



NAVIGATING THE POLICY LANDSCAPE:
Cultural Considerations & Professional
Guidance, Applications For Jewish
Psychologists | Service Providers

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Special thanks to
**Association of Jewish
Psychologists**
for hosting this series of policy webinars!

INTRODUCTION



Welcome &
Introductions



Learning
Objectives



Overview of this
3-part series



Participant Tools
& Orientation



LEARNING OBJECTIVES



OVERVIEW OF 3-PART SERIES

Webinar # 1: Navigating the Policy Landscape

- What does **policy terrain** look like?
- Wide-angle view of **policy ecosystem** that guides psychology.
- Broad overview of key issues in Jewish psychology both for professionals and the individuals | communities served.
- Spotlight on gaps | opportunities in the policy and knowledge landscape.

Webinar # 2: Psychology Policy Leadership

- How can we take **meaningful action**? What is psychology's **leadership** potential?
- How to work with institutions, systems, and policymakers to advance better understanding and equitable relationships inclusive of Jewish identity and culture, Jewish voices, experience, and an acknowledgement of antisemitism?
- How to create environments where Jewish professionals, patients | clients, students and trainees, and other individuals and communities can **thrive**?

Webinar # 3: Tips, Tools & Strategies to Evolve Policy that Makes a Difference

- Let's get to work!
- What **policy tools** define and guide the profession?
- How can they help us address antisemitism and Jewish trauma?
- What's **needed** today and going forward?

FRAMING & EXPECTATIONS

The Basics

- Session is recorded . May be accessed on the AJP website – along with others!
- Use of chat available but may be limited to specific questions or issues.
- 15/20 minutes before ending = general discussion. Raise hands to be unmuted.
- Please generalize.
- Do not include Personally Identifiable Information (PII) or case examples in chat or group discussion, as possible.

The Process

- Diverse audience of scientists, practitioners, educators and trainers, supervisors and consultants, students, and allies.
- Respectful engagement, a learning | sharing opportunity.
- Awareness of intersectional identity, lived experience, and diversity within Jewish communities.
- Sensitivity to and awareness of Jewish trauma and resilience narratives.
- Interested in sharing insights from across professions and other settings.

WHY POLICY MATTERS

Policy isn't abstract—it determines what we can do, how we do it, and the environments we work in.

- Ethics, standards, and guidelines are policy frameworks **within** the professional ecosystem. These **govern** workplace settings, conduct, and behavior, and often aim to ensure integrity, competence, and accountability.
- Generally, these **align | comply** with federal, state, and local laws and regulations.
- For example, **law** often preempts, overrides, or supersedes ethics codes. Conduct that is legally permitted may be ethically prohibited. Ethics codes exceed legal minimums. When conflicts arise, the law supersedes, whereas ethical codes may be professionally binding and meaningful.

When these frameworks or others fall short, or do not speak to specific issues or matters, **professional judgment and best practices**, grounded in the science and literature, come into sharper view as does advocacy!

POLICYMAKING ECOSYSTEM

- Community | Professional
- Institutional
- Systems-wide
- Local | State | Provincial | Territorial, & Regional
- National
- International

Note: Policies can take different shape at different levels when they address the same or similar issues.



Let's **walk through** each level and discuss how they shape practice...

PROFESSIONAL POLICY

What are “professions?”

- Specialized occupations W/ advanced education, training, or licensing
- Credentialed and recognized professionals
- Comprise *Professional Associations*, which offer extensive benefits and opportunities to its members

Who provides oversight?

- Often a shared responsibility between the professions and regulators.

Examples of policies that govern professions?

- Constitutions, Bylaws, and Association Rules
- Administrative | Operational
- Codes of ethics and professional conduct (e.g., guidelines, standards, specialties, subspecialties)
- Strategic Plans | Organizational policies (e.g., resolutions, statements, official positions, mission statements)
- Legal and Regulatory, Federal, State, Provincial, Territorial (e.g., scope of practice, licensure, privacy, technology | tele-)
- Other Rules (e.g., Institutions, Courts, etc.)

INSTITUTIONAL & SYSTEM-WIDE POLICY



Corporations & Businesses: HR (hiring, promotion, leave, conduct), IT & Data Security, Operational Policies (workflows, quality), and Corporate Social Responsibility (CSR) rules.



Government Agencies (Federal, State | Provincial | Territorial, Local: Enforce public policy, laws (e.g., FLSA, FMLA, ADA, EEO), and governmental HR/Ethics rules. Also, comprises core functions of government, allowing for political appointees and career staff.



Educational Institutions (Colleges | Universities, K-12): Policies on faculty/student conduct, data privacy, research ethics, admissions, hiring | promotions, compliance, and campus safety.



Healthcare Systems: Handling of patient records and data (HIPAA), safety and health (OSHA), billing, payment, and reimbursement protocols, credentialing/privileges, and other clinical practice policies.



Non-Profit Organizations: Governance, conflicts, compliance, policies on donors | funders and volunteers, and program delivery, often aligning with strategic and funder requirements.

STATE | PROVINCIAL | TERRITORIAL, NATIONAL & INTERNATIONAL POLICY



Licensing Boards:
licensure,
scope of practice,
statutes,
court systems



Federal Agencies:
laws,
regulations,
advisories,
Healthy People 2030
Medicaid,
Medicare,
parity, tech



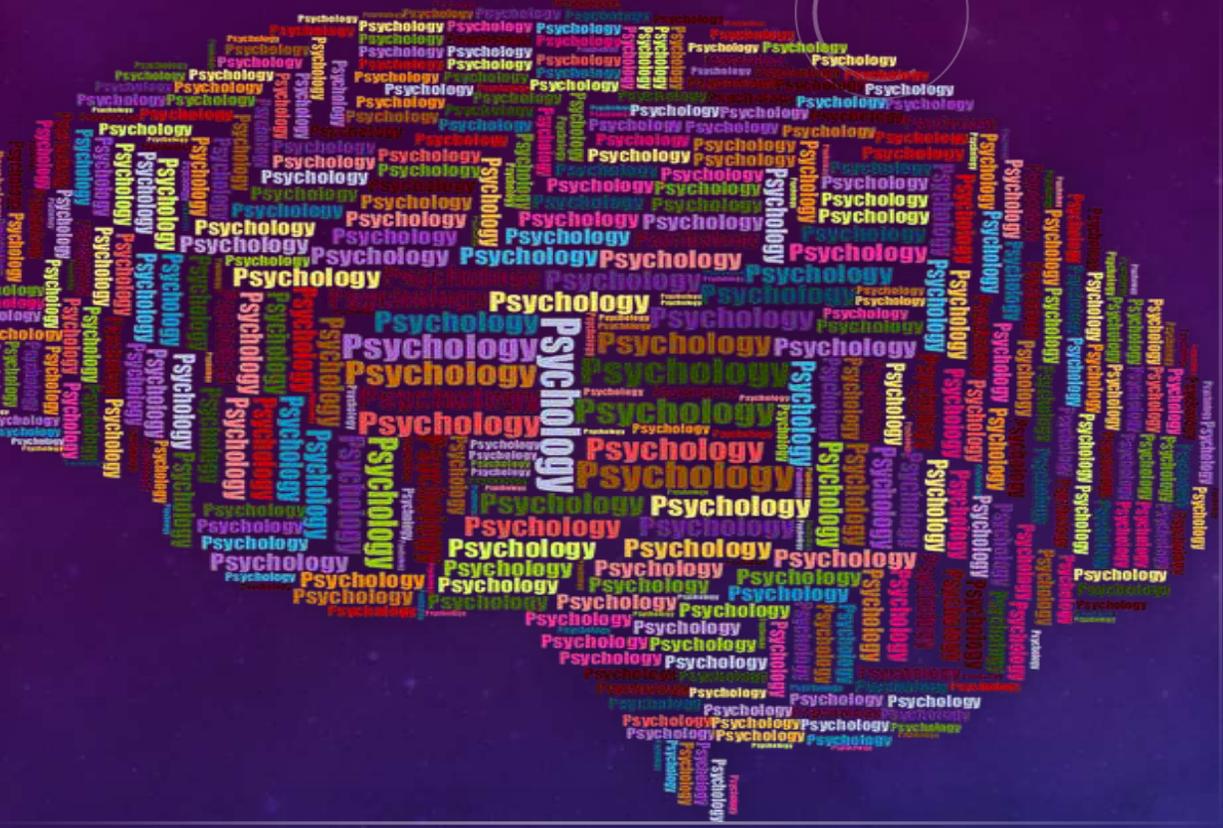
Nonprofits | Professional Associations:
Ethics Codes,
Guidelines,
Standards,
Advisories



Human Rights, Intl Classification of Diseases (ICD), Policies on humanitarian aid, disaster response, trade, global health, etc.

❑ Gaps that may exist?

❑ Jewish identity is often inconsistently included, which has real world implications.



JEWISH IDENTITY IN CONTEXT

- ❑ Jewish identity: ethnic, religious, multiracial
- ❑ Diversity within and across Jewish communities
- ❑ Relevance to psychological practice

- ❑ Jewish identity is **complex**—ethnic, religious, and multiracial.
- ❑ This diversity **matters** for assessment, treatment, and community engagement.
- ❑ Understanding the **context** of Jewish identity, culture, and experience is foundational to culturally informed policy and ethical practice.



JEWISH IDENTITY IN CONTEXT OF TRAUMA, RESILIENCE, & ANTISEMITISM

- Historical trauma
- Contemporary stressors
- Resilience frameworks
- Antisemitism as a systemic and psychological issue

- Jewish communities carry intergenerational trauma & strong resilience.*
- How do these dual realities intersect with policy?*
- Let's explore...*

HOW CAN WE THINK ABOUT JEWISH IDENTITY & PSYCHOLOGY IN THE POLICY CONTEXT?

- Thinking about Jewish identity and psychology in a policymaking context requires a keen understanding of the community as a diverse ethnoreligious group with a shared, often intergenerational, experience of both resilience and trauma.
- For policymakers, it's important to recognize the physical harms and psychological impact of historical and contemporary anti-Jewish rhetoric, bias, action or inaction, and hate, and the importance of conducting a deep policy review.

STRUCTURING INCLUSIVE POLICY

- **Trauma-Informed:** Recognize that antisemitism produces chronic stress, anxiety, and trauma, prompting individuals to hide their Jewish identity, avoid public spaces, or self-censor.
- **Ethnoreligious, Multifaceted Identity:** Look beyond the perception of Jews as uniformly White, recognizing the diversity of Jewish communities (including Jews of Color) and the unique, often complex, ethnic identity that can act as a protective, coping resource.
- **Values-Driven Engagement (*Tikkun Olam*):** Leverage Jewish cultural emphasis on social justice, education, and ethical responsibility as a foundation for programming and engagement.
- **Health and Systems Support:** Facilitate culturally competent health care that understands the specific psychological stress of discrimination and the nuances and realities of Jewish identity.

Inclusive systems and processes are created on policies that incorporate the realities of Jewish identity and culture.

“WHOLE OF SOCIETY” APPROACHES

Rising incidents of antisemitism and pressing need should prompt authentic conversations and "whole-of-society" approaches to policymaking and implementation:

- **Institutional Security & Safety:** Rising threats necessitate policies that enhance security at Jewish institutions (synagogues, schools, community centers) through federal and local partnerships.
- **Helpful Definitions:** Deep dialogue and collaboration to create clear, enforceable definitions and policies against systems bias and harassment.
- **Education & Training:** Implementing mandatory training to recognize, report, and combat antisemitism—which is often overlooked or not specified in broader human rights, EDI, and other frameworks.
- **Anti-Discrimination & Protection:** Revise policies to include "shared ancestry" or "ethnicity" as protected characteristics ensuring that discrimination against Jewish students or employees is treated as unlawful harassment.
- **Online Bias & Extremism:** Develop social media policies, including digital education and training, to address antisemitism, stereotypes, and other forms of misinformation.

ROLE OF ALLIES & COMMUNITY PARTNERS IN POLICYMAKING

- ❑ **Normalizing Inclusion:** Actively challenging antisemitic stereotypes, jokes, and rhetoric in their personal and professional lives.
- ❑ **Adopting a "Zero Tolerance" Approach:** Calling out antisemitism regardless of the source, rather than treating it as a "lesser" form of hate.
- ❑ **Solidarity in Action:** Supporting security, educational, and cultural initiatives, which helps build trust and strengthens overall community resilience.



SUMMARY

- **Identity Matters:** Policies that incorporate Jewish identity, culture, and experiences enhance communities and outcomes.
- **Proactive vs. Reactive:** Policies should be in place before incidents occur, ensuring that safety and inclusion are part of the organizational culture.
- **Surveys & Data Collection:** These can help **inform** this work as well as education and training, content development, consultation and supervision, and service delivery.
- **Systemic Approaches:** It's not just about policy. Safe spaces and environments benefit all!
 - ❑ Jewish identity & culture are not monolithic.
 - ❑ Thoughtful dialogue & co-creation of new policy can create new pathways for health, safety, wellbeing, and inclusion.

KEY ISSUES FOR JEWISH PSYCHOLOGISTS & MH PROFESSIONALS

- Identity, ethnicity, culture, history (including marginalization, diaspora)
- Current, historical, and intergenerational trauma
- Daily and real-world impacts on professional work and other settings (e.g., identity-based actions and bias in academic and professional settings, etc.)

Let's look at a selection of **topics** within the professional literature that speak to experiences in academic and professional settings...

PROTECTIVE VALUES & JEWISH RESILIENCE

- Protective values and resilience strategies for Jewish professionals and students are deeply rooted in cultural heritage, with strong emphasis on community, continuity, and shared responsibility.
- These are protective and helpful, along with proactive, modern tools and strategies for navigating workplace or campus challenges.
- Key protective factors include a strong, positive sense of Jewish identity, active participation in community life, and strong contributions to the public good.

Let's look at some of these values and aspects of Jewish resilience...

GAPS IN EXISTING POLICY & GUIDANCE

- Where do current organizational and professional guidelines and standards succeed and where do they fall short?
- Specific examples from clinical, counseling, academic, military, and organizational settings?
- Opportunities for engagement? Change?

What does the scholarly literature across professions tell us?

SAMPLING OF THE PROFESSIONAL LITERATURE



SAMPLING OF THE LITERATURE

Walker, L. E. A., Cole, E., Friedman, S. L., Rom-Rymer, B., Steinberg, A., & Warsaw, S. (2025). APA and antisemitism: Toward equity, diversity, and inclusion. *American Psychologist*, 80(1), 106–119.
<https://doi.org/10.1037/amp0001369>

--Landmark article.

--Speaks to the rise of antisemitism, exclusion of Jewish identity in EDI and other frameworks, and implications for clinical, academic, and organizational practice.

Yehuda, R., et al. (2022). Intergenerational trauma and contemporary stressors among Jewish communities. *Annual Review of Clinical Psychology*, 18, 503–528.

--Authoritative and highly relevant to trauma informed care.

Rosmarin, D. H., & Pirutinsky, S. (2023). Antisemitism in clinical settings: Implications for patient care and provider wellbeing." *Journal of Clinical Psychology*, 79(8), 1650–1664.

--Contemporary examinations of antisemitism in clinical practice.

--On microaggressions, identity erasure, and impacts on Jewish clinicians and patients.

--Strong for policy implications.

Saini, M., & Birnbaum, R. (2020). Cultural and religious identity in high-conflict divorce: Implications for mediation and custody evaluations." *Family Court Review*, 58(3), 678–692.

--Addresses how religious/ethnic identity (including Jewish identity) becomes contested in custody disputes.

Friedman, M. (2023). Religious discrimination in family courts: Emerging evidence and implications for practice. *Psychology, Public Policy, and Law*, 29(1), 45–60.

--Includes cases involving Jewish parents and disputes over religious upbringing.

Canetti, D., et al. (2021). Exposure to antisemitism and psychological distress: A population-based study." *Journal of Traumatic Stress*, 34(6), 1123–1135.

Links antisemitism to mental health outcomes at a population level.

--Strong for public health policy arguments.

INTERSECTIONAL LITERATURE MAP

Where domains align... Where they don't!

Domain	Names Antisemitism Explicitly	Recognizes Jewish Identity as Ethnic / Religious / Multiracial	Practice Guidance Exists	Institutional / EDI Policy Integration	Public Health / Structural Lens
Psychology	Emerging	Emerging	Weak	Weak	Emerging
Clinical Practice	Emerging	Moderate	Weak–Moderate	Weak	Emerging
Forensic / Family Law	Sparse	Sparse–Emerging	Weak	Sparse	Sparse
Health Care / Medical Education	Emerging	Emerging	Weak	Emerging	Emerging
EDI / Human Rights	Sparse–Emerging	Sparse	N/A	Weak–Emerging	Moderate (Jews often omitted)
Public Health	Emerging	Sparse	N/A	Emerging	Moderate

SHARED PATTERNS ACROSS DOMAINS

Common omission:

- o Across psychology, health care, law, and EDI, antisemitism is under-named and under-theorized.

Identity invisibility:

- o Jewish identity is frequently misclassified (only religious, only white, or not a minority), leading to exclusion from EDI and structural discrimination models.

Policy lag:

- o Practice has moved faster than policy—clinicians, trainees, and communities are experiencing antisemitism without the benefit of strong professional support or guidance.

Institutional policy and public policy are both designed to (1) manage behavior and (2) guide decision-making, but they operate at different levels—internal vs. societal. Both, however, primarily begin with the identification of a problem or a need for change.

WHERE DOMAINS ARE SILOED OR BARRIERS EXIST

Forensic vs. clinical vs. EDI

- Forensic literature may touch on EDI and public health. But, in some cases, it may not be enough.
- “Forensic epidemiology” measure disease outbreaks, drug overdoses, environmental health. Increasingly, there is a call for more studies on workforce diversity, systemic disparities, and overcoming bias. Unclear as to how much more work is specific to addressing Jewish identity and antisemitism.
- EDI literature rarely addresses forensic or family law proceedings realities.
- Clinical practice literature may stop at service delivery or the therapy room without extending to **policy making and advocacy**.

Medicine vs. psychology

Medical education and hospital-based work on antisemitism often doesn't reference psychological science -- even when addressing trauma, bias, or identity.

Psychology has advanced policies to address or update key issues but may not be tapping into the community, best practices, or insights from across the professions.

POTENTIAL PROJECTS & STRATEGIC INTERSECTIONS

Clinical + EDI:

- o How antisemitic microaggressions in therapy or supervision may reflect institutional gaps.

Forensic + human rights:

- o How custody disputes involving Jewish identity may raise ethnic identity, cultural, human rights, and religious issues, not just “family dynamics.”

Public health + psychology:

- o Framing antisemitism as a **public health issue** grounded in psychological science and evidenced in both prevalence and symptomology (distress, trauma, fear, isolation, avoidance of care).

Policy + practice:

- o Using case examples, show how policy gaps or silence leaves practitioners relying solely on individual judgment—making the case for formal guidance, like policy or practice guidelines, co-created to ensure voice and cultural competence.

WHERE PSYCHOLOGY CAN LEAD? WHERE JEWISH VOICES ARE NEEDED?

Psychology as a bridge discipline

- Psychological science can connect **individual experience (trauma, bias, identity)** with **systems (policy, law, institutions)**.
- Articles calling out silence on antisemitism create a **platform for cross-domain dialogue, content development, policy making and advocacy**.

Trauma and resilience

- Psychology and the Jewish community have significant strengths, knowledge, and expertise.
- Intergenerational trauma experiences and resilience work in Jewish communities can inform **public health, EDI, and legal and other policy frameworks**.
- A Jewish Framework for Resilience? Endurance, hope, living with uncertainty, remembering the past, ability to rebuild, and strength of belief. (See *Torah*)
- Jewish teaching and tradition has a wealth of knowledge and insight into the human condition.

CASE 1: NOT WELCOME

- At several U.S. medical schools and other education and training sites, Jewish students, residents, and post-docs have been labeled "white, privileged oppressors" or accused of complicity in genocide,, which has created a hostile learning environment and led to the exclusion of Jewish student groups.
- Jewish health professionals, including doctors and psychologists, have reported being ostracized by colleagues and, in some cases, having to endure conversations in clinical settings where they were questioned about Israeli actions and policies.
- Many institutions lack clear policies to handle these situations or only provide EEO protections to those specified in law. Complaints to leaders, managers, supervisors, and administrators are often ignored, leaving Jewish students and staff to feel unsupported and, in some cases, causing them to question their safety, security, and career choices.

Some students and staff quickly organized into networks to create safe spaces and push for change. But, what do they do now? What resources can they draw on?



CASE 1: POLICY DISCUSSION

- *Reactions?*
- *How is psychology uniquely positioned to help?*
- *How could a deep understanding of Jewish identity, history, and culture (including trauma and resilience) help?*
- *How to leverage both?*
- *What are the immediate desired actions or outcomes?*
- *What are some examples of longer-term work that needs to be done?*
- *What policies apply here? What would better policy look like?*

EXAMPLE 2: ANTISEMITISM IN THERAPY SETTINGS

- Jewish patients|clients (P|C) and MH professionals report traumatic invalidation, where distress regarding antisemitism is dismissed, politicized, or met with hostility by therapists and colleagues.
- This environment has led to the exclusion of Jewish professionals from opportunities (e.g., research, conferences, promotions, etc.), and the retraumatization of patients|clients.
- Therapists told Jewish (P|C) that their fear of antisemitism is an "overreaction" or "paranoia." One therapist told a Jewish (P|C) that videos of atrocities committed on October 7 were fake and AI generated.
- When (P|C) express fear or grief over the kidnapping or murder of Jews, therapists dismissed this as "political" or shifted the focus to the actions of the PM or IDF, refusing to hold space for Jewish grief.
- Because of the lack of cultural competence or empathy of providers, (P|C) feel forced to hide their identity, experience severe anxiety or depression, and disengage from necessary health care

Several therapists approached their professional associations to see if there was any educational or training resources. But there was insufficient professional support, certainly not anything that specifically addressed Jewish identity or antisemitism. (P|Cs) stopped therapy or began to "no show." Jewish MH professionals connected online to discuss these issues, hoping to generate ideas to create a safer working environment and professional trajectory. What do they do now? Who can they turn to?



CASE 2: POLICY DISCUSSION

- *Reactions?*
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CASE 3: SCHOOLS & UNIVERSITY SETTINGS

- At one prominent higher ed institution, leadership reportedly intentionally declined to express support for the campus Jewish community despite a rising tide of antisemitic incidents, including online rhetoric.
- At a well-regarded prep school, Jewish faculty and students have reported that while diversity offices exist to protect other groups, Jewish concerns are dismissed as "just politics". Some students have been told their grief is just not the same as other groups that have been historically mistreated and marginalized in this country.
- At one elementary school, Jewish students were subjected to Nazi salutes and Holocaust "jokes" in the school hallways. These were dismissed as "kids being kids" or "misguided political expression," and no further action was taken.

In some cases, Jewish students organized and in others, lawsuits were filed. What policies govern these cases? How does policy need to be changed to address these issues?



CASE 3: POLICY DISCUSSION

- *Reactions?*
- *How is psychology uniquely positioned to help?*
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CASE 4: FORENSIC EVALUATIONS & HIGH CONFLICT LITIGATION

- A child is removed from an Orthodox Jewish home due to allegations of medical neglect (later to be discovered as a rare genetic condition). During the reunification process, the court-appointed forensic psychologist evaluates the parents' "fitness."
- The evaluator notes that parents are "rigid and uncooperative" because they refuse to attend mandatory parenting classes on Friday evenings (Sabbath) or at a facility that requires passing through a high-crime area on foot (as they cannot drive on Shabbat).
- The evaluator interprets religious adherence as a personality defect (rigidity) and ignoring the child's needs. By failing to consider *halakhic* (Jewish law) constraints, the evaluator submits a report and the court denies unsupervised visitation.

In forensic evaluations and high-conflict litigation, religious and cultural identity may be minimized as "secondary" to psychological factors. However, for many Jewish families, identity is not just a preference but a framework for safety, community, and child-rearing.



CASE 4: POLICY DISCUSSION

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- *What are some examples of longer-term work that needs to be done?*
- *What policies apply here? What would better policy look like?*

CASE 5: HIGH CONFLICT IN FAMILIES

- A "Modern Orthodox" couple is divorcing. Post-separation, the father becomes *Baal Teshuva* (more observant/Ultra-Orthodox), while the mother leaves religious observance.
- In mediation, the conflict centers on the Best Interests of the Child. The father insists on a *Glatt Kosher* diet and enrollment in Yeshiva; the mother wants the child to attend a secular private school and participate in soccer games and other activities on Saturdays.
- The father views the mother's lifestyle as threatening the child's faith and attachment to its community. The mother views the father's stridency as "alienation" and "brainwashing."
- The mediator is unfamiliar with Jewish identity and culture. There isn't any guidance from professional resources on how best to proceed beyond what would be done in any case of competing values.

A culturally competent mediator recognizes that this case isn't about after-school activities but ethnicity, faith, and culture. Without addressing the underlying Jewish identity shifts, agreement may not be possible. Family members may require the services of a family therapist, parenting coordinator, child custody evaluator, and more. What policies apply to the above scenario? Where do they fall short?



CASE 5: POLICY DISCUSSION

- *Reactions?*
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- *What policies apply here? What would better policy look like?*

CASE 6: BEWARE THE ALGORITHM

- TrueThat Labs, a private-sector AI research firm, is partnering with a university's Computational Psychology department. They are building a *MH Awareness Algorithm* designed to flag hate speech and psychological distress in social media datasets. The research team opts for simplicity and categorizes "vulnerable groups" based on a specific index. In this case, and others like it, the Jewish community (in a particular area) did not meet the *economic deprivation threshold*, the PI removes *antisemitism* as a category of hate speech.
- A Jewish neuropsychologist on the team notices that AI is not flagging "Dual Loyalty" tropes and raises the issue at a team meeting. One team member says it's not really hate speech, rather political opinion. Another agrees. The Jewish psychologist is later evaluated as being *over-sensitive, not a team player, and lacking professional distance*.
- A research paper is widely published and lauded, all without addressing antisemitism or addressing the real harms. This paper becomes a foundational piece for other work.

Algorithms today are being built without deep knowledge of Jewish history, identity, and culture, nor the diversity within the culture. Omitting Jews from "marginalized" datasets because they are perceived as "high-resource," making their specific traumas invisible to policymakers. Statistical erasure is a growing issue in scientific research. What can be done?



CASE 6: POLICY DISCUSSION

- *Reactions?*
- *How is psychology uniquely positioned to help?*
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- *How to leverage both?*
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- *What policies apply here? What would better policy look like?*

ENGAGING IN POLICYMAKING



WHAT ARE OTHER PROFESSIONS DOING?

- **The American Bar Association (ABA)** and legal profession are actively combating surging antisemitism through a dedicated Task Force to Combat Antisemitism (established 2023), a newly launched ADL/Gibson Dunn Pro-Bono Legal Support Network (2025), and a specialized Center for Legal Innovation (2025).

Key initiatives focus on 21-day educational challenges, legislative advocacy, and providing direct legal aid to victims of hate and discrimination.

→ Looking across professions allows for analysis of **what** is being done and **how** Jewish psychology might inform this and other work that matters. As noted, it will be important to do a policy analysis in advance of a program analysis. This may shed light on how the profession conceptualizes key terms and operationalizes them.

WHAT ARE OTHER PROFESSIONS DOING?

- **ANA/Nursing** In response to a sharp rise in anti-Jewish bias within healthcare settings—with reports finding that over 88% of Jewish healthcare professionals experienced antisemitism after October 7, 2023—the nursing profession and nursing organizations are taking more direct, specific actions to address it.
 - Targeted Resolutions, Revising Ethics Code , Education and Advocacy, including Holocaust education.
 - The NNU, another union of registered nurses, issued statements against specific acts of antisemitic violence, affirming that Jewish patients and nurses deserve safety and respect.
- **Social Work** accelerated shift in how it addresses antisemitism, moving from passive to active, structural, and academic confrontation.
 - Coalitions, publishing, mentorship by Jewish social workers.
 - Addressing “alienation” in training and “moral equivalence” (re other forms of oppression).

WHAT ARE OTHER PROFESSIONS DOING?

- **Engineering** addressing antisemitism by leveraging its own tools—specifically artificial intelligence (AI), data analytics, and digital forensics—to detect and combat online hate, a more proactive, technological approach to this issue.
- In addition to technical solutions, engineering institutions and workplaces are strengthening policies to address bias in academic and professional environments.
- **Accounting | Business Sector** increasingly addressing antisemitism by integrating it into existing DEI frameworks, establishing dedicated employee resource groups, and addressing bias in ESG ratings.
- Following a sharp rise in incidents, these initiatives are shifting more towards treating antisemitism as a distinct form of bias rather than just a generalized religious matter.

ENGAGING IN POLICYMAKING



PUBLIC POLICY: HEALTH AND WELLBEING

WHAT DRIVES PREVENTABLE CANCER

What POLICY can do

Tobacco use	▶▶▶	Comprehensive tobacco control policies and programs
Infections (HPV, Hepatitis B)	▶▶▶	Expand vaccination, screening and treatment access
Alcohol consumption	▶▶▶	Stronger control policies and health services
Unhealthy diets	▶▶▶	Accessible healthy foods, regulate harmful products
Physical inactivity/ High body weight	▶▶▶	Create active, movement-friendly cities
Air pollution	▶▶▶	Invest in clean energy & healthier urban planning
Ultraviolet exposure	▶▶▶	Strong sun-safety standards & occupational protections



World Health
Organization

PUBLIC POLICY: FORENSIC EVALUATION | FAMILY LAW

Policy Reform Topic or Area	Actions and Policies
Professional Standards	Mandate licensure Mandate specialized training in forensic assessment, child development, and domestic intimate partner violence.
Scientific Rigor	Require use of validated assessment instruments. Address and outlaw "junk science" Forbid the use of outdated tests.
Bias Reduction	Institute peer review of reports. Annual review of reports for quality reporting.
Procedural Changes	Specify the types and kinds of evaluations that will be used. Adopt standard approaches to evaluation. Adopt specific evaluations to reduce child stress and harm.
Accountability	Require full disclosure of collaterals (interviews/records) to both parties Adopt and enforce ethical codes. Formalize requirements, provide education and training on the same. Seek feedback in enhancing quality, efficiencies, and effectiveness.
Role Clarification	Adopt and operationalize clear definitions of roles and responsibilities Specify the forensic evaluator as "advisor to the court" (not decision-maker) to address conflicts and bias.

PUBLIC POLICY INCLUSIVE OF JEWISH IDENTITY IN PROFESSIONAL SETTINGS

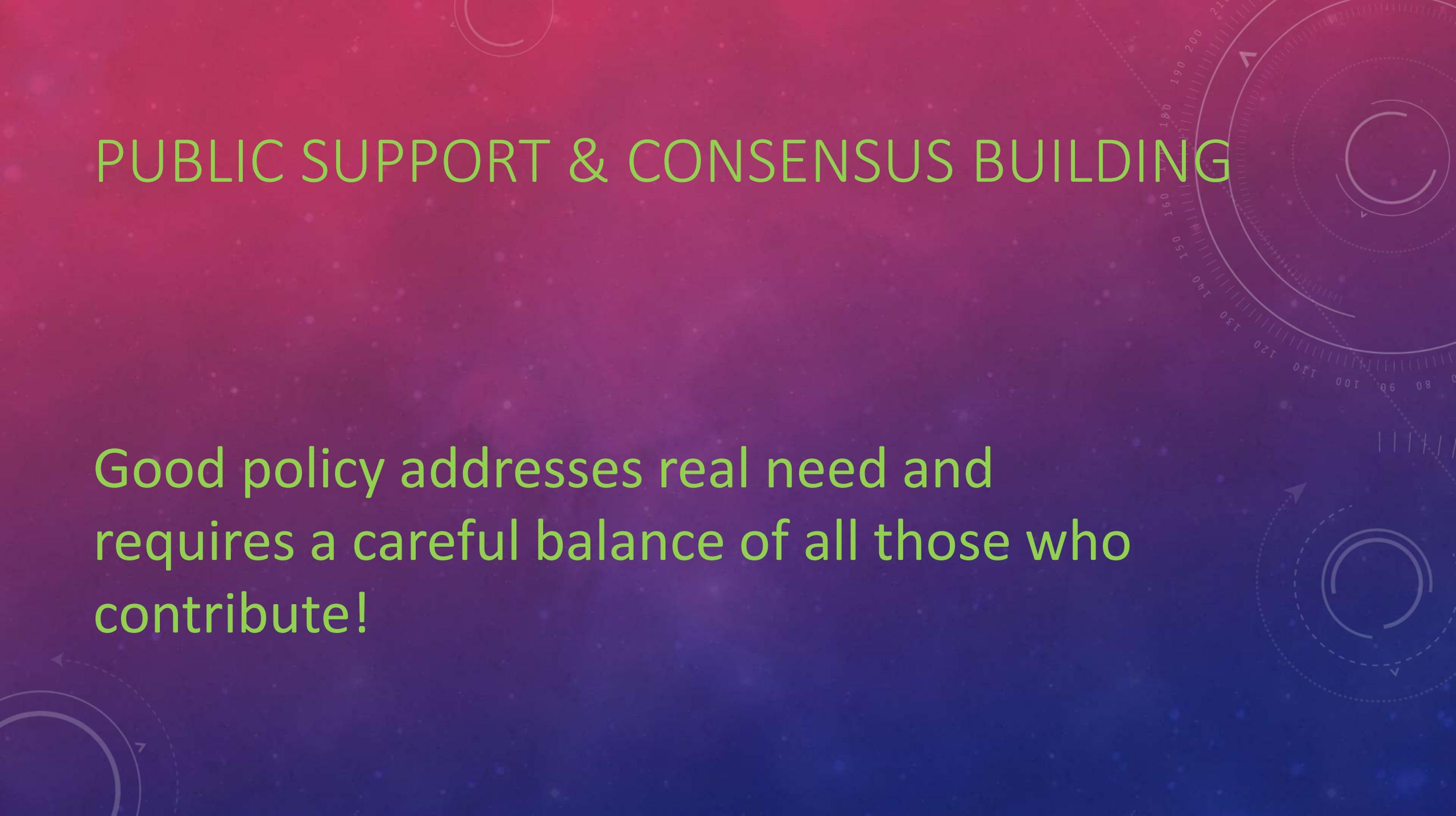


- Adopt clear definitions of antisemitism for health providers
- Implement mandatory education on antisemitism and other issues relevant to inclusion of Jewish identity, voice, and culture in policy frameworks.
- Create, reinforce, or strengthen zero-tolerance policies against harassment and discrimination.
- Establish pathways for prevention, investigation, and resolution of systemic issues and other incidents, including data collection, reporting, transparency, and disclosure.
- Issues today include religious accommodation, dress codes, mitigation of bias in both professional and patient | client communities, legal ethics, religious mandates and conflicts, and forensic disclosure in ethnic communities, among others.

NEED HELP? SEE AJP RESOURCES

<https://associationofjewishpsychologists.com/resources/>

PUBLIC SUPPORT & CONSENSUS BUILDING



Good policy addresses real need and requires a careful balance of all those who contribute!

“ A righteous man falls down seven times and gets up. (King Solomon, Proverbs, 24:16)

*You can't control the wind, but you can adjust your sails.
(Yiddish Proverb)*

If there is no struggle, there is no progress (Frederick Douglas)

Questions | Discussion



THANK YOU!

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