

A **Call for Programs** for the **2022 IPA ANNUAL CONVENTION** has been included as a additional attachment to this email.



## A Message from the IPA President

*Abby Damsky Brown, PsyD, IPA President*

**Happy Spring everyone!** I continue to hope you are all doing very well and are eagerly looking forward to Summer as I am! Currently there are some exciting happenings within the IPA, which I am thrilled to report on.

A cohort of IPA leaders recently attended the March 3-4 American Psychological Association (APA) Practice Leadership Conference (PLC), as well as the APA Advocacy Summit, which was held March 27-28. While PLC was originally supposed to be held in Washington D.C. this year, it was ultimately switched to a virtual format. While it was disappointing that we were unable to travel, a virtual format allowed us to include additional leaders who were able to benefit from this years' exceptional programming.

We were thrilled to have our very own Dr. Sharon Khurana, an Illinois Psychologist and member of 2022 Leadership Development Program (LDP), represent the IPA as our Diversity Delegate this year. Our leadership team will work with Dr. Khurana to take what we learned from PLC to further our diversity initiatives within the IPA.

In case you are unfamiliar with PLC, it is an APA annual event "designed to strengthen the profession and give state leaders in psychology additional tools and resources to advocate for issues important to the field". I was particularly impressed by the program entitled *Inclusive Leadership: Translating Equity, Diversity, and Inclusion into Understandable Language and Action Steps*. The speakers included Dr. Thema Bryant, APA President-Elect, and Dr. Maysa Akbar, APA Chief Diversity Officer. They urged the state associations to consider the challenges we have



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## A Message from the IPA President *Continued from page 1*

faced in terms of equity, diversity, and inclusion (EDI) and how the APA's EDI Framework could help facilitate solutions. Additionally, they offered actionable steps state associations can take. We look forward to tapping into APA's resources to address and improve EDI within our association. More to come on this!

Additionally, our very own Dr. Terry Koller was recognized at the Division 31 award ceremony on Friday of PLC. He was presented the *Outstanding Achievement by a Psychological Association Staff Member* award. It was so exciting to see our very own Illinois psychologist being recognized among other leaders from states, territories and provinces. Congratulations Dr. Koller!

In addition to PLC, on March 28th, members of our Legislative Committee, Council of Representatives, and Leadership Development Program attended virtual Capitol Hill visits with members of congress to advocate and lobby on state and national issues affecting psychologists specific to Health and Equity. We will have more to share about the Hill visits in our next newsletter!

I also want to take a moment to thank our IPA Past President Dr. Blaine Lesnik for spearheading an event entitled *Quarterly Mentoring Panel: Psychologists in Various Settings*. Dr. Lesnik, worked with the leaders of IPAGS and the ECP Section to develop a mentorship panel made up of psychologists representing several areas including large group practices, academic, neuropsychology, private practice, forensic,

Medical Center Department of Psychiatry/ Not for Profit Clinical Services Director and prescribing psychologists. We are grateful for your commitment to supporting the needs of our students and ECPs, who are the future of the IPA. I also want to thank all the panelists for taking the time to share your expertise with the attendees.

It is elections season! During the month of February, members submitted nominations for various positions within the IPA Council of Representatives. Our slate of candidates for office will be announced soon. Please make sure to participate in our election process in the spring, as our electronic ballots will go live on May 1<sup>st</sup> and will be open throughout the month. I also hope you will consider finding ways to become more involved. We are happy to assist you in doing so!

As I wrap up my report, I would like to encourage you to consider submitting programs to the next IPA Convention. President-Elect Dr. Derek Phillips is already working hard to plan what will be an outstanding convention. Make sure to save the date for November 10-12, 2022!

We thank you for your membership and support of IPA—the work we do would not be possible without the valued membership and support of all of you. ■



*Drs. Abby Brown (far left) and Derek Phillips (far right) attending an APA Practice Leadership Conference session with APA CEO Dr. Arthur Evans Jr.*

## IMPORTANT

### Change to IPA's Late Dues Grace Period

Effective July 1, 2018, IPA members must pay their dues within 90 days of the due date in order to maintain their membership and access membership benefits such as the listserv.

Steven E. Rothke, PhD  
IPA By-Laws Committee Chair

## Illinois Psychological Association

The *Illinois Psychologist* is published four times a year and distributed to members of the Association. Single issues and library copies are \$5.00 per issue (price subject to change).

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IPA reserves the right to decline ads or typeset ads to fit the newsletter's format.

Editorial matters should be addressed to the Editor. Matters pertaining to membership applications, subscriptions, changes of address and advertising should be directed to:

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# Message from the President-Elect

Derek Phillips, PsyD, MSCP, ABMP

I hope you have survived the Illinois winter and are now enjoying springtime! I want to let you know that convention planning continues. Based on the results of the Constant Contact survey sent to the membership, the 2022 IPA Convention will again be **virtual** and take place on **November 10-12, 2022**. This was a very difficult decision, particularly with the current significantly improved COVID-19 positivity and hospitalization rates; however, the survey results were clear and, as many survey respondents noted, we are unable to predict how the state of the pandemic will be in November. It is my and IPA's top priority is to keep our members safe and healthy. I am finalizing the theme for the convention and considering potential keynote speakers. We will be sending the call for programs shortly. I am hopeful that the Convention will provide opportunities for all of us to remain current in our knowledge base and training to ensure we can continue our important work as the world enters a post-pandemic era.

As reported in previous newsletters, one of the highlights of the year for IPA leadership is to attend the APA Services, Inc. (APASI) Practice Leadership Conference (PLC) to learn from and collaborate with other state leaders. Recently, several IPA leaders (virtually) attended PLC, with me including Dr. Abby Brown (IPA President), Dr. Sharon Khurana (Diversity Delegate), Dr. Terry Koller (IPA Legislative Liaison), Dr. Erin Alexander (IPA SEMA Chair & APA Committee of State Leaders member), Ms. Marsha Karey (IPA Executive Director), Dr. Susan O'Grady (IPA Director of Professional Affairs). The PLC programming focused on inclusive leadership in the context of equity, diversity, and inclusion; thinking about upcoming technological advances that could affect psychology; and clarification and details regarding the No Surprises Act. At the end of March, several in IPA leadership will attend a training and then meet virtually with Members of Congress to discuss matters important to psychologists across the nation.

It is my distinct privilege and honor to announce that our own Dr. Terry Koller was honored at PLC by being given the 2022 **Outstanding SPTA Staff Member award** by APA Division 31 (State, Provincial, and Territorial Affairs) to recognize his many, many contributions to IPA as former

executive director and current legislative liaison. We could not be prouder of Dr. Koller and thank him for his invaluable contributions to IPA and the profession over the years.



Don't forget to vote for open positions on the IPA Council of Representatives for the 2022-2023 year. Open positions include President-Elect, Treasurer, IPAGS Chair-Elect, Behavioral Medicine & Neuropsychology Section Chair, Military Section Chair, Women's Issues Section Chair, two (2) Metropolitan Region Representatives, North Region Representative, and South Region Representative. The election will open on May 1, 2022, and close on June 1, 2022. Positions begin on July 1, 2022. Please watch your email inboxes for more details! ■

## IPA Meeting Schedule

**IPA Executive Committee Meeting** will be held at 3 PM on Friday, April 29<sup>th</sup>, May 20<sup>th</sup>, and June 17<sup>th</sup>, 2022.

**IPA Council Meetings** will be held at 9 AM on Saturday, April 30<sup>th</sup> and June 18<sup>th</sup>, 2022.

**IPA Legislative Committee Meetings** will be held at 2 PM on Friday, April 29<sup>th</sup>, May 20<sup>th</sup>, and June 17<sup>th</sup>, 2022.

**IPA All Association Annual Meeting** will be held at the 2022 Convention of the Illinois Psychological Association. Date and time to be announced.

## Message from the Executive Director

Marsha Karey, Executive Director

**Spring has arrived!** It has certainly been a busy time for the IPA office. Many of you attended a complimentary webinar; *Adding a Recovery Orientation to Cognitive Behavior Therapy for Depression* presented by Judith Beck PhD, from the Beck Institute. This event was sponsored by the Clinical Practice Section. I would like to thank Dr. Sue Bae for organizing this webinar. IPA's Continuing Education Committee has been hard at work putting together other CE events. These webinars take a lot of coordination and time from start to finish. I am grateful to Drs. Susan O'Grady and Lynda Behrendt for all their efforts.

The Spring Institute is back! The presenter this year is Dr. Milagros Saxon. The webinar entitled, *Politics in the Treatment Room: How Clinicians Approach and Navigate the Taboo* will take place on May 20th. IPA's North Central and South Central Regional Representatives organized this event. Thanks to Drs. Blair Brown and Keith Buescher for putting this webinar together with guidance from past Regional Rep Dr. Mary Dellorto.

A listing of all continuing education events is in this Newsletter. Please note the Mandated Training Program is one webinar covering two mandated requirements for licensure, Sexual Harassment Training and Child Abuse Reporting.

In case you missed it, an important announcement regarding in-person CE requirement was made by Dr. Blaine Lesnik on the IPA listserv: "The Licensing and Disciplinary Board recommended to the Department of Professional Regulation that the in-person CE requirement be waived for this upcoming renewal period. An official announcement is pending".

On February 19<sup>th</sup>, the first of a series of Quarterly Mentoring Programming was held titled *Psychologists in Various Settings*. This program was coordinated by IPA Past President Dr. Blaine Lesnik, along with input from IPA's past-president Advisory Committee, IPAGS and the ECP sections. We thank Dr. Lesnik for her commitment to hold these mentoring events, which are so valuable to students and early career psychologists. Dates will be announced soon for the next event.

In March I attended APA's Practice Leadership Conference (PLC), along with IPA leadership. Since the conference was held virtually, additional IPA leaders from various committees were able to attend this year. IPA was well represented at APA's Virtual Advocacy Day. I sincerely appreciate everyone who volunteered their time to attend both PLC, the Advocacy Day training day and

Hill Visit Day! In addition, Kudos to IPA's Federal Advocacy Coordinator, Dr. Kristina Pecora who gave us excellent support and direction for our Hill Visits.

I was proud and so thrilled to attend PLC's award ceremony, **Dr. Terry Koller**

**was awarded the 2022 Outstanding SPTA Staff Member award**, given by Division 31. I am sure many of you were as I surprised that Dr. Koller was not a recipient of this award before. Dr. Koller was IPA's Executive Director for 23 years, was a past IPA President, held roles as Federal Advocacy Coordinator, has been and is currently a member of IPA's Legislative Committee and has been our newsletter editor and Legislative Liaison since 1993. Dr. Koller's contributions to IPA, guidance to so many throughout the years and his advocacy for psychologists cannot be measured. Hats off to you!

Recently IPA members participated in a 2022 Convention Survey. Dr. Derek Phillips, IPA president-elect & convention chair, along with the convention committee, wanted your input with regard to holding the annual convention in person or virtually. Because of uncertainty of the state of COVID this fall, most of the responses pointed to holding the 2022 convention virtually. However, we are considering holding one in [1] person convention related event. We will seek input from membership about this event via a survey that will be sent over the summer. The Call for Programs has been included as a separate attachment in this email.

Your vote counts! IPA elections begin May 1<sup>st</sup> and close on June 1<sup>st</sup> for the 2022-2023 Council of Representatives. I certainly hope you will participate in this year's elections. A listing of open positions is in this newsletter and an announcement of nominees is forthcoming.

The work of IPA is possible because of member support. I thank you for your membership! As always, please feel free to contact me if I can be of service to you.

**Marsha Karey**



# Legislative Liaison Report

*Terrence Koller, PhD, ABPP, IPA Legislative Liaison*

It is possible that by the time you read this article the 102<sup>nd</sup> Illinois Legislative Session will have ended. It was scheduled to end April 8. This was a very short session for a variety of reasons, but it did not stop legislators from introducing 9,921 bills. I'm always amazed when I learn from my colleagues in other states that under 1,000 bills were introduced to their legislatures. With the help of our lobbyists at the firm of TaylorUhe, we reviewed all of these bills and identified 195 that we believed affect the profession of psychology or the people we serve. I am very grateful to our lawyers in Springfield, Ryan and Mark Taylor for their help in bringing us up to date information about the status of bills. Their relationships with other lobbyists and legislators give us a tremendous advantage in planning a strategy around supporting, opposing or remaining neutral on bills.

This was a very successful year for IPA advocacy. While we did not pass every bill we hoped to pass, our success rate was incredible. I will summarize some important bills below. If you want to read the entire text of any bill and see the process that occurred to pass it, go to [www.ilga.gov](http://www.ilga.gov) and click on the bills and resolutions link.

## **HB 2595: Insurance-Mental Health (now Public Act 102-0579)**

To read the full text of this Act go to: <https://ilga.gov/legislation/102/HB/PDF/10200HB2595lv.pdf>

This act requires an insurer to provide coverage for mental health benefits for "generally accepted standards of mental, emotional, nervous, or substance use disorder or condition of care" based on standards recognized by health care providers practicing in clinical specialties such as psychiatry, psychology, clinical sociology, social work..." This Act places the standard of care in the hands of the healthcare professions. We strongly supported this law.

## **HB 3308: Insurance-Telehealth Services (now Public Act 102-0104)**

To read the entire text of this Act go to: <https://ilga.gov/legislation/102/HB/PDF/10200HB3308lv.pdf>

This law requires certain insurance companies to cover telehealth services, e-visits, and virtual

check-ins rendered by a healthcare professional when clinically appropriate and medically necessary. These services must be covered at the same rate as similar services delivered in person. This is a dense Act that supports telehealth in many ways, so I recommend reading it to see these provisions as well as exceptions as noted in the law. We were part of a coalition to help pass this law.

## **HB 4769: Behavior Analyst Licensing (Referred to Assignments with an amendment)**

We worked with the Behavior Analyst association to ensure that psychologists who are trained to work with the populations served by Behavior Analysts can continue to do so if they do not refer to themselves as a licensed behavior analyst without this license. Qualified psychologists are also recognized as able to supervise behavior analysts. We remained neutral on this Act.

## **HB 4831: Adult Guardian-Medical Report (Referred to Rules Committee)**

To read the full text of this bill go to: <https://ilga.gov/legislation/102/HB/PDF/10200HB4831lv.pdf>

This bill was introduced by the IPA and will continue to be pursued. It would eliminate the needs for a physician signature on evaluations performed by psychologists for adjudication of a disability in the case of an intellectual disability.

## **SB 1079: DFPR Harassment Prevention (now Public Act 102-0308)**

This bill makes it easier to comply with the Harassment Prevention Training requirement for all licensed professions. It expands the courses that meet this requirement. Therefore, if you take a course through your workplace and that course is not a continuing education course for psychologists, it will count towards your requirement to take a harassment prevention training course every licensing period. Note that the IPA gives this course during every licensing period and this course not only meets the requirement of the Act but also counts toward your 24 hour continuing education requirement.

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## A Message from the Director of Professional Affairs

*Susan O'Grady, PsyD*

I have now been in this position since the beginning of November 2021. I have learned so much from all of you! Thank you all for your continued support as I navigate this new role. As part of a group of Directors of Professional Affairs (DPAs) from around the country, I participate in monthly meetings with members of the APA staff and the other DPAs. Much of our work since I joined has been around two very important issues.

The first is the *No Surprises Act*. This act was passed as part of a larger legislative act without the typical procedure that the legislators follow. The American Psychological Association (APA) has been working to advocate for psychologists by expressing the burden this new law is placing on practitioners in a field where fees are typically discussed prior to the provision of services. Additionally, APA is advocating for the ability to provide input in future provisions of the law which include the necessity of sending Good Faith Estimates (GFEs) to insurance companies prior to the commencement of services with patients. It is important to remember that this law was passed to minimize surprise billing for services which may be provided by out-of-network providers in an otherwise in-network setting. Personally, as a consumer, I appreciate the notion that I will know up-front about my healthcare costs. As a provider, I have concerns about the insurance companies' response to future provisions. Please keep an eye on this and participate in advocacy efforts as they present themselves. For a more detailed explanation of what is now required, please see the Healthcare Reimbursement Committee article in this newsletter.

The second large issue is the proposed change of the APA governance structure. Currently, each state and provincial territory association has a representative on the APA Council. In addition, each division of APA has a representative to the council. Under the proposed changes,

these representatives would be eliminated and governance would move to a nationwide council potentially without representation of large parts of the population. As a DPA, I have discovered that each state has very different needs and concerns due to the differing laws of the states. IPA leadership has participated in listening sessions and discussions to advocate for the continuation of the current structure of APA governance.

In addition to my other DPA responsibilities, I continue as the Continuing Education Committee Chair. We continue to provide webinars to psychologists throughout the state. We are using a combination of Zoom webinars and Beacon platforms. There is a list of upcoming webinars within this newsletter. We will again offer the Mandated Reporter and Sexual Harassment trainings. I have received many inquiries about the necessity of in-person CEs for our license renewal this September. As of this writing, in-person CEs are still required. However, it is unlikely that this will still be in place for the current renewal as very few organizations are even offering in-person workshops. In fact we have received some information that in-person requirement is very likely to be waived for this renewal period. The licensing regulations are complicated, but the general understanding is that nothing can be done to change this requirement until 90-150 days prior to renewal. This means that we will not have further information until sometime between early April and late June. We will definitely let you know of any changes as they occur. Please stay tuned!

Please feel free to reach out to me at 312/372-7610 x203 or [sogrady@illinoispsychology.org](mailto:sogrady@illinoispsychology.org) with any questions or concerns you have. Thank you all for your support as I spend time learning what is important to all of you and as I bring you information from the national level. ■

## HELP THE IPA LEGISLATIVE EFFORT BY BECOMING A LEGISLATIVE ADVOCATE\*

TIRED OF TRYING TO FIGURE OUT YOUR LEGISLATIVE DISTRICT  
FROM YOUR VOTER REGISTRATION CARD?

We'll make it easy.

Email your Voter Registration Card. We'll put you on the list.  
You'll be the first to know what's  
happening so you can Make the Future.

IPA email: [tkoller@illinoispsychology.org](mailto:tkoller@illinoispsychology.org)

\* A *Legislative Advocate* is trained to meet his or her legislator.  
After a relationship is established, the psychologist contacts the legislator  
when issues relevant to psychology arise.

## Legislative Liaison Report *Continued from page 5*

### SB 1568: Guardianship-Psychologists (Referred to Assignments)

This bill would have stated in the law that one of the persons who performed the evaluations upon which the report relating to the adjudication of disability is based shall be a licensed physician or a licensed clinical psychologist (rather than "shall be a licensed physician"). We strongly supported this bill.

### SB 1974: Ins CD-Health Care Recoupment (now Public Act 102-0603)

This act shortens the length of time an insurer can recover payments made to a provider in error to 12 months from 18 months. We strongly supported this Act.

### SB 2243: Music Therapy Licensing (Likely to pass by the time you read this)

This bill creates a Music Therapy License. The license does not prohibit psychologists from using music in their practices as long as they don't use the titled Licensed Music Therapist. The bill sets limits on what a music therapist can do as part of their practice. We remained neutral on this Act.

### SB 2272: Prescribing Psychologist (Re-referred to Assignments)

To read the full text of this bill go to:  
<https://ilga.gov/legislation/102/SB/PDF/10200SB2272lv.pdf>

This bill would expand the formulary of medications that could be prescribed by a psychologist. It also would allow prescribing psychologists to see people who are under 17 years of age and over 65. The IPA supports this bill. ■



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# IPA Election Committee Report

*Rachael Sytsma, PsyD, Chair*

## IPA COUNCIL ELECTIONS: OPEN MAY 1<sup>ST</sup> AND CLOSE JUNE 1<sup>ST</sup>

In the last 3 years, **MORE THAN 75% OF IPA MEMBERS DID NOT PARTICIPATE** in the election. A candidate wins the election by receiving a majority vote. Therefore, every vote counts and your participation is important!

Cast your ballot at this website: <https://vote.associationvoting.com/ipa/>

You will receive an email from "[announcement@associationvoting.com](mailto:announcement@associationvoting.com)" supplying you with a Log-In and Password to participate in the nominations and elections. The voting software is mobile friendly so you can vote with your smartphone, tablet, or desktop.

You must be a member of the section or regional position for which you are voting. Additionally, the individual you are electing must also be a member of the section or regional position for which you are voting. If your membership is out of date, you will not be eligible to vote.

If you choose to campaign for a position, we encourage you to contact colleagues personally. *Campaigning is NOT allowed on the IPA Listserv.*

**The Nominations Committee is currently verifying all nominated candidates for this year's positions.** Please look for candidate information on the IPA Website, as well as on the Listserv and other advertising materials from the IPA.

**Nominees have been selected for the following positions:**

POSITION	# OF POSITIONS	TERM
President Elect	One	One year
IPA Treasurer	One	Three years
IPAGS Chair Elect	One	One year
Behavioral Medicine & Neuropsychology Section Chair	One	Two years
Military Psychology Section Chair	One	Two years
Women's Issues Section Chair	One	Two years
North Region Representative	One	Two years
South Region Representative	One	Two years
Metropolitan Region Representative	Two	Two years

For more information about each position and candidate, go to: <https://illinoispsychology.org/sections>

For questions regarding the nomination or election process, please contact the Elections Committee Chair, Dr. Rachael Sytsma at, [rachael.sytsma.psyd@gmail.com](mailto:rachael.sytsma.psyd@gmail.com)

**How can the Election's Committee Chair help me during the election?** We can clear your submitted vote if you made a mistake or would like to change your vote prior to the close of elections and we could see if you successfully submitted or "cast" your vote. We CANNOT see who you voted for or manipulate your vote. We CANNOT cast a vote for any member. ■

# What We Know (and don't yet!) about the No Surprises Act

IPA Health Care Reimbursement Committee (HCRC)

Lynda Behrendt, PsyD, RN (Chair); Margo Jacquot, PsyD, CSADC, BCETS; Susan O'Grady, PsyD, Theresa M. Schultz, PhD, MBA

The **No Surprises Act (NSA)** is a federal act that was passed in 2020 with the goal of protecting patients from unexpected bills for healthcare services, such as charges for out-of-network emergency care. Many of its provisions do not apply directly to psychologists. However, **beginning January 1, 2022, psychologists and other health care providers are required by law to give to uninsured and self-pay patients a Good Faith Estimate (GFE) of costs for services that they offer**, when scheduling care or when the patient requests an estimate.

APA is advocating to modify the application of the NSA for practicing psychologists in private practice who are already obligated to inform their patients of fees and assist patients in verification of insurance benefits for mental health services.

**If you work for a hospital or facility**, they will direct you as to how NSA relates to your patients. Their attorneys and claims departments should create the forms you need.

**Psychologists in groups or solo practice** will need to learn how the NSA applies to their particular practice. The following article and accompanying information provide only a basic introduction to the application of a GFE for your practice. We encourage you to attend one of the updates regarding the NSA given by The TRUST or APA's Division 42.

## STEP I. Suggestions to get started:

- Read some of the articles that are referenced herein, including the APA article "Seven Basic Steps for Compliance:" <https://www.apaservices.org/practice/legal/managed/good-faith-estimate-compliance>.
- Create a Good Faith Estimate (GFE) Notice, per the NSA. Prominently post a GFE Notice (about a patient's right to a GFE) where applicable (e.g., on your website in a searchable format, with a link to other GFE information; in your practice waiting room

and/or private office). See below for: (1) an example of a GFE Notice from CMS; and (2) additional information from APA about key features of the GFE disclosure requirements.

- Include the GFE Notice in your New Patient Intake Packet.
- Develop a GFE form that is workable for your practice. See below for a sample GFE Form from APA.
- Develop a procedure (or ask your Billing Service) to keep track of what you have estimated and what is actually occurring within each patient's account.

## STEP II. Determine who should get a GFE:

- **Ask each patient (including existing ones) the following two questions:**  
(1). Do they have any kind of private health insurance coverage?  
(2). If they have insurance, do they intend to use that insurance for your services?
- **If the answer is "no" to either of the above questions, they MUST get a GFE.**
- **If the answer is "yes" to the above questions, they do NOT require a GFE.**
- **If the patient is a Federal Employee in a Federal Employee Health Benefits program, they must get a GFE.**
- **If the patient has Medicare or Medicaid coverage, they do NOT require a GFE.**

Note: If a patient has insurance and does not plan to use it and you are a Provider for that insurance, you need to know if it is acceptable not to bill the policy based on your provider contract. You also need assurance from your patient that they will not submit the bill to insurance at a later date.

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## HealthCare Reimbursement Committee Report *Continued from page 9*

### STEP III. When to provide the patients with the GFE:

- New patients are to receive a GFE prior to beginning therapy. Thus, you must provide this form either virtually or by US mail prior to the first appointment.
- If a patient requests a GFE for their own reasons, you must provide it within three (3) business days of the request.

### STEP IV. When to update a GFE:

- *Technically*, GFEs should be updated when there is **any change** in the GFE.
- However, it is *critical* to update the form if there will be significant increase in actual costs to avoid fees reaching \$400 more than the latest GFE.

### STEP V. Review APA guidance (including these references):

Overview/Main page:

<https://www.apaservices.org/practice/legal/managed/no-surprises-act>

FAQs:

<https://www.apaservices.org/practice/legal/managed/faqs-no-surprise-act>

Template GFE template and GFE tracking spreadsheet:

<https://www.apaservices.org/practice/legal/managed/good-faith-estimate-template.docx>

<https://www.apaservices.org/practice/legal/managed/gfe-tracking.xlsx>

### EXAMPLE OF GFE NOTICE FROM CMS:

#### Good Faith Estimate Notice

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the law, health care providers need to give patients **who don’t have insurance or who are not using insurance** an estimate of the bill for medical items and services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

### INSTRUCTIONS FOR SIMPLE GOOD FAITH ESTIMATE (GFE) TEMPLATE FROM APA:

You can modify this form to be the Good Faith Estimate (GFE) form for your practice if you are not required to, or will not be, including estimates for providers outside of your practice ([FAQs on the No Surprises Act and good faith estimates](#)).

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## HealthCare Reimbursement Committee Report *Continued from page 10*

This is designed for situations where only one provider in your practice is expected to provide services to a particular patient. But you can modify it to add the names, NPI, and TIN of multiple providers in your practice to the section on psychologist providing services.

### Important Notes About Dispute Resolution:

As explained in [Understanding the No Surprises Act](#), it is important to track your billing vs. GFEs to avoid reaching the point where your billing is \$400 over the GFE. If you nonetheless find yourself in that position, we recommend that (in addition to promptly updating your GFE), you talk to your patient. We expect that most patients will understand, particularly while the GFE requirements are new.

If, however, your patient is upset or angry and wants to pursue dispute resolution, you should consider whether making a patient go through that process, like taking collection action against a patient, is worth the risk of triggering a board complaint or negative online review.

**Note:** If you have a solo practice, you can omit the “per provider” parenthetical in the disclaimer language (see page 2 of this form).

*Continued on page 12*

## State of the art and research, brain-based treatment for age 16 through older adulthood.

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## HealthCare Reimbursement Committee Report *Continued from page 11*

### SIMPLE GFE TEMPLATE FOR SERVICES PROVIDED BY ONE PSYCHOLOGIST:

*[Put your practice's logo, name, and address here]*

Date of Good Faith Estimate: \_\_\_\_/\_\_\_\_/\_\_\_\_ This estimate is for psychotherapy services through [Date]

**[Optional] Brief explanation of estimate for new patients:**

The estimate below is the *[range of costs]*/cost that is likely for most new patients. Until I do an initial evaluation and we start to work together, I will not have a clear picture of your specific diagnosis, issues and needs. I typically see therapy patients for *[number or range]* sessions for a total cost of \$*[number or range]*. But in *[some/many]* cases a patient's issues may be more complicated, so we may need additional sessions during the time covered by this estimate.

**[Optional] Brief explanation for continuing patients:** The estimate below is the *[range of costs]*/cost that I think is likely for your care over the time period covered by this estimate. However, depending on how treatment progresses, more or fewer sessions may be needed.

Contact: If you have questions about this estimate, please contact *[your name, or other person in your practice who can answer questions about the GFE]* at *[phone number and email]*.

#### Details of the Estimate

The following is a detailed list of expected charges for psychological services scheduled for *[date or dates]*. *[Include the following for reoccurring services like psychotherapy.]* The estimated costs are valid for 12 months from the date of this Good Faith Estimate, unless *[I/we]* send you an updated Estimate.

Service	Diagnosis Code (once determined)	Service code	Quantity (# of sessions or units. Give number or range)	Cost per unit	Expected cost
Initial evaluation	<i>[use ICD codes]</i>	90791		\$	\$
Psychotherapy		90837 and/or 90834		\$	\$

Total estimated cost: \$\_\_\_\_ *[number or range]* \_\_\_\_\_

**Psychologist providing services:** Name \_\_\_\_\_ *[you can delete this if you are a solo practitioner or the practice name is the same as the treating psychologist]*

NPI number: \_\_\_\_\_ TIN: \_\_\_\_\_

Address of office from which services will be provided \_\_\_\_\_ *[This is only needed if you have multiple offices and you'll be providing services from a different office than the one listed at the top of the notice]*

#### Patient information:

Patient name \_\_\_\_\_ DOB \_\_\_\_\_

#### Disclaimer

This Good Faith Estimate shows the costs of services that are reasonably expected for the expected services to address your mental health care needs. The estimate is based on the information known to *[us/me]* when *[we/I]* did the estimate.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill.

**If you are billed for \$400 more (per provider) than this Good Faith Estimate (GFE), you have the right to dispute the bill**

*Continued on page 14*



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## HealthCare Reimbursement Committee Report *Continued from page 12*

You may contact the [psychologist/psychology practice] at the contact listed above to let them know the billed charges are at least \$400 higher than the GFE. You can ask them to update the bill to match the GFE, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this GFE. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more and get a form to start the process, go to:  
[www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call CMS at 1-800-985-3059 .

**This GFE is not a contract.** It does not obligate you to accept the services listed above.

**Keep a copy of this Good Faith Estimate (GFE) in a safe place or take pictures of it. You may need it if you are billed more than \$400 than the estimate provided above.**

---

### Key Features of the “Good Faith Estimate” Disclosure Requirements, as discussed in APA’s article [New billing disclosure requirements take effect in 2022](#):

- The disclosure requirements apply to all healthcare providers, including psychologists, who treat self-pay and/or uninsured patients.
- Providers must ask about insurance coverage, including whether the patient intends to submit claims to insurance.
- Providers must inform all self-pay and uninsured patients that a good faith estimate of charges is available.
- A good faith estimate of expected charges must be given to the patient within specified time frames (e.g., for services scheduled at least 3 days prior to the appointment date, no later than 1 business day after the date of scheduling).
- The estimate is not binding. However, patients may challenge a bill if the charges substantially exceed the estimated amount.
- If there are changes to the information in the good faith estimate, a new estimate should be provided.
- The estimate can include anticipated charges for recurring services that are expected to be provided within the next 12 months (e.g., 10-20 psychotherapy sessions). If treatment continues beyond 12 months, the provider must give the patient a new estimate.
- These disclosure requirements apply to existing as well as new patients.

If you work in an organization or facility, please consult with your organization’s leadership for guidance. Your organization may be implementing specific policies and procedures to ensure compliance

---

In closing, the HCRC wants all IPA colleagues to know that APA continues to advocate with CMS to moderate the requirements for the GFE for practicing psychologists. However, please note that the present CMS plan is to expand the requirements for a GFE for ALL patients. As always, the HCRC will continue to keep you advised on all developments. ■

## IPA CONTINUING EDUCATION EVENTS:

**MARK  
YOUR  
CALENDARS**

**April 22<sup>nd</sup>**  
**CONSIDERATIONS  
IN THE DEVELOPMENT  
OF A GROUP PRACTICE**  
(LIVE WEBINAR)

**Registration is open!**

PRESENTED BY:

*Drs. Bae, Jacquot and  
Scott Hammer, JD*

MORNING PROGRAM  
(Time TBD)

**May 13<sup>th</sup>**  
**MANDATED TRAINING  
PROGRAM—HARASSMENT  
IN THE WORKPLACE AND  
CHILD ABUSE REPORTING**  
(LIVE WEBINAR)

**Registration is open!**

PRESENTED BY:

*Drs., Jacquot and Alexander*  
12PM–2:30PM **2.5 CE'S**

**May 20<sup>th</sup>**  
**THE SPRING INSTITUTE:  
POLITICS IN THE  
TREATMENT ROOM: HOW  
CLINICIANS APPROACH AND  
NAVIGATE THE TABOO**  
(LIVE WEBINAR)

**Registration is open!**

PRESENTED BY:

*Dr. Milagros Saxon*  
Organized by the IPA North  
Central and South-Central  
Regional Representatives  
9AM–4:30PM **6 CE'S**

**June 10<sup>th</sup>**  
**THE TRUST SEQUENCE X:  
PERPLEXING PROBLEMS IN  
PSYCHOLOGICAL PRACTICE:  
DECISIONS SCIENCE, ETHICS  
& RISK MANAGEMENT**  
(LIVE WEBINAR)

**Registration is open!**

PRESENTED BY:

*Dr. Leisel Bryant*  
9AM–4:30 **6 CE'S**

**June 24<sup>th</sup>**  
**SUICIDE INTERVENTION**  
(LIVE WEBINAR)

**Registration will open soon!**

PRESENTED BY:

*Drs. Carmona-Caravelli,  
Lebovitz, Kellogg  
and Behrendt*  
9AM–1PM **4 CE'S**

## Spring Updates from the Sexual Orientation and Gender Diversity Section

*Hayley Beth Van Serke, PsyD, Chair*

Happy Spring everyone! The SOGD section is excited to announce the addition of an Associate Chair to the section. Dr. Kinton Rossman joins the section and will, I have no doubt, be an amazing addition to leadership for the section. Dr. Rossman shares the following as an introduction: "Over the last 10 years, I have developed myself as an expert on working with transgender individuals, especially in helping them access needed medical care. Through this work, I have discovered a passion for working at the intersection of transgender/LGBQ+ identities and family. I run a private practice specializing in trauma and supporting TGNC kids and adults. On a personal note, I am a proud parent of an elementary aged child. I love

the water, kayaking, and squirrels." If you get a chance, please welcome Dr. Rossman to IPA and this role!

SOGD will also be hosting a "Coffee Break" meet and greet on Friday 4/22 at 9am. If other section members are interested in joining please reach out to Dr. Van Serke who is happy to share the link. SOGD members, look for the link in your email.

Lastly the section will be supporting a continuing education event specific to working with transgender and gender expansive youth and their families. We will announce all the details in the next few weeks, all members and nonmembers are invited to attend. ■



**Are YOU interested  
in IPA Leadership?**

**Are YOU interested  
in Developing your  
Leadership Skills?**

**If you answered yes to these questions, please consider making application to the Leadership Development Program of the Illinois Psychological Association.**

### Overview

The Leadership Development Program (LDP) of the IPA is a program designed to engage and educate future leaders of IPA. Participants will be chosen via application and interview. Acceptance into the program is a one year commitment followed by participation in IPA committee work with the intention to eventually run for an IPA Council position. This is an excellent opportunity to develop leadership skills to be utilized in IPA, as well as in the future for personal and professional application in academic settings, administrative clinical settings or other board positions.

### Application Process

- apply by email or paper
- interviews to follow
- participants to be selected by **June 4, 2022**

APPLICATION  
DEADLINE  
**MAY 15, 2022**

### Schedule of Events

- first meeting of the LDP at the June IPA Council Meeting—**Saturday, June 18, 2022 @ 9:00am to 1:00pm** (approximately).
- monthly meetings to follow. Some in person, some virtual.
- other topics to be covered: leadership assessment with feedback of strengths and areas for development; review of IPA Bylaws, policies and procedures; association history; association finances and fiduciary responsibility; a mock council meeting; mentoring; an association project.
- an agenda and further schedule will be finalized in the first meeting.

#### For additional information, contact:

Laura Faynor-Ciha, PhD,  
Chair, IPA Leadership  
Development Program  
and IPA Past President;  
[LLFC@wowway.com](mailto:LLFC@wowway.com),  
cell: 630/988-0489  
Marsha Karey,  
IPA Executive  
Director, [mkarey@illinoispsychology.org](mailto:mkarey@illinoispsychology.org),  
IPA Office phone:  
312/372-7610, x201

# Application Form

## IPA LEADERSHIP DEVELOPMENT PROGRAM

### CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

### EDUCATION AND WORKPLACE INFORMATION

Graduate Program: \_\_\_\_\_

Degree: \_\_\_\_\_ Field of Study (Clinical, Counseling, I/O): \_\_\_\_\_

Year Licensed (if applicable): \_\_\_\_\_

Current Professional Position : \_\_\_\_\_

Workplace: \_\_\_\_\_

### IPA MEMBER STATUS

Please note that you must be an IPA member to be considered for participation in the Leadership Development Program. If you are not yet an IPA member, you can learn more and apply to join at [www.illinoispsychology.org](http://www.illinoispsychology.org)

☐ Full Member: Licensed ☐ Non-Licensed (Circle Licensed or Non-Licensed) ☐ Student

As part of our commitment to ensuring that the Leadership Development Program reflects the diversity of our professional membership, we are asking applicants to provide some demographic information, to the extent that they are comfortable doing so. Please note that providing this information is voluntary and is not required in order to be considered for participation in the program.

Age: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Race/Ethnicity Identification: \_\_\_\_\_

Sexual/Affectional Orientation: \_\_\_\_\_ Military Status/History: \_\_\_\_\_

Other important characteristics of your identity: \_\_\_\_\_

Please answer the following questions regarding your interest in the IPA Leadership Development Program:

- 1) What interests you about IPA's LDP and what do you hope to gain from this experience?
- 2) What unique leadership attributes and perspectives might you offer to your cohort as well as to IPA and to the field of psychology?
- 3) Describe any previous leadership experience you may have had (in any setting).
- 4) What has been your involvement in IPA? How long have you been a member?  
Have you had the opportunity to exercise your leadership skills in IPA? If so, in what way?

## Thank you

for your interest  
in applying to the  
Illinois Psychological  
Association Leadership  
Development  
Program (LDP)!

Please complete the  
following information  
and answer the four  
questions below. In  
addition, please submit  
a current CV along with  
your application.

Please email the  
application as an  
attachment to  
**LLFC@wowway.com**  
or you can mail it to the  
Illinois Psychological  
Association, Attn.: Chair,  
Leadership Development  
Program, 67 E. Madison  
Avenue, Suite 1904,  
Chicago, IL 60603

## The Spring Institute Returns!

*Blair Brown, PsyD, IPA North Central Region Representative,  
Mary Dellorto, PsyD, Immediate Past IPA North Central Region  
Representative and Keith Buescher, PhD, IPA South Central Region  
Representative*

After a two-year hiatus due to COVID19, the annual IPA Spring Institute returns in 2022. Traditionally, the Spring Institute has been an opportunity for Illinois psychologists to learn and network in central Illinois. Past institutes have traditionally been held in Bloomington and Springfield. This year we were hoping to meet in person, but caution prevailed and we will be offering six hours of continuing education remotely only for this Spring Institute.

Please consider joining us for this important workshop, ***Politics in the Treatment Room: How Clinicians Approach and Navigate the Taboo***, on **Friday, May 20, 2022**. This live interactive webinar will be presented by Milagros Saxon, Ph.D. In this workshop, we will explore the taboo subject of politics in the treatment room. Often, we are asked to be a blank slate welcoming anything our patients bring into the room and relationship. What can clinicians do when faced with patients who express similar, different, or even painful discriminatory views? Unfortunately, training programs and institutions do not give enough guidance on how to effectively navigate this subject, leaving the clinician at a loss on how to not only work with the countertransference, but how the tension can lead to awareness and healing for the patient. Together, we will explore how political ideology can be seen as an outward expression of our patient's internal world, and how we can create a framework for inviting the potentially polarizing topic into the room

and transform it into a valuable psychological growth. In order to do this, we will invite depth/analytic psychology, myth, and even the biopsychology of political beliefs and behaviors to inform just how politics can be used to understand our patients fears, needs, and desires. We will explore how to invite hot topics such as elections, Black Lives Matter vs All Lives Matter, vaccines vs antivaxx beliefs, civil rights and every topic in between in a safe and psychologically productive way.

Milagros Saxon, PhD is a licensed psychologist and former owner of New Day Psychotherapy Group. She specializes in working with patients experiencing trauma, eating disorders, addiction, and postpartum concerns. She earned her PhD from Pacifica Graduate Institute and combines her deep knowledge of evidence-based practices with psychoanalytic thought and interventions, which includes the value of creativity in the treatment room. Additionally, Dr. Saxon is an expert in culture cultivation and employee engagement and speaks on current events and how they fit into the treatment room. **Register online on the IPA Website or call the IPA Office: 312/372-7620 x201 A link will be sent to all participants as we get closer to the event. ■**

# Report from the IPA Representative to the APA Council of Representatives

Laura Faynor-Ciha, PhD

The APA Council of Representatives held its most recent meeting February 25 and 26, 2022 via Zoom with a full agenda and many accomplishments. In his opening remarks, APA President, Dr. Frank Worrell, voiced concern for the situation in Ukraine and informed Council that APA has been in contact with and has provided resources for our colleagues in Ukraine, Poland, the Czech Republic, Slovakia, and other countries in the region. Additionally, Council resoundingly (99.4%) passed a motion regarding Ukraine:

"The American Psychological Association is an organization that stands for human rights and the psychological and physical health and well-being of all people worldwide. The recent military invasion of Ukraine threatens the life, liberty, physical and psychological well-being of people in Ukraine and surrounding nations.

The American Psychological Association stands in solidarity with the National Psychological Association of Ukraine, the Ukrainian people, and colleagues in the Eastern European region, as the Ukrainian nation defends itself against military invasion. We are gravely concerned about the immediate and long-term trauma and psychological impacts on people of all ages, families, communities, and the environment. We deplore the human cost of such aggression, including violations of human rights, adverse humanitarian consequences, deep psychological distress, and the loss of dignity and freedom. We stand in solidarity with all who are raising their voices and working tirelessly to protect and safeguard human life."

The APA Council of Representatives (CoR) passed motions on a number of other resolutions as follows:

- **Resolution on Interrogations of Criminal Suspects:** this utilizes new research in interrogation scholarship and the science of false confessions to update the 2014 policy and adopt this version as APA policy. **Passed 98.8%.**
- **Human Participants in High School Research:** this item provides guidelines for high school educators on the ethical treatment of human subjects. It was adopted as APA policy and **passed by 90.7%.**
- **Associate Member Voting:** this is a Bylaws Amendment that will be sent to the full APA membership for a vote. Associate members shall achieve voting privileges after one year in the status of Associate membership, replacing the current 5 year requirement.
- **Resolution for Removal of the Felony Question from the application for APA Membership:** this was a controversial and thoroughly discussed subject. Prior to the passage of this resolution, anyone applying for APA membership as an Associate, Graduate Student or Full Member has a check box re: history of a felony. This prohibits justice involved graduate student and psychologists from becoming members of APA. This is completely separate from licensing which is regulated by the states. It was further stated that it punishes those who are honest and who check the box. They must then go through an arduous process to join APA, which most say is more difficult than expunging their record. It is a question of aligning what psychologists say they do with what they actually do. While the AMA has the felony check box on their application, many other professional organizations do not. The motion **passed by 93.5%.**
- **Psychology's Role in Advancing Population Health:** encourages work across many areas to encourage a population health framework on state, national, and global levels. **Passed 94.5%.**
- **Resolution for Reproductive Justice: Affirming Abortion Access:** reaffirms its denunciation of abortion restrictions and commitment to obtaining reproductive justice; urges local, state, and federal policymakers to safeguard reproductive rights of all women and implement reforms to address oppressive policies; encourages action to use considerable science that continues to support the 50 year old Roe v. Wade precedent; seeks opportunities to develop amicus briefs; supports and leads research, education, advocacy, intervention, prevention, and program development efforts that seek to advance behavioral

*Continued on page 20*

## APA Council of Representatives *Continued from page 19*

health equity and reproductive justice, increase understanding of the role social determinants play in shaping behavioral health outcomes, and prevent deleterious behavioral health impacts of reproductive inequity in various populations. **Passed 88.4% yes, 8.5% no, 3.0% abstain.**

- **Ethical Conduct with Non-Human Animals:** this updates the existing standard to reflect current standards and includes new research in other settings with new regulatory information. **Passed 99.4%.**
- **APA Task Force on Climate:** Council was asked to receive this report. It says that climate change is a threat to population health, social justice, mental health well-being, prepares psychology for the future and is in alignment with APA's strategic plan. With Council's receipt of the report, APA can then act by commenting in the media, weigh in on policy and participate in climate change panels with an emphasis on mental health. **Passed 95.7%.**
- **Resolution on Poverty and SES:** this updates and expands a resolution from 2000, updates and expands APA policy, and incorporates recent data. Passed 99.4%.
- **Guidelines for Child Custody Evaluations in Family Law Proceedings:** these are revised guidelines that are aspirational, useful for professional practice and are not intended as a literature review. **Passed 97.0%.**
- **Guidelines for Assessment and Intervention with Persons with Disabilities:** these are disability affirmative guidelines adopted as APA policy. **Passed 100%.**
- **CEMA Name Change to Ethnicity, Race and Cultural Affairs:** this is a proposed Association rules change that, after discussion, was determined to need additional review so it was referred back for further evaluation and discussion. **53.2% voted yes to refer back to the Board.**
- **Update Mission of Membership Board –Amend APA Bylaws:** the Membership Board shall provide guidance (instead of oversight) regarding membership engagement in advancing the mission of APA. **Passed by 91.4% and will go to the full membership for a vote.**
- **APA Awards Committee:** with change would allow boards and committees to revise old awards into awards that are more consistent with their current work. **Council voted 68.5%** to refer this issue back to the Board of Directors with Council's feedback. The issue will then return to Council's August meeting.

Finally, listening sessions were held the week prior to Council for Council members and state (SPTA) association leaders regarding the APA Policy and Planning Board's (P&P) proposal to "re-imagine"/change the structure of the APA Council of Representatives. IPA leaders and I participated in these sessions. Information gleaned in these sessions as well as feedback obtained during the comment period will be assembled and presented in June, and then most likely Council will vote on the new proposal at its August meeting. ■

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– Anthon St. Maarten

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Contact Dr. Derrick and Dr. McClanahan at [info@SpringSourceCenter.com](mailto:info@SpringSourceCenter.com)

## Ethics Consultations Available for IPA Members

While the IPA Ethics Committee has discontinued any adjudication function, the Committee will continue to offer individual telephone consultation to IPA members on ethical issues. Members can access this service by contacting the IPA office at 312/372-7610 x201. Other educational functions provided by the Committee include ethics presentations, workshops, and seminars for psychologists, agencies, and academic programs. Contact the IPA if you are interested in arranging such programs.



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## Message from the Early Career Section (ECP)

*M. Laura Pappa, PhD, Chair*

**Hello IPA!** As the ECP section chair, I am always interested in hearing from members and non-members of the section and learning how to best represent ECPs and address their needs. This is why the ECP Section and IPAGS joined Dr. Blaine Lesnik in her Quarterly Mentoring Panels initiative. The first panel focused on "Psychologists in Various Settings" and was held virtually on February 19<sup>th</sup>. The event was a very successful and informative one and we are looking forward to holding the next one soon! In addition to the mentoring panels, an important survey was distributed through IPA's listserv encouraging all early-career IPA members to participate. The main goal of the survey was to identify areas that early career psychologists would want to learn more about, and have more opportunities in, as they

transition out of a student/intern role and settle into the profession.

The survey listed several topics for people to choose from reflecting areas that ECPs would like the ECP section to address. The options provided were: 1) Building a private practice: A step-by-step approach (from getting an EIN to advertising); 2) Private practice decisions (1099 vs W2, benefits of LLC, financial decisions); 3) CE opportunities/specialized trainings (Evidence Based Practices for trauma, EDs, etc.); 4) Networking opportunities; 5) Consultation opportunities; 6) Transitioning from the student role to early career (postdoc and/or licensed); 7) Debt recovery post-graduation. Although all the areas received significant attention, consultation opportunities, followed by specialized trainings, were the two most voted categories. A special thank you to all of you who took the time to vote and/or emailed me!

In the Spring quarter, the ECP section will address the needs that both members and some identified non-members by offering new events and opportunities (dates will be out soon!). If you are not yet a member of the ECP section, please consider joining as events will only be available to members. Additionally, if you have questions about the section or wonder if it is a good fit for you, don't hesitate to contact me to discuss your thoughts further!

Looking forward to hearing from you. ■

**M. Laura Pappa, PhD**  
Licensed Clinical Psychologist  
[laurapappaphd@gmail.com](mailto:laurapappaphd@gmail.com)



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# Report from the Women's Issues Section

*Kim Baker PsyD and Christina Biederman, PsyD, ABAP, Co-Chairs*

## Greetings New & Existing IPA Colleagues!

Christina and I would like to thank those who joined us at our *Women's Section Meet & Greet* in February. Our discussions were enlightening, refreshing, and motivating!

As a result, we are even more motivated to carry out the vision of the IPA Women's Section:

- Disseminate resources about the science and practice of women's mental health.
- Increase awareness of gender disparities that exist for all women.
- Network amongst sections and members of IPA around advocacy for policies supporting women
- Identify issues that affect women psychologists
- Promote learning about the challenges women face

If you missed the last meeting, feel free to join us on **Tuesday, May 3, 2022 @8pm** to discuss specifically the experience of being a woman in the field of psychology and how we might leverage those insights and needs into future programming. We invite you to come and share your experience with us in a unique, safe, and protected space. More info to come.

**CLICK HERE** to register to this upcoming virtual gathering!

If you are interested in joining our section to receive regular updates and invitations to our events, see below for instructions:

## To join the Women's Section:

- Go to the IPA Website and log in (<https://illinoispsychology.org/>)
- Click **IPA Member Resources** on dark blue sidebar on left
- Go to **Members Account Management**
- Sign in again
- Click on **Section/Referral Membership** on the left
- Select **Women's Issues**

Once you join, you will be added to the Women's Section Listserv where we will post information about our upcoming events. Christina and I truly look forward to meeting you and collaborating with you as we further the mission of the IPA Women's section in this New Year. ■



Kim Baker



Christina Biedermann

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Happy New Year to all IPA Members!  
We hope that 2022 is a great year for you and your practice.

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admin@hmsmidwest.com or 219-926-8320



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Nancy Sukits, Provider Recruiter

Call: 412-937-5203

Email: [nsukits@wexfordhealth.com](mailto:nsukits@wexfordhealth.com)

# Registration is open

## The Trust Risk Management Workshop

FRIDAY, JUNE 10, 2022



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Dr. Bryant is a licensed New Hampshire and Massachusetts-based clinical and forensic psychologist, with board certification in Forensic Psychology by the American Board of Professional Psychology. She received her B.A. from the University of West Florida, her M.A. and Ph.D. in clinical psychology from Duquesne University and completed a forensic postdoctoral fellowship at the University of Massachusetts Medical School Law and Psychiatry Program.

Working in both criminal and civil arenas, Dr. Bryant has maintained a private practice in clinical and forensic psychology for nearly two decades and has provided psychological services in a variety of forensic and therapeutic settings.

Dr. Bryant is a Fellow with the American Academy of Forensic Psychology, and formerly served as President and Executive Director of the New Hampshire Psychological Association (NHPA). She also served on the NHPA Ethics Committee for over ten years, received the Margaret M. Riggs Award for Distinguished Contribution to Psychology in the State of New Hampshire, and was awarded the Karl F. Heiser APA Presidential Award for Advocacy. Dr. Bryant brings extensive experience in forensic, clinical, and ethical consultation, academic instruction, and professional presentation to her role on the risk management team.

### Workshop Description

For over two decades, The Trust has worked to educate and support psychologists in improving their risk management skills and strategies by providing live workshops, webinars, risk management consultation and expanding resources. The 10th workshop in our Sequence series will continue to emphasize more applied, integrated and strategic methods to help you protect yourself from adverse disciplinary and legal actions and stay grounded in ethical principles and practices. The Trust Risk Management Consultants have culled subject matter from some 80,000 consultations provided to date to focus this workshop on problems practitioners often encounter. Topics will include how decision science can inform clinical and ethical decision-making; interjurisdictional practice challenges and navigating the PSYPACT era; complexities in structuring and conducting supervision; managing technology and privacy concerns in practice; and handling subpoenas.

**[CLICK HERE](#) for brochure and registration information.**



## Dear Colleagues,

**Monday, March 28 was one of APA's annual Hill Days**, where psychologists around the country meet with House and Senate members and/or their staff to advocate for important issues in education and training, practice, licensing, and reimbursement.

12 of your colleagues—Terrence Koller, Jane Conron, Sue Bae, Susan O'Grady, Kim Baker, Sharon Khurana, Blair Brown, Laura-Faynor-Ciha, Derek Phillips, Hayley Van Serke, Erin Kaseda and myself—attended virtual advocacy meetings in a day-long summit. We met with staffers in the offices of Senators Durbin and Duckworth, and Representatives Mike Quigley, Danny Davis, Darin LaHood, Mary Miller, and Bill Foster; a lucky few met with Jane Schakowsky herself.

We advocated for increased funding and reauthorization of Graduate Psychology Education and Minority Fellowship Programs, Medicare reimbursement of psychology trainees in line with medical students, and enhanced federal and state parity enforcement. Support for these programs could increase the psychology workforce to meet the constant need for our services; create a more representative workforce to educate, train and practice with clients; and reimburse psychologists reliably for services we perform in good faith. I've attached the issue briefs to this email if you are interested.



Legislator reactions to our advocacy ranged from interest to strong support. While our lawmakers had awareness of the mental health crisis today, they only realized the profound impact of these issues when we told them our stories. Only then did the problems seem real to them, and the solutions we proposed made sense.

***Hill Days can be amazing experiences, as you can see on these faces!***

I encourage you to contact your legislator on these issues in the coming weeks. I will send out updates and calls for action to make things easier for you, too - stay tuned! Until then, please join me in thanking these advocates for their hard work, their time, their effort, and their representation of IPA!

**Kristina M. Pecora, PsyD**  
she, her, hers  
IPA Military Chair, Federal  
Advocacy Coordinator and  
Legislative Committee Co-Chair



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## IPA Colleague Assistance Resource Program

*Cliff Saper, PhD and Ellen Stone, PsyD*

Earlier in the year we informed you that we would be compiling a virtual Resource Center that psychologists and their family members could go to for a list of providers of treatment services for professionals coping with mental health or addiction issues that impact their work or family life. If you are providing such services or know of a colleague or quality program/facility where such services are provided, please complete the survey below. From the data we receive, we will be developing a resource data base which could be utilized by psychologists seeking assistance, concerned colleagues, or family members.

We will also be posting this survey on the IPA web site and will have it available at the "Taking Care of Yourself..." presentation at the IPA Convention in November. Once we have our resource list it, too, will be posted on the web site and also shared with the APA Committee on Colleague Assistance. Thanks for your involvement in this project and your input.

Dear Colleague,

Please complete this brief survey to let us know your experience and expertise in working with psychologists and their family members. As you know, working with a professional or person in a high accountability or a safety sensitive position brings with it some unique challenges. When the individual is also a mental health professional, there are even more considerations in providing accessible, confidential and effective psychological and addiction services. Help us provide a comprehensive resource list for Illinois psychologists and their family members who may be experiencing some distress.

Please duplicate this form for other colleagues who might be interested in treating psychologists and other mental health professionals with personal issues, including those whose work is impacted. If you have been pleased with programs that treat professionals or work in one, please fill out a form for such facilities, as well.

Thank you,  
IPA's Colleague Assistance Resource Program  
Co-chairs: Cliff Saper, Ph.D and Ellen Stone, Psy.D.

### Resource Provider/Program Profile

Date: \_\_\_\_\_ Name/Program: \_\_\_\_\_

Professional Credentials/certification: \_\_\_\_\_

Organization: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Additional Locations: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Payment arrangements accepted:** (Check all that apply).

Sliding Scale: ☐ Private Pay: ☐ Medicare: ☐ Medicaid: ☐ Tricare: ☐

Name all Health Insurances accepted: \_\_\_\_\_

**Type of Service:** (Check all that apply).**Solo or Group Practice:**

Psychiatry \_\_\_

Psychology \_\_\_

Social Work \_\_\_

Counseling \_\_\_

Coaching \_\_\_

EAP \_\_\_

Other \_\_\_\_\_

**Hospital-based Program:**

Inpatient \_\_\_

Partial Hospital \_\_\_

Intensive Outpatient \_\_\_

Aftercare \_\_\_

Impaired Professionals Program \_\_\_

Self-Help Groups \_\_\_

Other \_\_\_

**Agency:**

Individual Outpatient \_\_\_

Group Outpatient \_\_\_

Halfway House \_\_\_

EAP \_\_\_

Peer Assistance Groups \_\_\_

Extended Care \_\_\_

Other \_\_\_

**Specialties:** (Check all that apply).

Adolescents \_\_; Adults (18 &amp; over) \_\_\_; (ACOA) \_\_\_; Anger Management Issues \_\_\_; Anxiety/OCD \_\_\_

Attention Deficit Hyperactivity Disorder (ADHD) \_\_\_; Autism-Spectrum Disorders \_\_\_; Axis II Dx \_\_\_;

Chemical/Substance Dependency and Alcoholism \_\_\_; Children \_\_\_; Codependency \_\_\_;

Compulsive Gambling/Spending \_\_\_; Divorce \_\_\_; Domestic Violence \_\_\_; Dual Diagnoses \_\_\_;

Employee Assistance Counseling/Consulting \_\_\_; Eating Disorders \_\_\_; Family Therapy \_\_\_;

Grief/Loss \_\_\_; Group Therapy \_\_\_; Internet Addiction \_\_\_; Intervention Services \_\_\_; Self-Injury \_\_\_

LGBT Concerns \_\_\_; Medication Management \_\_\_; Men's Issues \_\_\_; Mood Disorders \_\_\_;

Pain Management \_\_\_; Psychological Assessment \_\_\_; Sexual Issues/Disorders \_\_\_;

Smoking Cessation \_\_\_; Trauma \_\_\_; Veteran's Issues \_\_\_; Women's Issues \_\_\_;

Others: \_\_\_\_\_

Please write a brief statement, one or two paragraphs in length, about the approaches you use in providing services to psychologists and their family members. You might wish to include information about your experience, background, and philosophy of treatment.

Email form to [clifton.saper@alexian.net](mailto:clifton.saper@alexian.net)

Fax form to:

Dr. Saper at 847/755-8508

Mail form to:

Illinois Psychological Association,  
67 East Madison St. Suite 1904, Chicago, IL 60603

**See the following page for a Healthy Lifestyle Assessment.**

## PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

### COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

**1=Never**

**2=Rarely**

**3=Sometimes**

**4=Often**

**5=Very Often**

- \_\_\_\_\_ 1. I am happy.
- \_\_\_\_\_ 2. I am preoccupied with more than one person I [help].
- \_\_\_\_\_ 3. I get satisfaction from being able to [help] people.
- \_\_\_\_\_ 4. I feel connected to others.
- \_\_\_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_\_\_ 6. I feel invigorated after working with those I [help].
- \_\_\_\_\_ 7. I find it difficult to separate my personal life from my life as a [helper].
- \_\_\_\_\_ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- \_\_\_\_\_ 9. I think that I might have been affected by the traumatic stress of those I [help].
- \_\_\_\_\_ 10. I feel trapped by my job as a [helper].
- \_\_\_\_\_ 11. Because of my [helping], I have felt "on edge" about various things.
- \_\_\_\_\_ 12. I like my work as a [helper].
- \_\_\_\_\_ 13. I feel depressed because of the traumatic experiences of the people I [help].
- \_\_\_\_\_ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- \_\_\_\_\_ 15. I have beliefs that sustain me.
- \_\_\_\_\_ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- \_\_\_\_\_ 17. I am the person I always wanted to be.
- \_\_\_\_\_ 18. My work makes me feel satisfied.
- \_\_\_\_\_ 19. I feel worn out because of my work as a [helper].
- \_\_\_\_\_ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- \_\_\_\_\_ 21. I feel overwhelmed because my case [work] load seems endless.
- \_\_\_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- \_\_\_\_\_ 24. I am proud of what I can do to [help].
- \_\_\_\_\_ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- \_\_\_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_\_\_ 27. I have thoughts that I am a "success" as a [helper].
- \_\_\_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_\_\_ 29. I am a very caring person.
- \_\_\_\_\_ 30. I am happy that I chose to do this work.

## YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

### Compassion Satisfaction \_\_\_\_\_

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

### Burnout \_\_\_\_\_

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

### Secondary Traumatic Stress \_\_\_\_\_

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

*Continued on page 32*

## Healthy Lifestyle Assessment *Continued from page 31*

### WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

#### Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. \_\_\_\_\_  
6. \_\_\_\_\_  
12. \_\_\_\_\_  
16. \_\_\_\_\_  
18. \_\_\_\_\_  
20. \_\_\_\_\_  
22. \_\_\_\_\_  
24. \_\_\_\_\_  
27. \_\_\_\_\_  
30. \_\_\_\_\_

**Total:** \_\_\_\_\_

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

#### Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- \*1. \_\_\_\_\_ = \_\_\_\_\_  
\*4. \_\_\_\_\_ = \_\_\_\_\_  
8. \_\_\_\_\_  
10. \_\_\_\_\_  
\*15. \_\_\_\_\_ = \_\_\_\_\_  
\*17. \_\_\_\_\_ = \_\_\_\_\_  
19. \_\_\_\_\_  
21. \_\_\_\_\_  
26. \_\_\_\_\_  
\*29. \_\_\_\_\_ = \_\_\_\_\_

**Total:** \_\_\_\_\_

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

You Wrote	Change to	
	5	the effects of helping when you are <i>not</i> happy so you reverse the score
2	4	
3	3	
4	2	
5	1	

#### Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. \_\_\_\_\_  
5. \_\_\_\_\_  
7. \_\_\_\_\_  
9. \_\_\_\_\_  
11. \_\_\_\_\_  
13. \_\_\_\_\_  
14. \_\_\_\_\_  
23. \_\_\_\_\_  
25. \_\_\_\_\_  
28. \_\_\_\_\_

**Total:** \_\_\_\_\_

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

# Apply to be an IPA Fellow

## FOR S/HE'S A JOLLY GOOD FELLOW

Don't be shy. Be recognized for your outstanding contributions to the profession of psychology by applying for Fellow status with the Illinois Psychological Association.

Criteria for Fellow status are:

1. Member of IPA for at least seven years
2. Made outstanding contributions in the field of psychology
3. Nominated for Fellow status by two members of IPA who have submitted written endorsements
4. Elected to Fellow status by a majority vote of the IPA Council of Representatives

### Application for Nomination as a Fellow in the IPA Attach Additional Sheets for Supporting Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

IPA Membership Status: \_\_\_\_\_

Number of Years as an IPA Member: \_\_\_\_\_

Sections in which Membership is Held: \_\_\_\_\_

Educational History (include undergraduate, graduate and postdoctoral institutions):  
\_\_\_\_\_

A high level of competence or steady and continuing contributions are not sufficient to warrant Fellow status. Fellow status requires that a person's work have had impact in the field of psychology on the local, state, regional or national level. A detailed statement demonstrating this impact must accompany the Fellow application. **PLEASE NOTE THAT SUBMISSION OF A VITA ALONE WILL NOT BE CONSIDERED A SUFFICIENT RESPONSE.**

For your statement, please describe in detail your outstanding contributions in any of the following ways (this list is not intended to be exhaustive).

**Public Service:** Describe exact nature of services performed, dates, names of community organizations

**Service to the Profession:** List offices and/or committee memberships held, dates, names of professional organizations, explanation of specific services performed.

**Scholarly Contributions to the Profession:** List publications in accordance with APA editorial style for reference lists.

Each application should be accompanied by an application fee of \$100.

Checks should be made out to **Illinois Psychological Association** and mailed to:

Fellow Application  
Illinois Psychological Association  
67 East Madison Street, Suite 1904  
Chicago, Illinois 60603

A certificate of recognition of Fellow status will be awarded to successful applicants.



**Thank you!**

IPA would like to thank Organizational Member,  
**The Chicago School of Professional Psychology.**

Our accountants have informed us that 100% of what licensed members paid in legislative assessments is not deductible for tax purposes. However 100% of everyone's membership dues is deductible for tax purposes. Keep in mind that legislative assessments are the additional fees that licensed members pay (\$60 plus an additional special assessment based on income).

## Numbers You Should Have

**Illinois Psychological Association**  
67 East Madison Street, Suite 1904  
Chicago, Illinois 60603

Phone: 312/372-7610  
Fax: 312/372-6787

Executive Director e-mail:  
Marsha Karey  
[mkarey@illinoispsychology.org](mailto:mkarey@illinoispsychology.org)

IPA Web Site  
[www.illinoispsychology.org](http://www.illinoispsychology.org)

**Illinois Department of  
Professional Regulation**

Licensure Requirements  
or Pending Applications: 217/785-0800

New Applications and Changes to  
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Mailing Labels of Licensed Professionals:  
[https://www.idfpr.com/LicenseLookup/  
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**Abuse Reporting Hotlines**

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800/252-2873

Senior Abuse  
[https://www.illinois.gov/aging/  
ProtectionAdvocacy/Pages/abuse\\_reporting.aspx](https://www.illinois.gov/aging/ProtectionAdvocacy/Pages/abuse_reporting.aspx)

**Chicago Office of Healthcare Access**  
**Chicago Department of Public Health**  
(formerly Office of Managed Care)

312/745-2273

**Medicare**

Applications  
[www.ngsmedicare.com](http://www.ngsmedicare.com)

**American Psychological Association**

800/374-2721

Web Page  
[www.apa.org](http://www.apa.org)

**Medicaid Number Application**

[http://www.illinois.gov/hfs/  
impact/Pages/default.aspx](http://www.illinois.gov/hfs/impact/Pages/default.aspx)

**American Board of Professional  
Psychology (ABPP)**

[www.abpp.org](http://www.abpp.org)  
[office@abpp.org](mailto:office@abpp.org)  
919/537-8031

## Welcome New IPA Members

### Licensed Members

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Nikki Bishop, PsyD  
Jayce Castellow, PhD  
Jennie Edwards, PsyD  
Mandi Ginsburg, PsyD  
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Robyn Gobin, PhD  
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Casey Perisin, PsyD  
Daniel Piper, PsyD  
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Janice Spangler, PsyD  
Mary-Morag Sutherland, PsyD  
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Ann Eberhardt, PsyD  
Nathalie Henaine, PsyD  
Linda Summers PsyD

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**Classified Advertisements  
(Positions and Services)  
may be placed on the IPA Web Page.**

[www.illinoispsychology.org](http://www.illinoispsychology.org)

## Space Available

**Oak Brook Office Sublet:** Beautiful accessible building near major highways. Included: parking, fitness room, deli, Wi-Fi, microwave, refrigerator, printer, water, tea, coffee in suite. Nicely appointed furnished offices available most days, third office available. Please call/text for photos and details. Deidre Alexander 630/309-2989.

**Office space with a stunning view of Millennium Park**  
Located at 111 N. Wabash (the historic Garland Building), this office is part of a two-office suite, with a shared waiting area, kitchenette and 24/7 lobby security. Rent by day/s per week or by month. Contact Caroline Steelberg, Psy.D. at 312/444-1133 or [csteelberg.cs@gmail.com](mailto:csteelberg.cs@gmail.com).

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# ILLINOIS PSYCHOLOGICAL ASSOCIATION

## Officers, Council Members and Committee Chairpersons—2022-2023

67 E. Madison St., Suite 1904, Chicago, IL 60603 312/372-7610 FAX 312/372-6787 [www.illinoispsychology.org](http://www.illinoispsychology.org)

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Sexual Orientation and Gender Diversity Section	Hayleybeth VanSerke, PsyD	414/303-0319
Social Responsibility Section	Holly Houston, PhD	708/925-4523
Women's Issues Section	Kimberly Baker, PsyD	630/286-9635

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Metropolitan Region	Jane Conron, PhD	773/859-1718
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