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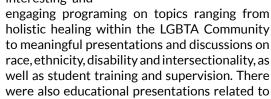
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# A Message from the IPA President

Daniel Brewer, PsyD, IPA President

Happy New Year to you and your family, from all of us at IPA. I hope you found a way to celebrate and enjoy the holidays, even though they likely did not resemble traditions from the past. 2020 was a year that forced all of us to adjust and adapt in ways that previously would have felt unimaginable. We've had to adjust to these changes ourselves, even as we are supporting others through our professional roles. I know for many the last year has not been easy, and many are hopeful for a better 2021. I am personally especially grateful for the professional support and guidance provided to me through IPA this year and I hope you feel the same way.

I am especially grateful about the success of our IPA Annual Convention, *Coming Together: A Focus on Healing*, which took place online in mid-November. I wish to personally thank all of you who were able to join us and I hope you found it to be a valuable and enriching experience. I am incredibly proud of, and grateful to, our 2020 Convention Committee, the Continuing Education Committee, Executive Director Marsha Karey, and everyone involved in making our first all virtual convention happen. For those who were unable to join us, you missed interesting and



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# President's Message... Continued from page 1

healthcare reimbursement, ethics, legislative advocacy, telehealth, and more. The feedback we've received has been overwhelmingly positive and we are proud to have been able to continue with the convention virtually, even during the COVID-19 pandemic.

During our Annual All Association Meeting, held virtually during the convention, I highlighted some of the work IPA has been doing. I reported how IPA is doing well and going strong, with stable and increasing membership numbers and strong financial footing. I will highlight just a few key initiatives, I discussed how IPA Council had a special meeting in August 2020, including a consultation with an attorney. As a result, we have deepened our understanding of Conflicts of Interest (COI) and subsequently updated and improved our COI documents. We have also worked to update our own Election Rules to clarify and modernize the process, and to make it easier than ever to get nominated to leadership positions. Please consider getting involved with IPA leadership, through our Leadership Development Program or other positions. IPA has also worked tirelessly, especially through our Healthcare Reimbursement Committee and our Legislative Committee, to advocate for Illinois psychologists on issues such as telepsychology reimbursement and parity.

During the convention I was also happy to present four Certificates of Appreciation and a number of IPA Awards. Three certificates of appreciation were given to well deserving and dedicated members of IPA, including Dr. Lynda Behrendt, who as a member of Council and the CE Committee worked to develop important online workshops, many of which have been quite lucrative to the Association; Dr. Cliff Saper, who has represented and advocated for Illinois Psychologists as APA Council Representative for years; and Dr. Terry Koller, for his years of service as our APA Federal Advocacy Coordinator. The final Certificate of Appreciation went to Marsha Karey, Executive Director of IPA, for her work keeping IPA running smoothly during the COVID-19 pandemic and for transitioning us seamlessly to an online format for the convention. I also presented two special awards to Illinois psychologists. Dr. Kalyani Gopal was recognized as this year's Illinois Distinguished Psychologist. Dr. Gopal is the current immediate Past President of the IPA and has made significant contributions to the

field of psychology through her work with both IPA and APA. I also acknowledged Dr. Susan Zoline with a Presidential Recognition Award. Dr. Zoline is likely familiar to many as she has been a pillar of our psychology community for decades and likely had a hand in the education of many of you.

I want to highlight the 2020 Illinois Psychological Association State Elected Official Award, which was presented to Governor J.B. Pritzker. Governor Pritzker has been a strong ally and advocate for mental health and for psychologists specifically. He has worked to increase funding for addiction and mental health treatment, to reduce stigma, and to hold insurance companies accountable to parity laws. As many of you may know, Governor Pritzker has issued Executive Orders requiring that Telehealth Services be included in the provision of healthcare reimbursement. which he has continued to reissue throughout the pandemic. The award presentation, and a special acceptance message from Governor Pritzker, can be found on our website. As many of you learned at the convention's Legislative Committee Program, IPA is dedicated to making telepsychology reimbursement permanent. We continue to advocate on both the state and national level on behalf of Illinois psychologists.

As President I continue to work hard to advocate for Illinois Psychologists, and to listen to the needs of our membership. It is my sincere hope that the recent IPA convention provided a service to our members by providing education, fellowship, and opportunities for networking. We continue to focus on representing the needs of all of our members, covering a diverse range of interests, geographic locations, and professional foci. As always, we want to hear from you about what we are doing well and what we could be doing better. What would you like to see for the upcoming year, either at the convention or in our workshops, or more generally as an Association? Please feel free to reach out to me, Marsha Karey, or any member of IPA Leadership.

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. Happy New Year and a healthy and prosperous year ahead.

# Illinois Psychological Association

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EDITOR Terrence J. Koller, PhD, ABPP

> ASSOCIATE EDITOR Mary Kay Pribyl, PhD

# A Message from Your New President-Elect

# Abby Damsky Brown, PsyD

I wish you and your families well and hope you had a safe and enjoyable holiday season. I imagine many of us are relieved to be entering a new year. While there is still much uncertainty ahead, I am comforted in knowing that the IPA continues to advocate and look out for the needs of our professional community. I am hopeful IPA can offer you that same comfort and support.

As we enter 2021, I reflect back on our past year and the multitude of lessons I have learned, specifically from being a part of the leadership within the IPA. While there has been much sadness and darkness around us, I continue to be inspired by the work and leadership of our professional community. It has been such a unique experience to be so impacted by members of our community through virtual platforms, especially our most recent IPA Convention, which was held entirely virtually this past November. I was so impressed by the outstanding programs on topics of race, disability, LGBTQA issues, and clinical training, to name a few—as well as by how engaging our presenters were. It truly was a convention that honored its theme of healing. Furthermore, what stands out to me is our Association's ability to make this convention happen during a pandemic. This was no small feat and truly symbolizes the health and resiliency of the IPA. In the midst of adversity, our leadership was able to identify what changes needed to happen and alter course accordingly.

In my Fall 2020 IPA Newsletter article, I began to share my vision for the Association as I look ahead to my presidential term. I discussed imagining that the future seemed uncertain and because of this, my leadership would require flexibility and humility. I also discussed a vision to honor our past-president's dedicated platforms of intersectionality and healing. I believe these goals are critical, now more than ever. In addition to this, I plan to learn from how our organization has shifted during this past year and use it to propel us even further ahead.

This means continuing to modernize our platforms, streamline our internal processes, and make our Association a more efficient mechanism for providing access to all things IPA. This modernization



will be a primary focus of my presidential term.

This work has already begun under the leadership of Dr. Brewer. Under his leadership, all executive committee and council meetings seamlessly transitioned to virtual without a hitch, in addition to planning a fully virtual, highly attended convention. He has overseen the streamlining of a number of critical internal processes including updating our election bylaws, making it easier to run for IPA office. I hope to take hold of this energy and move it a step further. This means assessing what virtual methods we want to continue to employ so that council meetings and larger IPA programming are accessible to members and leaders across the State. Through streamlined electronic voting, council voting will be more efficient, which will allow us to meet the needs of our members in an easier and timelier manner. And lastly, I plan to support legislation that continues telehealth and coverage for providers across the state.

I am excited to continue to work with our leadership and membership to advance our technological capacities so we can offer greater access and decrease barriers to what our Association can offer. I'm open to your ideas and feedback so do reach out to me or Dr. Brewer—we are happy to hear from you.

# **IPA Executive Director Message**

# Marsha Karey

My best wishes for a healthy and happy new year! I hope you were able to celebrate safely and enjoy some of your holiday season traditions during these unprecedented times.

IPA Governance, made up of volunteers, has been an inspiration to me this past year, during these difficult and unusual times. We all faced uncertainty and challenges in 2020 and unfortunately will continue to do so into 2021. During these challenging times, IPA leadership continues to service, assist, and provide vital information to our members. I admire their dedication, compassion, and commitment to the profession of psychology.

In 2020 IPA continued to serve our members providing vital information, workshops/ webinars and we proceeded with our Annual Convention, virtually! I would like to take this opportunity to thank the convention planning committee for their input in the early planning stages and all those who assisted me to make the convention come together. Based on the overwhelmingly favorable feedback we received, the virtual convention was highly successful and provided excellent learning opportunities in an entirely new format. It was a pleasure to work with Dr. Brewer who met the challenge of presenting the convention in an online format and took on new and different demands. I want to extend my appreciation to the IPA Continuing Education Committee, Drs. O'Grady and Behrendt who took on additional roles this year. They participated in online practice sessions with convention presenters and were program moderators for many of the convention sessions; this was a major time commitment. Thank you! I also want to thank all the convention presenters and copresenters for their extra time commitment due to the online format. As always there are lots of behind-the-scenes tasks to make any convention come together. I would like to extend my gratitude to Terry Koller for his support and IPA Graduate Student Interns: Julia Barich and Zino Ukulu for their

assistance with pre-and post-convention tasks.

IPA President Elect, Dr. Abby Brown and I have had discussions regarding plans for the 2021 Convention. As you can image it is difficult to make any



concrete plans due to the pandemic that is evolving, thus making it challenging to finalize a format and date. We will be seeking your input in a convention survey that is forthcoming.

Please save Friday, April 16th for a live Trust Risk Management webinar, Sequence XI: Risk Management and Vulnerabilities: Yours, Mine, and Ours. Future IPA webinars for 2021 are in the planning stages and will be announced soon.

The APA Practice Leadership Conference (PLC) that usually takes place in Washington, DC will be held entirely online, March 6-9th. The APA PLC conference serves to both support state leaders and to train attendees to lobby on the Hill for issues of importance to psychologists and the people we serve. Hill visits will take place virtually this year. APA is still finalizing plans and conference programming. IPA staff and leadership will attend this online conference.

2020 has finally come to end, I am hopeful that the challenges that lay ahead will be lessened, and the new year provides peace and good health for all of us!

Your membership in IPA is valued and appreciated! Please feel free to contact me if I can be of service to you.

# **Coffee Talks Bring Students and ECPs Together**

# Ella A. Yung, PsyD and Hayley Bernel

The ECP and IPAGS sections are proud to report their continued collaboration this year in presenting a series of Coffee Talks aimed to promote connection and dialogue between recent graduates, early career psychologists, and graduate students. The idea was born in the face of uncertainty as the pandemic began to impact all aspects of life, including school, training, and work. It was recognized that the need to remain in touch with one another would be an imperative part of navigating this year's challenges. Thus, the IPAGS and ECP sections came together to create a virtual space for processing, mentorship, and community. We are pleased to share that the Coffee Talks have been a success, and we aim to continue hosting them into 2021.

Each Coffee Talk has consisted of two moderators (Ella and Hayley), a panel of diverse ECPs, and graduate students. They have been held virtually over Zoom for an hour at a time and students are encouraged to attend with questions. A unique aspect of the talks is their emphasis on "casual and low-key" conversation in order to alleviate pressure and to create a comfortable environment for all. Past Coffee Talks have included a "Meet and Greet" with new ECP and IPAGS leadership, a focus on supporting one's own professional growth, and ECPs sharing what they wished they had known

as graduate students. Moving forward, we aim to offer *Coffee Talks* that are both open-ended conversations as well as focused discussions on topics of interest identified by students.

### Save the Date

The next Coffee Talk is scheduled for **Sunday**, **January 10**<sup>th</sup> **from 6-7PM**. The intended topic will be around navigating practicum and internship interviews, and there will be space to discuss related issues as well.

### Who We Are

### Ella Bio/Statement

Ella is currently the ECP chair for IPA and has also served on the IPAGS board during her time at Adler University. She received her PsyD in 2017 and is currently working in the Chicagoland area at a group practice specializing in trauma.

As a new addition to the IPA board, I am excited and honored to support the community of early career psychologists in Illinois. The Coffee Talks have been an effective way to connect



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# What's Your Risk Management Threshold? 1,2

Patricia Farrell, PhD, Clinical Practice Section Chair

# How well do you tolerate risk in your practice?

During the COVID-19 Public Health Emergency (PHE) far less enforcement exists from regulating agencies. Yet how long will the COVID-19 waivers continue? During a cold, windy, snow-packed IL winter, it's tempting to work from a warm sunny state. However, IL psychologists who hold a PsyPact E-Passport must work from one's home state of Illinois when providing services to PsyPact states.

Do you know if/when you work with a patient in another state, e.g., Florida, will you need a Professional Corporation in Florida? During the Trust 11/12/2020 Round Table it was suggested if your corporation is registered in IL, consider contacting the Secretary of State (where the patient resides) to ascertain when an out-of-state entity needs to register. Providers were encouraged to email the Secretary of State in the specific state where the patient resides. Florida requires out of state providers to register as an agent in order to do telehealth into Florida! Of note, companies do exist who will introduce providers and handle these types of bureaucratic speed bumps with state-specific offices.

As the COVID-19 pandemic lingers, many patients report increasing levels of distress. When practicing with out of state patients, what is the criteria for Duty to Warn when a patient has thought about doing harm to a family member? Do you know in some states, Tarasoff laws do not exist? What happens to your own risk tolerance when you elect to breach confidentiality and are in danger of a licensing complaint absent a state's Tarasoff statute? One's own ability to disclose with immunity pivots off of the jurisdiction where the patient resides. https://www.wilsonelser.com/news and\_insights/attorney\_articles/2439-the\_ duty\_to\_warn\_in\_illinois Having awareness of state-specific laws beyond IL law is essential as a risk management strategy.

Good clinical judgment is imperative as the psychologist explores a patient's fear of doing harm when they express violent intention[s]. Know the rules and laws where the patient is located and abide by them as best you can.

Consult and document what you do and why, as well as what you don't do and why.

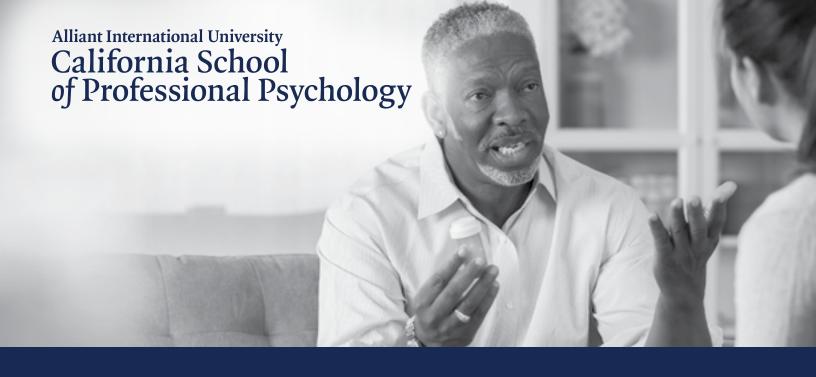
Without question, psychologists need to avoid abandonment, thus, a one-time consultation when a patient is out of town has a very low risk. Most states have waivers for temporary practice and the current PHE has created waivers that are more liberal than usual. However, care must be taken to note these will expire at the end of the pandemic/PHE. Check out the APA's Information Hub.

One subset of psychologists has considered closing their leased brick and mortar office since the pandemic, with a future focus of exclusively doing telehealth from a home office post-pandemic. In planning for the post PHE, it's important to know if one's homeowner's policy includes home office liability coverage. Commonly, most homeowner's policies exclude business related coverage, while a few policies offer an endorsement for coverage for a home office, which may be less expensive than a separate office policy. Fortunately, the Trust offers a home office coverage as well: check with them about your plan. The Trust website contains an FAO on the use of a home office. https://parma.trustinsurance.com/Portals/0/ documents/FAQs - Home-Based Office.pdf

There are clinical considerations when doing teletherapy remotely; assessment may be an issue in remote settings. Screening patients is essential when determining whether an individual is suitable for telehealth, also, a patient's identity must be confirmed. A psychologist's work/life harmony can be a challenge in order to not feel one is working 24/365. Working exclusively from home presents a high potential for isolation; pre-Covid, psychologists enjoyed curbside office consultations with peers, yet now we do this remotely. That's a game changer and isolating.

If currently holding a lease, inquire if you can get out of it, assuming that's a goal. One needs to also ask what Illinois regulations are and whether an insurance company/payer requires a physical office space where one can meet patients face to face. Licensed providers must also notify the state board and the liability carrier as to permanent change of office

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# What's Your Risk Management Threshold? Continued from page 6

address. Some have asked: is there an option to use a PO Box? Unlikely.

Another problematic question: will the payer protect your physical home office location/ address from public view? In the past, payers wanted to inspect the home office, with the objective of determining whether there was a separate entrance etc. In addition, it is wise to consult with your accountant or CPA about deductions. With increased use of internet platforms, one can also consider the purchase of a "Cyber policy".

A common challenge to clinical practice is the deep political divide in our nation. How does a psychologist handle off the cuff political statements from patients? During the round table, it was stated there is "little value in discussing politics in the office". Yet how does one decide to self-disclose political affiliations or not, and possibly form an alliance? If it feels unnatural, then don't do it. Think about how you want to handle it; the Trust advocates do not recommend frank political discussions.

No doubt, there is a delicate balance: why is the patient bringing up politics at this point? One clinical consideration is to ask how is the current PHE with its inherent uncertainty manifesting itself in the patient's life? Unfortunately, we are all going through unprecedented times together in 2020. Bottom line: whatever happens during psychotherapy should be about the *patient's* needs and not the provider. Provider self-care will remain prominent, especially during the pandemic in order to work effectively, with less

risk. Being *safer* may mean more consultation with peers than ever before. Together, we will get through this.

Here are exceptionally timely, on-demand links for pre-recorded Trust sponsored pandemic-related FREE events for Trust insureds. Please note—the Trust is approved by APA to sponsor continuing education for Psychologists.

- Risk Management Roundtables: <a href="https://parma.trustinsurance.com/Workshops-Webinars/Virtual-Webinar-Series/risk-management-roundtables">https://parma.trustinsurance.com/Workshops-Webinars/Virtual-Webinar-Series/risk-management-roundtables</a>
- Telehealth Community Chats: <a href="https://parma.trustinsurance.com/Workshops-Webinars/Virtual-Webinar-Series/telehealth-community-chats">https://parma.trustinsurance.com/Workshops-Webinars/Virtual-Webinar-Series/telehealth-community-chats</a>
- COVID-19 Resources for Practitioners: <u>https://parma.trustinsurance.com/</u> <u>Resource-Center/COVID-19-Resources</u>

### References

- <sup>1</sup>Risk Management Roundtable: Leisl Bryant, PhD., ABPP., Daniel Taube JD. PhD., Joe Scroppo JD. PhD. (presenters) November 12, 2020 sponsored by the Trust Parma.
- <sup>2</sup> Grateful acknowledgment is extended to the Trust, whose 11/12/2020 Roundtable was the basis of this article, yet the text contained above is for informational purposes only and does not constitute legal advice. Providers are encouraged to consult with a risk management attorneyprior to making the best choice for your practice. ■

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).



# **Legislative Liaison Report**

# Terrence Koller, PhD, ABPP, IPA Legislative Liaison

The New Year not only brings the anticipation that we may see some relief from the isolation the pandemic has brought as well as legislation that will come from the experiences of 2020.

As long as the Governor continues to declare an emergency in Illinois, he will continue to require insurance companies, with some caveats, to pay for telehealth services. The IPA worked closely with the State and APA this year make sure that telephone therapy as well as video sessions be included in the definition of telehealth sessions. We worked to make sure that psychologists could to their work from home offices and that their clients could receive telehealth psychotherapy in their homes, rather than go to a health clinic. We are also working with APA and other State psychological associations around the country to extend Medicare telehealth services permanently.

There is much political will to make the Governor's Executive Order about telehealth permanent by law. However, we also know there will be a strong push back from insurance companies who are already making arguments about how much telehealth has increased utilization of services and what kind of restrictions should be put into place. Our position of course is that utilization of mental health services is a good thing and that it has been previously underutilized due to access problems and stigmatization; obstacles that are less an issue with telehealth. Dr. Kristina Pecora is taking the lead on this legislative agenda and the IPA is part of an impressive coalition of individuals pushing for such legislation under the leadership of the Illinois Health and Hospital Association. While we have good arguments in support of telehealth, we will need psychologists to contact to their State legislators to explain the importance of telehealth and ask for their support. We will fill vou in more about these advocacy needs once the language for a bill is crafted.

I suspect we will also see a set of bills relative to improving police interventions. There appears to be some momentum around reforming how persons with a mental illness are approached when those individuals are particularly upset and need supportive mental health care. I will be adding bills that address these issues to other social justice issues we follow.

The IPA will reintroduce our amendment to the Probate Act that will allow psychologists to sign reports without a secondary signature from a physician. Dr. Steven Rothke is taking the lead on this issue and we will keep you informed of our progress.

I am particularly grateful to Dr. Patricia Farrell and the Healthcare Reimbursement Committee for their work with insurance companies. They have done a tremendous job of building relationships with insurers such that, when a problem arises, they know who to call and their contact person trusts their judgment. A recent example is their work with Blue Cross Blue Shield of Illinois (BCBSIL). The HCRC learned in October that BCBSIL was not allowing prescribing psychologists to bill claims under the newly minted license prefix "074." At that time prescribing psychologists could only bill as clinical psychologists and the HCRC was told that BCBSIL did not have policies to support the scope of practice of prescribing psychologists. As a result of the Committee's work this issue has now been resolved and the "074" prescribing psychologist licensure will be recognized by BCBSIL on January 1, 2021. This was incredible advocacy that was done quietly and collaboratively thanks to good relationships. Thank you HCRC.

Trust that the IPA Legislative Committee under the leadership of Drs. Lisa Grossman and Fahad Khan will be watching out for psychologists and the people we serve. Stay tuned.

# From the Women's Issues Section

# Margo Jacquot, PsyD, Chair

Happy holiday season, all! To say that this is a year to remember is an understatement. While you may think I am referring to the pandemic, the political climate or the like, I am actually referring to some incredible strides made by women in this wild year of 2020!

According to the ERA Coalition Fund for Women's Equality, here are some of the amazing strides made by women this year:

### In the US:

- The first woman lay in state at the Capitol (thank you for your courage and contributions, RBG)
- The first woman reached Earth's highest and lowest points
- The first woman was appointed General manager of a US professional men's baseball team
- The first woman free climbed El Capitan Golden Gate route in under 24 hours
- For the first time, women will occupy 25% of seats in the next Congress
- The US Supreme Court ruled that Civil Rights Law protects gay and transgender workers
- The number of female CEOs in the Fortune 500 hit an all-time record

# **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 ac-cess membership benefits such as the listserv.

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

- The first woman was named CEO of a major banking institution
- And most remarkably, the first woman in our country's history was voted into office as Vice President-elect! Yay, Kamala Harris!

### Internationally:

- Sudan criminalized female genital mutilation
- New Zealand passed a bill to ensure equal pay

Obviously, there remains much work to be done on behalf of women and girls.

According to *The United Nations*, here are but a few topics needing our time and attention:

- There are no cracks in the glass ceiling. Women occupying positions of power remain 22% or below, worldwide. The higher the status and compensation, the fewer women are allowed at the table.
- Unpaid domestic and care work are holding women back—On an average day, women globally spend about three times as many hours on unpaid domestic and care work as men. In Northern Africa and Western Asia, women spend more than seven times as much as men on these activities.
- Women's participation in education on the rise worldwide, however, COVID has delivered a major setback to numbers of women able to pursue and education.
- Violence against women and girls remains a global issue, as is trafficking of women and girls.

We also know that issues like sizeism, racism, sexism, trans\* and homophobia are alive and well. As psychologists, we are in an excellent position to lend our collective expertise to ease the impact of these issues and contribute to a global cultural change.

On our Women's Issues Section page on the IPA website, please find video interviews of women working to make a difference in the lives of women. I also welcome any suggestions as to how we as a section can contribute to more strides for women and girls in 2021.

Wishing you all safety and peace. Be well.

# IPA Graduate Student Awards at the 2020 Annual Convention

# Morgan Ferris

The hardships of transitioning the IPA 2020 Convention meant a change in many convention traditions such as the student poster and networking sessions. IPAGS was thrilled to continue accepting virtual poster presentations and provide awards to several excellent examples of current student's clinical work and research.

On behalf of Dr. Derrick Phillips and the rest of the SOGI section, we were honored to present **Jacqueline Harper** an award for her work pertaining to sexual orientation and gender identity.

• Title: Diversity within Commercial Exploitation of Children

On behalf of Dr. Susan Zoline and the IPA Academic Section, we presented an award to **Amanda Wisinger** for her scholarly work. Her poster was identified as meeting an appropriate and well-rounded scholarly example of a poster presentation.

 Her poster is titled Clustering and Switching Performance on Verbal Fluency Tasks within different etiologies of Dementia: A research Proposal.

On behalf of IPAGS, our current Chair (Morgan Ferris) and Chair Elect have picked several awards we would like to honor:

- Olga Kilstein was presented an award for her creative and timely project. Her work best reflects our experiences as clinicians in the evolving world of telehealth and COVID-19; and best matched the overall convention theme.
- Jacy Holmes was presented an award for her attention to racial and cultural biases, and even more so, as this topic applies to neuropsychology
- Finally, Lindsay Gobert and Shaelyn Sakos were presented an award for their work on the impacts of COVID-19. They also addressed telehealth, but provided a very necessary addition of self-care.



# **Coffee Talks...** Continued from page 5

on a more intimate level and have been a great opportunity for ECPs to give back!

### **Hayley Bio/Statement**

Hayley is currently completing her APAaccredited internship at Primary Care Psychology Associates (PCPA) located in Chicago, Illinois. Hayley is part of the IPAGS

Student Board and has served as the IPAGS Student Membership Chair for the past two years.

I look forward to seeing what lies ahead after graduation and am excited to one day transitionfromamember

of IPAGS to an ECP section member of IPA! I have greatly enjoyed staying connected with

both graduate students and ECPs during the pandemic through the *Coffee Talks*.

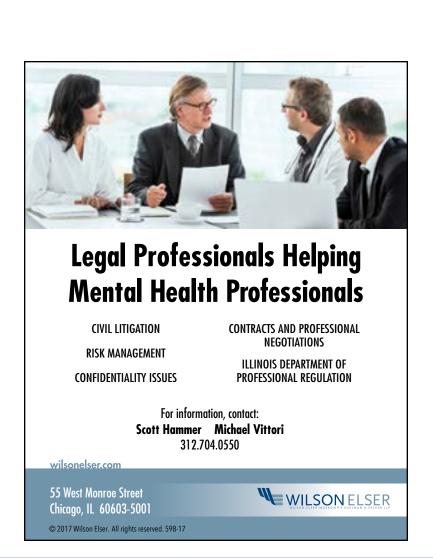
### How to Get Involved:

### **ECPs**

We are always looking for ECP panelists! If you are interested in getting involved, please contact Ella at *ellaayung@gmail.com* and include your name, where you attended graduate school, and area(s) of interest.

### **Graduate Students**

If you are interested in attending a future Coffee Talk and/or have a topic you would like to be discussed, please send an email to ipags. section@gmail.com. You can also find out more information by following IPAGS on Facebook and/or Instagram (@ipags\_) about upcoming Coffee Talks and other IPAGS events.



# **Your Practice Reimbursement for 2021**

Health Care Reimbursement Committee Patricia Farrell PhD, (Chair), Lynda Behrendt RN PsyD, Neil Pliskin PhD, ABPP-CN, and Theresa M. Schultz PhD

The year 2020 has, indeed, been extraordinary stressful, emotionally and physically trying, and in many ways, traumatic for the bulk of our patients, as well as for us and our families. It was also a year of significant clinical practice changes. Notably, most of us began the year exclusively providing face-to-face psychological services and quickly shifted (due to COVID) to largely/solely Telehealth services in the early Spring and continue to do so. Telehealth means quick (and fluid) changes in reimbursement for our services as well. As part of its mission to "help IPA membership keep abreast of health care reimbursement-related issues," the HCRC has communicated with IPA members to assist with these transitions. Herein, we provide some highlights and tips:

# The HCRC presented in November 2020 at the IPA Annual Convention:

- Dr. Patricia Farrell, Ph.D. presented on the activities of the IPA HCRC during the COVID pandemic.
- Dr. Neil Pliskin, Ph.D., ABPP-CN presented about the Future of the 2019 Testing Codes in the Era of Telehealth.
- Dr. Stephen Gillaspy, PhD, APA Senior Director, Health and Health Care Financing focused on CMS developments and the COVID pandemic.

### Medicare

The Centers for Medicare and Medicaid Services (CMS) has proposed sweeping regulatory changes that would decrease reimbursement rates by almost 11% for psychologists. Since most commercial insurers base their payment on Medicare rates, this would result in a similar decrease by commercial insurers.

IPA joined with APA to generate letters to CMS vigorously objecting to this rate reduction. Illinois was the 7th state to do so (with 371 members generating letters), along with other states such as California and Pennsylvania. IPA also joined with other mental health groups to advocate for Medicare changes. It will be several months before we hear the final response from

CMS, and we'll continue, as always, to keep you updated.

Of course, this proposed change in Medicare reimbursement rates comes at a time of intensified and expanded demand for psychological services. As we have witnessed and experienced, the mental health needs of our population are rapidly increasing due to multiple, shared stressors including (but not limited to) those related to the heightened political divide within our country, more blatant incidents of hate-crimes and other violence toward Black, Indigenous and People of Color (BIPOC), COVID-related health issues and deaths, financial and economic challenges, businesses closing, changes in educational structures and services, and increased unemployment rates (many have lost health care coverage). In the midst of these remarkable challenges, the requisite resources to address these needs are insufficient or unavailable. Even commercial payors are struggling due to increased expenses in doing business during this time.

One big concern for psychologists and other mental health providers is what will happen to Telehealth (and reimbursement for Telehealth) when the pandemic ends. While none of us can know specifically what will happen, we are keeping close watch on all developments as they unfold. Insurance carriers (3rd party payors) and Medicare may continue to cover some forms of Telehealth, but may limit the circumstances (e.g., specific patient populations; types of psychological disorders; remote mode, such as videoconferencing vs. phone-only) for which these services can be provided and reimbursed. We just don't know yet. But, we all can continue to advocate for the need and value of Telehealth as a critically important mode of providing psychological services for some time to come. APA has requested a one year Telehealth extension past the end of the Federal emergency declaration. In Illinois, Governor Pritzker continues to extend the Illinois mandate typically on a monthly basis, in response to what is happening at the national and state level.

Continued on page 16



# To Better Reflect Who We Are

# Insight Behavioral Health Centers is now Pathlight Mood & Anxiety Center

Prior to partnering with Eating Recovery Center (ERC) in 2013, Insight Behavioral Health Centers provided treatment for both eating disorders and mood and anxiety disorders. To better reflect who we are now and our unique treatment approach, we've changed our name to Pathlight Mood & Anxiety Center (Pathlight).

Pathlight treats patients struggling with a primary mood, anxiety and trauma-related disorders, and ERC treats patients struggling with an eating disorder. Treating even the most complex cases, our industry-leading approach breaks the endless cycle of crisis care by leading patients on a path toward sustainable mental wellness.

Together, we compassionately lead and light the way forward for our patients.

Please contact us to schedule a free consultation 1-877-825-8584 | PathlightBH.com | EatingRecovery.com

Most commercial insurance accepted

# Your Practice Reimbursement for 2021 Continued from page 14

# In the meantime, here are some helpful tips as we approach 2021:

 As always, we recommend that you review each patient's insurance benefits at the beginning of January 2021. The following is a sample of the text you might include in a form to give/send to your existing patients:

### Your Insurance Benefits for 2021

Insurance contracts may have changed for 2021. The insurance carrier itself may have changed, the benefits may have changed, or the in-network provider panel may have changed. If anything has changed let me know this week. Complete the insurance form below and Fax it or mail a copy of the new insurance card. Do not assume your insurance will compensate you in exactly the same way as in 2020.

Insured Name
Patient Name
Insurance Company
Insurance Carrier Phone Number
Address
Member ID Number
Group Number
Co-Pay: Yor N and Co-Pay amount (\$\_\_\_\_\_)
Percentage of each service covered
Deductible Amount
In-Network or Out-of-Network Deductible
or Copays

• If you continue with Telehealth during 2021, be sure to address the following questions: (1) Do you have signed Telehealth consents? (2). Are you communicating with your patient in a HIPAA-compliant manner? (3). Is it time to re-evaluate your lighting, microphones, background, and other aspects of your "virtual practice environment" to ensure adherence to confidentiality and privacy for your Telehealth sessions? (4). Have there been any changes specifically to Telehealth coverage for 2021?

- If you wish to expand your Telehealth services outside of Illinois, there is still time to apply to join *PsyPact*, which enables you to treat patients residing in the *PsyPact* member states. *PsyPact* has waived registration fees for providers thru 12/31/2020
- lf you plan to return to (any) face-to-face sessions in 2021, be sure that you have an articulated plan including (but not limited to): (1) Informing patients in a timely manner of renewed face-to-face sessions, including any changes in procedures/ policies to safely access and be in your physical space. (2). Arranging your physical space, consistent with public health guidelines for physical protection (e.g., masks and shields) and physical distancing. (3) Having proper cleaning supplies on-hand as well as cleaning/sanitizing procedures in place for between sessions.
- Will you be increasing your fees for 2021?
   If so, include this information in a revised
   Patient Therapist Agreement and review explicitly with each patient.
- Have you re-attested with CAQH recently?
  The beginning of 2021 is a good time
  to double-check, to be sure that CAQH
  information is current, as this is required
  for timely reimbursement.
- Has your income increased or decreased during 2020? If so, you may want to contact your accountant regarding any necessary tax revisions for your 2021 returns. (There also may be special considerations for any of us who have received PPP loans during 2020).

In closing, trust that HCRC will continue to help our IPA members and our profession to "keep abreast of health care reimbursement-related issues" in all ways possible. We will get through this challenging time...together. The committee can be contacted back channel at any time: hcrc@illinoispsychology.org.

# **IPA Elections Committee Report**

# Dr. Rachael Sytsma, PsyD, Chair

### IPA Nominations OPEN February 1st and CLOSE March 1st

You will receive an email from "announcement@associationvoting.com" supplying you with a Log-In and Password to participate in the nominations and elections.

Please ensure your email address and membership status are up-to-date with the IPA Central Office before the Nominations begin. The IPA Central Office will not process membership updates during the nomination and election process (February 1<sup>st</sup> through June 1<sup>st</sup>). You can make updates by logging-on to your IPA Account online at, <a href="https://www.illinoispsychology.org">www.illinoispsychology.org</a> or contacting Marsha Karey, IPA Executive Director, at 312-372-7610.

### Elections will OPEN, May 1st and CLOSE, June 1st

### **Instructions for IPA Nominations:**

- Each voting member of IPA may list up to three names for nomination of IPA President-Elect.
- Section members may list up to two names for nomination of section positions. Only section members can nominate someone for their section.
- Each voting member of IPA may list up to two names for nomination of a regional representative based on their identified regional location (i.e., Metropolitan, North, South, etc.).
- If you choose to campaign for a position, we encourage you to contact colleagues personally. Campaigning is not allowed on the IPA Listserv.

### Nominations will begin in February of 2021 for the following positions:

Position	# of positions	Term
President Elect	One	One year
IPAGS Chair Elect	One	One year
IPA Secretary	One	Three years
Academic Section Chair	One	Two years
Clinical Practice Section Chair	One	Two years
O&B Consulting Psychology Section Chair	One	Two years
Early Career Psychologist Section Chair	One	Two years
Section on Ethnic Minority Affairs Chair	One	Two years
Sexual Orientation and Gender Diversity Section	One	Two years
Social Responsibility Section Chair	One	Two years
North Central Region Representative	One	Two years
South Central Region Representative	One	Two years
Metropolitan Region Representative	One	Two years

For more information about each section go to: <a href="https://illinoispsychology.org/category/top152/">https://illinoispsychology.org/category/top152/</a>

For questions regarding the nomination or election process, please contact the IPA Election Committee Chair at *rachael.sytsma.psyd@gmail.com* 

<sup>\*\*</sup>You must 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. Please ensure your membership to IPA and any sections you wish to be able to nominate or vote within are up to date by contacting Marsha Karey, IPA Executive Director. The elections committee cannot update your membership information for you.

# What You See When You Look in the Rear-View Mirror?

# Clif Saper, PhD, IPA Representative to the APA Council of Representatives

As we are finally dumping 2020 be into the archives of years which "shouldn't have been", I find myself asking my clients to look back on where they have come from; what has changed and what has stayed the same. Here was my first report to you in the winter of 2009. Since I am finishing my stint as your representative to Council, and I am passing on our tiny Illinois flag to Laura Faynor-Ciha as Bruce Bonecutter passed it to me 11 years ago, I will look back at what has changed in APA (a lot) and what has stayed the same (also, a lot). You may draw your own conclusions:

**APA Council of Representatives Winter Meeting-February 2009** (submitted by Dr. John Blattner and Dr. Cliff Saper)

This past February we attended our first APA Council of Representatives meeting in Washington, DC. We would like to share some of our experiences with you, our Illinois constituents. APA provided us with mentors who helped get the excitement juices flowing. We owe special thanks to our local mentors, Drs Bruce Bonecutter, Beth Rom-Rymer, Lisa Grossman, and our own APA Board of Directors' member, Dr. Armand Cerbone who were all extremely helpful to us before the meeting and during the meeting. They shared anecdotes, procedural tips, technical assistance, and policy ideas in addition to helping us understand how Council functions.

We were privileged to be part of the first Council meeting in which electronic voting was introduced and it was efficient, effective, and provided a few laughs. When we voted on a motion, within seconds we saw the tally of votes of the hundreds of representatives in the room. Whenever we spoke up as representatives from Illinois, the crowd would laugh. Finally we had to remind the august council members that Blagojevich and Burris aside, Illinois had just presented the country with "hope" in the form of Barack Obama, and if Lincoln was counted as well, Illinois had given the country not one president but two. That guieted them down. In addition to these meetings, we were also able to join our colleagues for stimulating working lunches and networking dinners. (We hit the

jackpot when we discovered it was Restaurant week in D.C.).

For us, this was the first opportunity to hear James Bray the President of APA address the Council and attempt to run the meeting. One message we heard several times, was that this is the time for psychologists to include themselves in every proposal coming to Congress and every facet of healthcare initiatives in the "stimulus package". This is also the time for psychologists to apply for NIMH grants, because money is being made available to stimulate the economy and the government's research projects. Although times are tough, psychologists should have the "audacity to hope."

...We were honored to be part of the creation and adoption of a new APA vision statement which will help keep APA robust during today's economy. The steps APA will need to take to weather the current economic downturn and what the association hopes to achieve in the next decade were major topics of discussion and decision-making.

The strategic planning process will help APA be a stronger and more focused organization in the future," said APA CEO Norman B. Anderson, PhD, who has worked closely with the Board of Directors, council and other governance groups on the process. "In this time of economic challenges for the nation and the association, we have to make sure that we are engaging in the activities that our members most value and where we can have the most impact for the discipline and society. Our new mission and vision statements, and the goals and objectives that will grow from them, will help us do just that."...

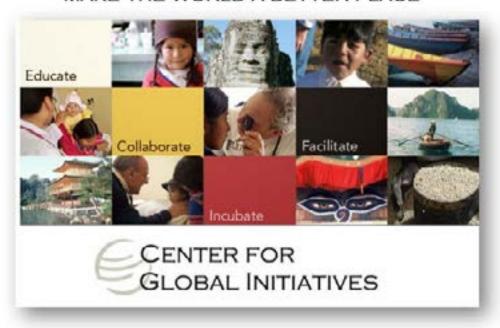
### **BUDGET**

The economic recession and its effect on APA was another major topic of discussion for the council. Anderson, APA Treasurer Paul Craig, PhD, and APA CFO Archie Turner each told the council that while APA's overall financial health is strong, based on its membership, publishing operation and real estate holdings,

Continued on page 32

# Center for Global Initiatives Offers New Fellowship and Certificate Programs

# ADVANCE YOUR CAREER AND MAKE THE WORLD A BETTER PLACE



# **Fellowship and Certification Programs**

The Center for Global Initiatives is proud to announce its new Fellowship and Certification Programs in Humanitarian Intervention and Global Health. We've partnered to develop a Consortium of top universities, medical schools, and international NGOs. Take a Worldclass Master Class, to learn more, please see: <a href="http://www.alifeinfull.org/courseworks.html">http://www.alifeinfull.org/courseworks.html</a> where we opensource humanitarian work.



# A national center specializing in trauma informed, research-based neuroscience and psychotherapy treatment of adolescents, emerging adults and families.

Yellowbrick addresses the complex needs of troubled adolescents & emerging adults who have not responded sufficiently to capable treatment in their community. These often high risk individuals require an immersion in a treatment model combining neuroscience interventions, a broad range of cognitive, experiential and neuro-psychoanalytic approaches to psychotherapy, executive function and life-skill support, all embedded in a sober peer community which challenges individuals to engage supported risks for change in real-time as a living laboratory.

Across a spectrum of diagnoses and patterns of dysfunction, the young people from across the country coming to Yellowbrick share the common challenges in negotiating the universal challenges of developmental transitions.



Yellowbrick's trauma-informed model facilitates mind/brain development:

- Identity, integration of dissociated states, empathy, mentalization,
- Research-informed mind-body integration trauma recovery approach
- Self-regulation & distress tolerance skills (DBT, MBSR, ACT, CBT)
- Executive function, life skills, wellness & fitness
- Family education & support for transitions
- *Deep*TMS, neurofeedback; neuromodulation technologies, brain fitness

# Social Responsibility Activity Case Study & Model from "Illinois Mental Health Task Force Virtual Summit Sessions"

Bruce Bonecutter, PhD Chair and Holly Houston PhD Co-Chair, Social Responsibility Section

There is a two-fold purpose to this SRS Article in the Winter 2021 IPA Newsletter:

- Illustrate a case study of activism for clinical/ community psychology participation in policy making. This overlaps with the IPA Legislative Committee goal for building more opportunities for IPA members to connect with legislators/policymakers and vehicles for consulting with them as a psychologist.
- Summarize and describe the plans for The Center for State Courts and the Chief Justice of the Illinois Supreme Court (Note that in Illinois, the Supreme Court set's policy for Courts and Law Enforcement) "Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope".

### Some of the interconnectedness history:

At 71 years of age, I, Bruce Bonecutter, am well along into "Integrity vs. Despair" and reminiscing. I see that I have "evolved" or "traveled" into many of my current projects now as an "Elder", though part of me is a 19-year-old asking, "What the hell happened?". I wind up on this "Illinois Mental Health Task Force Virtual Summit Task Force" by distal and proximal connections and life-experience. The distal parts involve having been born to parents who committed to the awakening brought forth by Dr. Rev. Martin Luther King, Jr. and having mentors and peers that took that further. For example, my Bible Camp counselor, Dr. Columbus Salley co-wrote a 1970 Book, "Your God Is Too White" (Intervarsity Fellowship Press) and when, while working on Pastoral Counseling training, I was part of founding Sojourners Fellowship, <a href="https://sojo.net">https://sojo.net</a> an enduring progressive moral activist organization.

The proximal connections are more instructive for IPA members. My seminary and IIT Psychology graduate school class-mate John Baldwin, PhD urged me to volunteer with the Lawndale Christian Legal Center's (LCLC)

Wholistic/Restorative Justice Program back in 2010. (Note: since that time my compassionateconservative entrepreneurial colleague Dr. John Baldwin has passed away form pancreatic cancer.) John and I had enjoyed many civil "debates". John reminded me of my college buddy and "debate over a beer" partner Patrick Ford (President Gerald Ford's nephew). My increasing involvement with LCLC and my wife, Associate Dean Faith Johnson Bonecutter (UIC-College of Social Work) a member of LaSalle Street Church (1975 thru present) got me an invitation to the "Steering Committee" of the Chicago Interfaith Coalition Against Racism, ICAR, see http://chicagoicar. org. One of the older activists on the ICAR steering committee noted my Public Health Psychology background and urged me to participate in several projects where the IPA Social Responsibility Section and Legislative Committee would have interest. So, when "The Center for State Courts" and the "Chief Justice of the Illinois Supreme Court" posted an invitation to participate in the informational and then follow-up working sessions of the Project, "Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope", I was invited. I posted the invitation on the IPA Listserv. The latest posting from my involvement was an invitation to view the November 30, 2020 viewing and panel discussion of the film "The Definition of Insanity". I am hoping that I can interest more IPA members to participate in this "Improving the Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope" project.

Here is a very condensed summary of what I have learned so far. There are several models for Court and Police Reform that use growing evidence-supported community mental health interventions. Two currently stand out, one from Arizona, (see publications and talks by Margie Balfour, MD, Chief of Quality & Clinical Innovation, Connections Health Solutions, Associate Professor of Psychiatry, University

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### **Bruno Law Office**

233 East Wacker Drive Suite 1705 Chicago, Illinois 60601 Office: (312) 819-1583 E-mail: Law@BrunoLawOffice.Net Website: BrunoLawOffice.Com

EDWARD F. BRUNO, J.D., LL.M., formerly counsel to Department of Professional Regulation Illinois Medical Disciplinary Board

JOSEPH E. BRUNO, J.D.

### ATTORNEYS WHO REPRESENT PROFESSIONALS

Defense of Licensure Actions Confidentiality Issues Impairment and Rehabilitation Tax Audits and Appeals Third Party Reimbursement

# 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.

# **Social Responsibility...** Continued from page 21

of Arizona) and the other from Judge Steven Leifman, Associate Administrative Judge, Eleventh Judicial Circuit of Florida, Miami-Dade. Illinois Chief Justice Anne Burke, Lieutenant Governor, Juliana Stratton and those on the taskforce are very interested in the models piloted in Arizona and Florida.

### **The Model in Summary**

This is my summary of the elements of a "Court and Community Response to Persons with Mental Illness and Co-Occurring Disorders Through Compassion and Hope". The elements must interlock, have quick accurate data access and be well coordinated.

- Crisis Intervention Training, CIT—Police, fire, paramedic, social work and community psychologists are co-trained on an integrated system of response. Mental health service is either co-located within first responder or has tightly coordinated agreements within first responder systems. Note: This only works with volunteers, not by mandating police and therapists to get the CIT certification. It is advised that there be a salary boost for gaining this certification. It is a needed specialized training.
- 2. The 911 and other hotlines become a key in coordinating responses to mental health and substance abuse-related crises. Of course, there needs to be sufficient community resources to make a linkage with services. As much as can be learned about the situation and the person in crisis's background and support system as possible is a key in hot-line functioning.
- 3. The Crisis Intervention Team has a well-trained social worker and/or community psychologist as lead with police and paramedic back-up when making the face-to-face crisis call. It is a crisis-response team not a police team. This multi-disciplinary approach fits many situations where there are multiple problems contributing to a crisis situation.
- 4. **This is very key:** A "crisis center" designed following the "living room" style be used rather than either a hospital emergency room (busy, high stimulus, behavioral problems low on the triage list) or a detention center/station (isolative and

dangerous) arrest. These crisis centers are designed for 23-hour wholistic care. They have the crisis center/living room-style that has the following capabilities:

- a. A series of highly durable, easily sanitized living-rooms with a recliner, TV & sound system where the go-out crisis-team hands-off the client for further evaluation, de-escalation and linkage by mental health, physicalhealth and safety staff at the Center.
- b. The initial crisis-response team has a separate space for writing their reports while the crisis center staff take the warm hand-off of care. This allows for the crisis team to briefly remain while being productive and then quickly get to their next call.
- c. The crisis center staff begin casemanagement and linkage with the client who often will need 23-hour physical and mental-health care. Family and community supports are welcomed.
- d. Linkage to next levels of intensive outpatient or inpatient care are facilitated from the living-room style crisis center. In-reach by the next level care staff are facilitated.
- e. The court facilitates any clients who follow the crisis center's recommendations with reduced or expunged charges.

Note: this is reminiscent of the "Soothing Rooms" used as alternatives to the padded holding rooms/quiet rooms at Elgin State Hospital.

This is very much a restorative justice and evidenced-based crisis intervention model rather than "a legalistic punishment as deterrent", or "law and order" model. Initial data from Arizona and Florida indicate that once the initial costs of training and setting up shared data systems and building out major components like the Crisis Center facilities and follow-up linkage systems are established, then costs go down in the following areas that can be saved and/or shifted to treatment:

- Police costs in responding to repeat "offenders",
- Jail and Emergency Room Costs,

Continued on page 25



# Group Term Life Insurance

Essential financial protection for the ones you love.

If you were to die prematurely, would you leave enough assets to ensure that your surviving family could avoid financial hardship? Affordable Trust Group Term Life Insurance\* can ease their burden and continue to cover many of the expenses you covered so well in life.

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Available in amounts up to \$1,000,000. Coverage is individually medically underwritten. Policies issued by Liberty Life Assurance Company of Boston, a member of the Liberty Mutual Group. Plans have limitations and exclusions, and rates are based upon attained age at issue and increase in 5-year age brackets.

### **Term coverage at affordable premiums:**

- Available to psychologists and related individuals, regardless of association membership.
- Great supplement to your existing or employer-provided coverage.
- Added protection during child-raising years.
- Includes Living Benefits, Disability Waiver of Premium, and options for Inflation Safeguard and Accidental Death and Dismemberment.



# 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.

Fax or email your Voter Registration Card and your Fax number. 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

\* 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.

# Social Responsibility...

Continued from page 23

- Costs incurred from lawsuits and settlements for cases involving police responses to mental health and cooccurring crisis events,
- Costs of failure to follow-through on treatment
- and more.

Once the police and paramedics see the efficiency and value of these systems, most prefer these systems.

Illinois already has some pilot projects related to this restructuring of court and police response in mental health and co-occurring disorder crisis cases. There are the beginnings of building crisis centers in some counties. I could use some more IPA member assistance in consulting on this project. Please contact me at **bfhbone@comcast. net** if you have the skill and interest to assist. I will post updates as I am able.

# **IPA Meeting Schedule**

**IPA Executive Committee Meeting** will be held at 3 PM on January 22<sup>nd</sup>, February 19<sup>th</sup>, March 19<sup>th</sup>, April 23<sup>rd</sup>, May 14<sup>th</sup> and June 18<sup>th</sup>, 2021.

**IPA Council Meetings** will be held at 9 AM on Saturday's, January 23<sup>rd</sup>, April 24<sup>th</sup> and June 19<sup>th</sup>, 2021.

**IPA Legislative Committee Meetings** will be held at 2 PM on January 22<sup>nd</sup>, February 19<sup>th</sup>, March 19<sup>th</sup>, April 23<sup>rd</sup>, May 14<sup>th</sup> and June 18<sup>th</sup>, 2021.

**IPA All Association Annual Meeting** will be held at the 2021 Convention of the Illinois Psychological Association on a date to be determined.

# **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: (Chec	k all that apply).
Sliding Scale: O Private Pay: O Medicare: O	Medicaid: O Tricare: O
Name all Health Insurances accepted:	

# Type of Service: (Check all that apply).

Solo or Group Practice:	Hospital-based Program:	Agency:
Psychiatry	Inpatient	Individual Outpatient
Psychology	Partial Hospital	Group Outpatient
Social Work	Intensive Outpatient	Halfway House
Counseling_	Aftercare	EAP
Coaching	Impaired Professionals Program	Peer Assistance Groups
EAP	Self-Help Groups	Extended Care
Other	Other	Other
Specialties: (Check all that ap	oply).	
Adolescents; Adults (18 & ov	ver); (ACOA); Anger Management I	ssues; Anxiety/OCD
Attention Deficit Hyperactivity	Disorder (ADHD); Autism-Spectrum	Disorders; Axis II Dx;
Chemical/Substance Depender	ncy and Alcoholism; Children; Cod	ependency;
Compulsive Gambling/Spendin	g; Divorce; Domestic Violence;	; Dual Diagnoses;
Employee Assistance Counselin	ng/Consulting; Eating Disorders; F	amily Therapy;
Grief/Loss; Group Therapy _	; Internet Addiction; Intervention S	services; Self-Injury
LGBT Concerns; Medicatio	n Management; Men's Issues; Mod	od Disorders;
Pain Management; Psycholo	ogical Assessment; Sexual Issues/Disc	orders;
Smoking Cessation; Trauma	; Veteran's Issues; Women's Issues	S;
Others:		
Please write a brief statement,	one or two paragraphs in length, about	the approaches you use in

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.

 $Email\ form\ to\ \textit{clifton.saper@alexian.net}$ 

Fax form to: Dr. Saper at 847/755-8508

Mail form to:

Illinois Psychological Association, 67 East Madison St. Suite 1817, 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 <u>last 30 days</u>.

I=Nev	er 2=Rarely	3=Sometimes	4=Often	5=Very Often
1.	I am happy.			
2.	I am preoccupied with more	than one person   [help].		
3.	I get satisfaction from being a			
4.	I feel connected to others.	. 131 1		
5.	I jump or am startled by unex	xpected sounds.		
6.	I feel invigorated after worki	•		
<del></del> 7.	I find it difficult to separate m		as a [helper].	
2. 3. 4. 5. 6. 7.	I am not as productive at wo [help].	rk because I am losing sleep	over traumatic exp	eriences of a person I
9.	I think that I might have been	affected by the traumatic st	ress of those I [helt	o].
9. 10.	I feel trapped by my job as a	[helper].		
<u> </u>	Because of my [helping], I ha	ve felt "on edge" about vario	ous things.	
12.	I like my work as a [helper].			
11.   12.   13.   14.   15.   16.   17.   18.   19.   20.   21.   22.   23.	I feel depressed because of the	ne traumatic experiences of	the people I [help].	
14.	I feel as though I am experier	ncing the trauma of someone	l have [helped].	
15.	I have beliefs that sustain me.	•		
16.	I am pleased with how I am a	ble to keep up with [helping]	techniques and pro	otocols.
17.	I am the person I always wan	ted to be.		
18.	My work makes me feel satis	fied.		
19.	I feel worn out because of m	y work as a [helþer].		
20.	I have happy thoughts and fee	elings about those I [help] an	d how I could help	them.
21.	I feel overwhelmed because i		endless.	
22.	I believe I can make a differer	nce through my work.		
	I avoid certain activities or single people I [help].	tuations because they remin	d me of frightening	experiences of the
24.	I am proud of what I can do	to [help].		
25.	As a result of my [helping], I l	have intrusive, frightening the	oughts.	
26.	I feel "bogged down" by the s	system.		
27.	I have thoughts that I am a "s	uccess" as a [helper].		
28.	I can't recall important parts	of my work with trauma vic	tims.	
24. 25. 26. 27. 28. 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 30

# Healthy Lifestyle Assessment Continued from page 29

# 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 then up you can find your score on the table to the right.

3.	
6.	
12.	
18.	
20.	
27.	

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

21 ram nappy tens as more about			
You	Change	the effects	
Wrote	to	of helping	
	5	when you	
2	4	are not	
3	3	happy so	
4	2	you reverse	
5	I	the score	

*I.	 =	
* <b>4</b> .	 =	
8.		
10.		
*15.	 _ =	
*I7.	=	
19.		
21.		
26.		
*29.	_ =	

_		_		
Т	ot	al	•	
•	O C	aı	•	

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

# **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 then up you can find your score on the table to the right.

۷.	
5.	
7.	
_	
11.	
13.	
14.	
23.	
25.	
28	

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	

© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.proqol.org to verify that the copy they are using is the most current version of the test.

Total:

# 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
- 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 1817 Chicago, Illinois 60603

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

## Rear-View Mirror... Continued from page 18

the economy is having a direct effect on APA's operating budget. In response, the association is taking very specific actions to cut 2009 spending to ensure a balanced budget.

"Like many organizations, APA's investment portfolio sustained serious losses in 2008," Turner said. "Those losses mean that we don't have the cushion we might have had in other years to cover a budget deficit. Consequently, we must have a balanced budget this year."

After broad discussion and in an effort to protect against the possibility of deficits in 2009, the council adopted a budget with approximately \$12 million in spending cuts. They include governance activities, such as some meetings, the elimination of the board and council discretionary funds, cuts in spending on public education programs and a staff hiring freeze. Council also directed APA staff to closely monitor spending and revenues as the year continues and to take steps as necessary to ensure a break even budget at year's end.

### **APA VISION STATEMENT**

(The statement is intended to describe the type of organization APA aspires to be and the impact it hopes to make over a 20- to 30-year horizon.)

The American Psychological Association aspires to excel as a valuable, effective and influential organization advancing psychology as a science, serving as:

- A uniting force for the discipline;
- The major catalyst for the stimulation, growth and dissemination of psychological science and practice;
- The primary resource for all psychologists;
- The premier innovator in the education, development, and training of psychological scientists, practitioners and educators;
- The leading advocate for psychological knowledge and practice informing policy makers and the public to improve public policy and daily living;
- A principal leader and global partner promoting psychological knowledge and methods to facilitate the resolution of personal, societal and global challenges in diverse, multicultural and international contexts; and

 An effective champion of the application of psychology to promote human rights, health, well being and dignity.

# ACTION ON 2008 PETITION STATEMENT

After years of grappling with the difficult issues related to the role of psychologists in national security detention settings, the council moved to make the results of last Fall's membership vote in support of a petition resolution official APA policy. The petition resolution prohibits psychologists from working in settings where peopleare heldoutside of, or inviolation of, either International Law or the U.S. Constitution. The only exceptions to this prohibition are in cases in which a psychologist is working directly for the person being detained, for an independent third party working to protect human rights or providing treatment to military personnel.

The council also adopted a title for the petition, "Psychologists and Unlawful Detention Settings with a Focus on National Security" in an effort to clarify the scope of the petition. The petition resolution is not intended to be applied broadly to jails, all detention centers or psychiatric hospitals.

### **APA-APAIT DISPUTE**

This emotionally charged "family" issue arose because the APA Board asked the court to rule on its rights to access financial and other business performance information from the APAInsuranceTrust(APAIT). APAIT was created by the APA Board in 1962 to provide insurance benefits to APA members. The APA Board seeks this information to discharge its responsibilities to protect the APA name, to monitor how APA assets are used by the Trust, and to assess the performance of member benefits. APAIT is concerned about confidentiality of sensitive financial data and possible conflicts of interest. Council was informed of the law suit which most people hope will be settled without litigation.

Thank you for electing us to the position of Representatives to APA Council...."

Let us learn from history and create great things for the future. And thank you for your support and trust over this last decade. It has been an honor to serve you and IPA.

Cliff •

# **Leadership Development Program Meeting Recap**

# Laura Faynor-Ciha, PhD., Leadership Development Program Chair

Members of Illinois Psychological Association (IPA)'s inaugural Leadership Development Program (LDP) met on Friday, December 11, 2020 under the guidance and mentorship of Dr. Laura Faynor-Ciha. This program was established engage and educate future leaders of IPA. The first members of the program includes Dr.'s Sue Bae, Abby Brown, Blair Brown, Fahad Khan, Kristina Pecora and Andrea Seefeldt.

During the first meeting, results from the DiSC leadership assessment were shared and discussed among members. This tool

was utilized in the LDP to help the members recognize their leadership styles, its strengths and weaknesses, and how to effectively utilize these styles in various situations and with other individuals. The LDP group also discussed developing a strategic plan for the IPA that includes strengthening its membership as well as moving towards modernizing the organization at all levels. This plan will be presented at the year-end Council meeting in June, 2020. A great leader makes an impact through action, not just planning and LDP members are committed to act.





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 March 19, 2021

### apply by email of pap

### **Schedule of Events**

- first meeting of the LDP at the April IPA Council Meeting ~ Saturday, April 24, 2021 @ 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*, cell: 630/988-0489 Marsha Karey, IPA Executive Director, *mkarey@illinoispsychology.org*, IPA Office phone: 312/372-7610, x201



# **Application Form**

# IPA LEADERSHIP DEVELOPMENT PROGRAM

### **CONTACT INFORMATION**

Na	me:					
Ad	ldress:					
Em	nail Address:					
Ph	one(s):					
ED	EDUCATION AND WORKPLACE INFORMATION					
Gr	aduate Program:					
De	egree: Field of Study (Clinical, Counseling, I/O):					
Yea	ar Licensed (if applicable):					
Cu	rrent Professional Position:					
W	orkplace:					
ΙP	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 <a href="https://www.illinoispsychology.org">www.illinoispsychology.org</a> .						
As of o	Full Member: Licensed Non-Licensed (Circle Licensed or Non-Licensed) O Student part of our commitment to ensuring that the Leadership Development Program reflects the diversity our professional membership, we as asking applicants to provide some demographic information, to extent that they are comfortable doing so. Please note that providing this information is voluntary d is not required in order to be considered for participation in the program.					
Ag	e: Gender Identity: Race/Ethnicity Identification:					
Sex	xual/Affectional Orientation: Military Status/History:					
Other important characteristics of your identity:						
	ease answer the following questions regarding your interest in the IPA Leadership Development Program:  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 1817, Chicago, IL 60603

# **Numbers You Should Have**

Illinois Psychological Association 67 East Madison Street, Suite 1817 Chicago, Illinois 60603

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

Executive Director e-mail:
Marsha Karey
mkarey@illinoispsychology.org

<u>IPA Web Site</u> www.illinoispsychology.org

# **Abuse Reporting Hotlines**

Child Abuse 800/252-2873

Senior Abuse
https://www.illinois.gov/aging/
ProtectionAdvocacy/Pages/abuse\_reporting.aspx

Medicare
Applications
www.ngsmedicare.com

Medicaid Number Application http://www.illinois.gov/hfs/

http://www.illinois.gov/hfs/ impact/Pages/default.aspx

# Illinois Department of Professional Regulation

<u>Licensure Requirements</u> or Pending Applications: 217/785-0800

New Applications and Changes to Current Licenses: 217/785-0800 ask for Licensure Maintenance Unit

Complaints against licensed professionals: 312/814-6910

Mailing Labels of Licensed Professionals: https://www.idfpr.com/LicenseLookUp/ RosterRequest.asp

IDFPR Web Site www.idfpr.com

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

312/745-2273

American Psychological Association

800/374-2721

Web Page www.apa.org

American Board of Professional Psychology (ABPP)

www.abpp.org office@abpp.org 919/537-8031

# **Welcome New IPA Members**

## **Licensed Members**

Melinda Bloos, PhD Angel Buchanan, PhD Rose Elias, PsyD Gwen Grant, PsyD Ellen Griffin, PsyD Susan Klosterman, PhD Alison Newman, PhD, ABPP Mirjam Quinn, PhD Alexis Reynolds, PsyD Rachael Schuster, PhD Julene Stellato, PhD Tatiana Vukotic, PsyD

### **Non-Licensed Members**

Ariane Allen, PsyD

## **Student Members**

Milena Arsic, BS McKynzi Ash, BS Priya Badhwar, MA Wendy Baker, MS Larissa Berls, MA Sujai Chang, BA Maggie Collins, BA Mia Comeaux, BS Jessica De Leon, BA Lia Demopoulos, BA Joe Dille, MA Nichole Fiene Severiano Hynes, BA Greggory Martin, MA Christine Ockrassa, MSW Chelsea Olson, BA Shivani Patel, BS Auryn Riddle, BS Bridget Shane, MA Jennifer Schindler, BA Sara Taxman, MA Marci Zinke, MA

### **Out of State Members Members**

Hilary Linderman, PsyD Bryce Sullivan, PhD

### **Affiliate Members**

Stephanie Brenner, MSW

# **Classified Advertisements**

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

www.illinoispsychology.org

and free high-speed internet. Other amenities in building include kitchen/break room with free coffee, fitness center with pool, rooftop deck, business center, meeting rooms for groups, fully equipped hi-tech conference room. Contact Dr. Howard Farkas, email: h-farkas@northwestern.edu (preferred) or 847/334-1998.

## **Space Available**

Office Space Near Millennium Park, Michigan and Randolph: Full-time or part-time space available in beautifully furnished suite. Ideal for hybrid in-office/teletherapy practice. Full-time security with 24/7 access, and reception area in building lobby with notification of client arrival. Offices are furnished (optional), waiting area

### **Positions Available**

**Long Grove**, Thriving Long Grove practice seeking licensed therapist with a MA/Doctorate, generalist able to see children, adults, marital/family is a bonus. Benefits include: W2 employee, bonuses, supervision, abundant referrals. Please call Dr. Wolthusen 847/826-5881.



# **ILLINOIS PSYCHOLOGICAL ASSOCIATION**

# Officers, Council Members and Committee Chairpersons—2020-2021

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	<b>5 1 7 7</b>	3.7,337.3301	
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Placement		312/531-2375	
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