation.

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Be it further resolved, that the New York State Psychological Association

- (1) Rejects actions that threaten the mental health and overall well being of the immigrant population
- (2) Advocates for preservation of families regardless of immigration status
- (3) Advocates for fair and humane treatment of the immigrant population
- (4) Endorses the continuation of the Deferred Action for Childhood Arrivals
- (5) Provides resources for competency in clinical treatment for immigrant families suffering trauma and other psychological stress.

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NYSPA's Resolution on Women

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Whereas the United States Constitution (Amendment XIV), and the associated Equal Protection Clause (1971), provides protection for people regardless of sex (American Bar Association, 1976; Berry et al., 2017). This includes access to healthcare, education, and running for legislative seats (Bart-Plange, 2014; Otto, 2004; Strauss, 2015).

Whereas, recent world events suggest that women have been systematically denied rights to higher education, healthcare and job opportunities based exclusively on gender or gender identity (Estes, 2017; Goodman, 2018; Nanney & Brunsma, 2017).

Whereas more subtle forms of misogyny are observed in inherent patriarchal systems of institutions, houses of worship, and popular culture (Fink, 2018; Gill, 2016; LaVouille & Ellison, 2017; Mohl, 2015; Needham, 2017; Richardson, 2018).

Whereas, access to higher education continues to be a challenge for women (Smith, 2017). Moreover, women are discouraged to engage in sciences and technology, so much so that many high school female students lose interest in these areas for higher education (Baumann, Hambrusch, & Neville, 2011; Goodman, 2018; Rollor, 2014; Smith, 2017). Technology training programs have not found how to engage with female students to retain them until completion (Baumann et al., 2011).

Whereas women in certain geographical areas continue to struggle with access to healthcare (McKenney, Martinez, & Yee, 2018). This includes gynecological care, breast cancer preventive procedures,

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abortions, and family planning (Alberton & Gorey, 2017; Aztlan, Foster, & Upadhyay, 2018; Estes, 2017; McKenney et al., 2018).

Whereas women from other marginalized communities tend to struggle with access to care more than members of majority cultures (Murray Horwitz, Pace, & Ross-Degnan, 2018).

Whereas, there are ethnic differences in how women are educated mental health issues related to hormonal changes (Saunders, 2001; Wei et al., 2005). Consequently, some women do not always know best ways to manage their distress related to growing into adult women, and from child bearing age into postmenopausal women (Wei et al., 2005). Many women from high risk communities are not educated in ways that ensure mentally healthy pregnancies and postpartum recovery (Shaw, Levitt, Wong, & Kaczorowski, 2006).

Whereas, women have been objectified, targeted, harassed, and propositioned for sexual favors, and abused in universities, places of employment, and in everyday life (Cantalupo & Kidder, 2018; Fink, 2018; Hemel & Lund, 2018; Wiener & Vardsveen, 2018). Systematic targeting of women in work places makes women vulnerable and increases psychological distress (Collinsworth, Fitzgerald, & Drasgow, 2009; Decker, 1997). This leads to lower work productivity, poor morale, absenteeism, and loss of work place safety (Decker, 1997).

Whereas, many social activists and advocates have supported the rights and welfare of women (Barnett, 2005; Berry et al., 2017; Bird, 2016; Estes, 2017).

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Whereas, psychologists have the knowledge and responsibility to improve mental health policies on a societal level. This includes addressing sexual innuendoes beginning in middle school years, to overt misogyny in popular culture.

Whereas, New York State Psychological Association commits itself to competent and informed practice of psychological services while serving women. This will be through increased access to mental health services and improvement in healthcare policies.

Be it resolved, New York State Psychological Association resolves to reject any actions that further sexism, including harm, oppress, stereotype and limit access to healthcare to women.

Be it further resolved that NYSPA adopts APA's (2004) 52 resolutions and motions regarding the status of women in Psychology.

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NYSPA's Resolution on Individuals Who are Transgender, Gender Nonconforming, and Have Disorders of Sex Development

The language for gender identity continues to evolve to reflect the nuanced differences in human identity overall. Those who identify as transgender, gender nonconforming, and with disorders of sex development (intersexed) require other definitions for their gender identity besides the typical binary (Collazo, Austin, & Craig, 2013; Lundberg, Hegarty, & Roen, 2018). While general definitions for each of these identities might exist, it is important to center on one's definition of one's sexual identity.

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Whereas prejudice and discrimination against those with alternative gender identities to the binary has caused immense suffering globally and within the US (Woods & Herman, 2015).

Whereas the United Nations Human Rights Council (2016) adopted a resolution to protect against violence and discrimination based on sexual orientation and gender identity, transgender individuals are still disproportionately victims of hate crimes.

Whereas sexual minorities have experienced violence and discrimination in the form of murder, physical violence, sexual assault, employment discrimination, bullying, harassment, and been denied access to healthcare and housing (Barker-Plummer, 2013; Gordon et al., 2018; Kattari & Hasche, 2016; Markman, 2011; Peebles, 2015; Seelman, 2016)

Whereas though there has been some movement within the US to afford protection and rights to those outside the gender binary, there is a wide range across states with regards to legal rights afforded to sexual minorities and their sense of safety (Non-discrimination laws, 2018).

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Whereas from 2012-2017 more than 100 transgender people have been killed in the United States, and in 2017 more transgender people were killed than in any year in at least a decade (Human Rights Commission, 2018).

Whereas those who don't fit the gender binary experience a significant negative impact on physical and emotional wellness due to minority stress and discrimination (American Psychological Association, 2015; Haraldsen, Ehrbar, Gorton, & Menvielle, 2010).

Whereas, due to heteronormative, cis-gender biases within society, sexual minorities may be less able to safely rely on traditional forms of support such as families, spiritual/religious organizations, communities, and healthcare providers (McConnell, Birkett, & Mustanski, 2016; Richardson, Ondracek, & Anderson, 2017)

Whereas there is a history within the mental health field where professionals have perpetuated in pathologizing transgender and gender nonconforming people (American Psychiatric Association, 2013).

Whereas though mental health organizations have taken steps to increase affirmative spaces such as through the APA Guidelines, research shows continued lack of training and knowledge among mental health professionals (Burkard, et al., 2009; Rock, Carlson, & McGeorge, 2010),

Whereas the American Academy of Pediatrics (2017) reaffirmed their support of families and children born with differences of sex development and commitment to the health and dignity of all children, including those who do not easily fit into binary gender categories, including a change from their 2006 consensus statement as new research has warranted,

Whereas the American Psychological Association (2008) has taken a leading role in ending discrimination based on gender identity, calling upon the profession to "provide appropriate,

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nondiscriminatory treatment to all transgender and gender-variant individuals,” and encouraging more research into all areas of gender identity and expression,

Therefore, due to the negative physical, psychological, social, educational and economic effects of discrimination on individuals who do not meet the gender binary, NYSPA resolves to take a stand against discrimination in all its forms towards such individuals,

Be it further resolved that NYSPA will:

- (1) pursue equitable representation at all levels of NYSPA governance,
- (2) promote psychological research on the alleviation of gender identity-based discrimination,
- (3) engage in education and knowledge-gaining efforts to create affirming research, practice, and training,

In addition, NYSPA will call upon psychologists to:

- (1) recognize and eliminate processes and procedures that perpetuate cis-genderism and allow for discrimination against those who don't fit the gender binary,
- (2) recognize and eliminate processes that omit the experiences of those who are transgendered, gender nonconforming, or born intersexed from research, practice, training and education,
- (3) speak out against discriminatory behaviors.

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