THE ILLINOIS PSYCHOLOGIST
Newsletter of The Illinois Psychological Association

Vol. XLX No. 2
Fall 2021

LOOKING AHEAD:

A FOCUS ON TRANSFORMATION

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

NOVEMBER 11-13, 2021
IPA ANNUAL CONVENTION (VIRTUAL)

SEE FULL BROCHURE >

INVITED PRESENTER

Kumea Shorter-Gooden, PhD

From 2012 to 2016, Dr. Kumea Shorter-Gooden served as the first Chief Diversity Officer and Associate Vice President at the University of Maryland, College Park. Formerly, she served as Associate Provost for International-Multicultural Initiatives at Alliant International University, as Professor at the California School of Professional Psychology, as Director of the student counseling center at The Claremont Colleges, and as an administrator in two Chicago community mental health centers. She is a licensed psychologist and the co-author of Shifting: The Double Lives of Black Women in America, a winner of the 2004 American Book Awards.

A Fellow of Divisions 35 (Society for the Psychology of Women) and 45 (Society for the Psychological Study of Culture, Ethnicity and Race) of the American Psychological Association, Kumea is a thought leader with respect to equity, diversity, inclusion, and justice, and she has provided consultation, training, and coaching to educational institutions, professional associations, and non-profit organizations.

A native of Washington, DC, Kumea was one of two Black girls to integrate The Madeira School in Northern Virginia. She earned a bachelor's degree magna cum laude from Princeton University with its first class of women and a PhD in clinical/community psychology from the University of Maryland, College Park. Kumea is the Principal at Shorter-Gooden Consulting, based in Washington, DC.

A Message from the IPA President

Abby Damsky Brown, PsyD, IPA President

I hope you were able to enjoy a much-needed summer and have transitioned into the fall with some sense of restoration, after what has been a such a trying time for all of us. In some ways so much has changed within the last year. We have a new administration in the White House, a vaccine that has rolled out, and life that appears to have returned to some semblance of normalcy. Yet, several things are merely a continuation of where we were a year ago. Many of us are still working remotely or hybrid and some of us have been working in-person for quite some time now. Some of our worries and concerns remain the same. It is uncertain as to how this pandemic will pan out. We are concerned about the ongoing impact that COVID-19 will continue to have

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on our communities including our children and aging populations. These are just *some* of our concerns. We are continuing to learn about the long-term impacts of the pandemic to our individual and collective wellbeing. I think about all of you quite often as you navigate making difficult personal and professional decisions, especially as we look ahead to this winter. I assure you that the IPA will continue to support our psychologists as we navigate these times together.

Now more than ever we need events to look forward to. I am especially thrilled about the upcoming 2021 Convention, which will be held entirely virtually. Please save the dates, November 11 to 13, 2021, for our IPA Annual Convention, *Looking Ahead: A Focus on Transformation*. We have been working hard to put together a stellar program for you. We will have a variety of programs so that you can attend events that interest you and best meet your professional needs. If you attend all three days of programs, you will be provided over 22 hours of APA accredited continuing education credit (CE). We will also offer an Ethics workshop that will count toward the ethics requirements for your Illinois Clinical Psychologist license renewal.

I hope you will make every effort to attend our keynote presentation on Friday, November 12th at 9am. Our invited presenter, Dr. Kumea Shorter-Gooden is a licensed psychologist and co-author of *Shifting: The Double Lives of Black Women in America*. She is a thought leader with respect to equity, diversity, inclusion and justice, and she has provided consultation, training and coaching to educational institutions, professional associations and non-profit organizations. Dr. Shorter-Gooden will be speaking to us about why psychologists are compelled to address and confront racism, to better understand the contributing factors of racism. This is bound to be a powerful starting point for many of us as we explore what it means to be anti-racist as members of the profession of psychology.

I also want to highlight some of our other fantastic programs. On Thursday at 2:45pm, our colleagues will be speaking about *family* leave and what this means for clients and clinicians, as clinicians engage in their personal life transitions. On Friday at 1pm, we will learn about the impact that the pandemic has had on our doctoral students' training, in particular the impact of learning and training in a virtual world. On Saturday at 9am, we will hear from our Legislative Committee leaders on our legislative successes and goals for the future. We are so excited to attend these and *all* the presentations at this year's convention.

As we look ahead, I want to thank you for your membership, advocacy and contributions to the profession. Please make sure to renew your membership if you haven't already. As always, please feel free to reach out to me directly at ***abbybrownpsyd@gmail.com*** should you have any questions or feedback. ■

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).

Illinois Psychological Association

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Deadline for the next issue:
December 10, 2021

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A Message from Your New President-Elect

Derek Phillips, PsyD

As I begin my term as President-Elect, I feel like I have hit the ground running! To ensure that I am learning as much as possible this year, I am a member of the Convention Committee and Legislative Committee, as well as the Executive Committee and the Director of Professional Affairs (DPA) Search Committee. These groups have very important roles and are crucial to the future of our Association in various ways. I am also attending the Past Presidents Advisory Group (PPAG) meetings to learn as much as possible from the past leaders of IPA.

As always, IPA continues to advocate for psychologists during this time to ensure access to mental health care is a top priority. Toward this end, as you may have heard, IPA was part of a large coalition that successfully advocated for telehealth services to be covered by insurance companies even after the COVID-19 pandemic has ended. This is but one example of how the Association works for its members. Other examples are IPA's efforts to ensure that the Clinical Psychology Licensing Act does not sunset, that our scope of practice is appropriately described in the law, and that other professions do not inappropriately encroach on our scope of practice. To be successful in these endeavors requires a great amount of time and attention to detail. For that, I am most grateful to IPA staff and the various members and committees that handle these tasks.

In the upcoming months, I will work with IPA staff to begin the initial planning for the 2022 IPA Convention. I also look forward to attending the APA Services, Inc. (APASI) Practice Leadership Conference (PLC) in Spring 2022 to learn from and collaborate with other leaders of State, Provincial, and Territorial Associations (SPTA) and to lobby Members of Congress on matters important to psychologists across the nation. Examples of issues that have been or are the subject of lobbying at the federal level are continued reimbursement of telehealth services by Medicare; preventing reimbursement reductions for psychotherapy, psychological and neuropsychological testing, and health and behavior assessment and intervention services (HBAI) CPT codes by Medicare; removing unnecessary regulations for psychologists in Medicare statutes; and increasing funding for graduate psychology education.

Again, many thanks for the privilege of serving you and our profession as President-Elect of the IPA. Please feel free to contact me at ***drderekphillips87@gmail.com*** with any questions or concerns. ■

IPA Meeting Schedule

IPA Executive Committee Meeting will be held at 3 PM on Friday October 15th, December 10th, 2021 and January 21st, February 25th, March 18th, April 29th, May 20th, and June 17th, 2022.

IPA Council Meetings will be held at 9 AM on Saturday January 22nd, 2022, April 30th, 2022 and June 18th, 2022.

IPA Legislative Committee Meetings will be held at 2 PM on Friday October 15th, December 10th, 2021, and January 21st, February 25th, March 18th, April 29th, May 20th, and June 17th, 2022.

IPA All Association Annual Meeting will be held on November 12, 2021 at the 2021 Convention of the Illinois Psychological Association.

REGISTER
FOR THE IPA ANNUAL CONVENTION

NOVEMBER 11-13TH

EARLY BIRD PRICING ENDS OCTOBER 23RD.

CONVENTION REGISTRATION IS OPEN!

Looking Ahead: A Focus on Transformation

Marsha Karey, Executive Director

It is hard to believe fall is here and the annual convention is right around the corner. As most of you are aware this year's annual convention will be held entirely online again this year. I hope many of you will take advantage of this opportunity to encourage psychologists throughout the state who have not attended in person in the past to do so from the comfort of their office or home.

I would like to thank all the IPA Sections, sponsors and advertisers for their generous support of the convention. As you look through the convention brochure you will find each ad has a hyperlink that will bring you right to the advertiser's website. Clicking on an ad is a terrific way to find out more about these companies.

The IPA office will not be handling convention registration. We are using the same online platform, Beacon to handle registration. On page 4 of the convention brochure there are registration buttons along with important information regarding registration. **Please review this information before registering.** Programing will be offered from 9am-6pm each day, allowing for flexibility to attend all programs that day and attend to other business if needed. CE credit will be awarded for the session you attend. Your attendance will be verified, evaluation forms will be provided for each session and once completed, and submitted, a certificate will be generated and emailed to you.

The continuing education hours you earn at this convention will apply to those required by the State for your next licensing period. Attend the entire convention and you will earn 22 continuing education credits.

The Annual IPA All Association Meeting will be held via Zoom on Friday morning at 8:00am, before the first program begins. The meeting will include IPA updates, an IPA Presidential Address, IPA Awards, Student Poster winners will be announced, and APA Updates will be discussed. All are invited to attend. CE's will not be provided. A Zoom link is forthcoming via the listserv, and email announcements will be sent. For information on Student Poster Board Sessions, please read Aya Haneda, IPAGS Chair's article.

It has certainly been a busy time for the IPA office and for many of our committee chairs and members who continue to volunteer so much of their time. The Legislative Committee continues to forge ahead, following important bills and to advocate for our members and psychologist throughout the state. It was my privilege to represent IPA at Governors Pritzker's signing of the telehealth bill (HB 3308). The Legislative Committee as well as many IPA members worked with legislators to pass this important bill.

I am thrilled to announce that IPA has recently hired a Director of Professional Affairs (DPA), Dr. Susan O'Grady. In this role the DPA will gather and share information from her counterparts from across the country and attend meetings with APA's Legal and Regulatory Services Inc. The DPA will answer members questions ranging from Clinical Practice, licensure, continuing education and will route other inquires to IPA committees as needed. Dr. O'Grady will attend IPA's HealthCare Reimbursement, Legislative, and Continuing Education committee meetings as well as IPA's monthly executive committee and quarterly council meetings. Some of you might already know or have collaborated with Dr. O'Grady in her role as chair of IPA's CE committee. Dr. O'Grady will also remain as CE chair and assist the central office with webinars, the annual convention as well spearhead future on-demand programming. Dr. O'Grady will officially start this part-time position on November 1st. Please join me in congratulating and welcoming her!

Lastly, I would like to thank all our new members who have recently joined and to those members who have renewed their membership. IPA cannot function without your support.

As always, please feel free to contact me if I can be of any assistance to you.

Stay safe! ***mkarey@illinoispsychology.org***

Meet the New Director of Professional Affairs

Susan O'Grady, PsyD

I am Susan O'Grady, Psy.D., Licensed Clinical Psychologist and IPA's new Director of Professional Affairs (DPA). We have not had a DPA in Illinois for several years, and I am excited to take the newly reinstated position. I have spent the last few years as the IPA Continuing Education (CE) Committee chair. I have enjoyed the time working with the amazing people on my committee and within the IPA to provide quality programming that meets the needs of professionals from around the state. It has been an exciting time as we began providing live interactive webinars during the current COVID-19 Pandemic. Additionally, we have recently been awarded another 5-year APA approval for CE sponsorship and have successfully received homestudy sponsorship approval that will allow us to offer On-Demand CE programs. Getting these programs up-and-running will be a portion of what I will be doing as the DPA.

Other significant portions of my role will include being a member of the Health Care Reimbursement and Legislative Committees. I also will attend Executive Committee and Council meetings. I will be working with DPAs from around the country in addition to fielding questions from our members. I am excited to learn and grow through this position.

On a professional note, I received my Master's and Doctoral Degrees from the Illinois School of Professional Psychology (ISPP), which was then located at Argosy University and has since been moved to National Louis University. Prior to going back to school for these degrees, I was an elementary school teacher for 11 years.

I currently work with all ages providing therapy and psychological services as a member of a group practice in Park Ridge. In particular, I enjoy my work with children and often employ play therapy in my practice. Additionally, I began teaching courses at Roosevelt University last fall and will continue my work there with graduate students. It is great to get back to my teaching roots!

On a personal note, I have been married for 27 years and have two boys, ages 19 and 22. I have three cats and hope to have a therapy dog in the future. I enjoy crafting, reading, and golf in my spare time.

I am looking forward to getting to know you better in the future! ■

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.

Legislative Liaison Report

Terrence Koller, PhD, ABPP, IPA Legislative Liaison

The days before Memorial Day were very intense with a number of bills we were supporting facing deadlines for passage or failure.

Telehealth

Telehealth is a very important issue for mental health providers. The Governor issued ongoing Executive Orders permitting telehealth without restrictions to Originating Site (where the patient is located) and the telehealth platform (video or telephone only). The Governor's Order however could not waive our responsibility to maintain our HIPAA compliance. The Order also required insurance companies to pay for telehealth on parity with in-person sessions and also waived copays and some deductibles. Insurance companies are now prohibited from requiring providers to use their proprietary platforms to do video sessions. This order does not apply to ERISA based plans since they are controlled by federal not state law.

We knew that the Governor's Executive Orders would expire one day and with that the ability to do telehealth as defined by those orders would end. We would go back to our previous law that required the patient to be in a designated underserved rural area and where the Originating Site had to be a health care facility. It also meant that telephone sessions would not be allowed and that insurance companies would not be required to pay for telehealth sessions.

The IPA joined a powerful coalition that worked to create a bill, which would continue the Telehealth Executive Order after the COVID-19 declared emergency ended. That bill, HB 3498, included the provisions that were in the Governor's Order and thanks to the advocacy of the IPA and other coalition members advocacy, moved nicely through the legislative process. However, four days before the deadline for voting the bill out of the Senate, it was pulled and essentially killed.

The Coalition was aware of this situation and quickly copied the language of HB3498 and amended HB3308 to include it. As a result, the original unamended HB 3308, which was a limited bill became the bill we wanted with the addition of this amendment. Some individuals heard that the Coalition was now supporting HB3308 and began to submit letters of opposition to the bill before the amendment could be posted, which caused quite a bit of confusion. Once the new language of the bill was posted the IPA sent out an alert to support the bill as amended. However, some continued to oppose the bill and we worked hard to let our Coalition members know that the IPA was standing in support of it. With less than a half hour left before voting deadline, the bill passed and was signed by the Governor on July 22, 2021.

The Governor extended his Executive Order until August 15 to allow providers and consumers time to be aware that the law now took precedence over his Executive Order and that waived copays and deductibles would no longer be applied.

We now expect that a process will be developed to provide a mechanism for providers to report concerns if they believe an insurance carrier is not complying with the law. To view the full text of the law go to: https://ilga.gov/legislation/publicacts/102/PDF/102-0104.pdf

Mandatory Continuing Education

Another concern that many members have raised is whether they will be required to go back to some in-person continuing education courses. Licensed Clinical Psychologists are required to obtain 24 continuing education hours every licensing period (this period ends 9/30/2022) of which 6 must be in person.

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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

Legislative Liaison Report... *Continued from page 6*

As we neared the renewal deadline during the last period, in-person continuing education requirements were waived. This made sense since we were in quarantined status where in-person gatherings were prohibited. That is no longer true at this time but there are still concerns about these types of gatherings and whether people should be vaccinated and whether vulnerable people will still be at risk in spite of being vaccinated. Right now, the six hours of in-person continuing education is back in effect.

We are researching how other states are handling this in a effort to see whether we can work with the Clinical Psychologist Licensing Board about how to manage this requirement. We will of keep members informed of this progress.

The remainder of this legislative session

The session is not over but we are not expecting much activity to pass bills that are still in process. Because of COVID-19, the State House has very strict rules about entering the building. Lobbyists and advocates will have a more difficult time meeting in-person with legislators. Also, 2022 is a mid-term and gubernatorial election year so many legislators will be preoccupied with campaigning to maintain their seats.

Advocacy

Thanks to all who responded to our requests to submit slips of support to legislators for the bills we worked on. Many reported that this only took a couple of minutes, but it had a powerful impact on our legislators. IPA members strengthened our Coalition to Protect Telehealth, which has now been awarded a **2021 Partnership for a Connected Illinois Telehealth Leadership Award for Improved Policy Changes to Advance Telehealth**.

Stay tuned. ■

Federal Advocacy Report

Kristina Pecora, PsyD, Federal Advocacy Coordinator

Congress and the White House are working on another big expansion of health care coverage in their reconciliation package this fall. The legislation may not be nearly as far-reaching as the Affordable Care Act, but indications are that it will have deep effects on the industry. The Democrats say they are trying to help millions of people still left uninsured, use federal buying power to negotiate drug prices and to limit price increases, extend maternal health coverage, and expand the benefits that the elderly have under Medicare. Their effort would provide coverage for some who are currently uninsured because their states did not expand Medicaid.

House committees are marking up their pieces of the reconciliation package, which the House hopes to pass this month. The Energy and Commerce Committee released a fact sheet of its proposals on Sept. 9 that include an **extension of Medicaid coverage to people who would be eligible under the expansion of the 2010 health care law but live in states that did not expand, to include an additional 4 million currently uninsured.** New Medicaid programs for the future (2022-2024) are also under consideration but will likely not be included in this Fall's legislative calendar.

Democrats are also looking to address several other programs through reconciliation, such as investing in **home and community-based services for older people** and people with **disabilities** and establishing the **Advanced Research Projects Agency for Health** proposed by President Joe Biden. The panel's fact sheet says it would cut **prescription drug costs** by requiring the Department of Health and Human Services to negotiate annually with drug makers for the highest priced and most commonly used drugs, and to require manufacturers that raise prices faster than inflation to pay the excess to the government. It would also **cap out-of-pocket costs at $2,000 a year for Medicare Part D beneficiaries.** The panel is proposing to give seniors covered by Medicare dental, vision and hearing benefits by phasing those in, and to extend coverage for pregnant women on Medicaid.

Progressives' efforts to lower the Medicare eligibility age from 65 are not expected to pass. The provision wasn't included in the reconciliation documents released by the Ways and Means or Energy and Commerce committees. The dental provision does not have full support of the Finance Committee Chairman.

Health care provisions will also face intense lobbying. **Specialty groups are lobbying lawmakers to blunt the impact of coming pay reductions stemming from the reevaluation of Medicare billing codes for primary care and other undervalued services.** We at IPA and APA will be watching this particular debate intently! A big THANK YOU to everyone who submitted comments via APA or through personal correspondence to your federal legislators.

Growing interest in **lifting restrictions on telehealth under Medicare** has spurred committee leaders in both chambers to examine the issue, but questions over cost and quality are still unresolved. Additionally, many current telehealth flexibilities granted during the COVID-19 pandemic will not expire until the end of the declared public health emergency, giving Congress more time to deliberate as the delta variant surges through the country. Lawmakers have also expressed interest in smaller tweaks like reducing billing requirements, which could be easier near-term lifts.

As FAC, I will send along updates on these issues and others, especially appropriations funding and APA's advocacy efforts toward education and practice expansion. Illinois is known for being an active advocate for the practice at both the state and federal levels. If you have questions on how to be a good advocate, please do not hesitate to reach out to me at ***kristina@nvisionyou.com.*** ■

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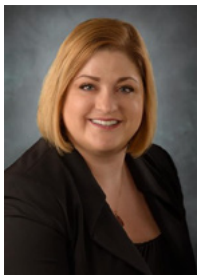

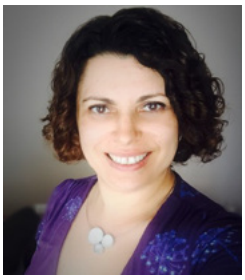

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IPA Letter to CMS About Medicare

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October 7, 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
CMS-1751-P
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: Medicare Program: CY 2022 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies

Dear Administrator Brooks-LaSure:

This letter is being submitted on behalf of the **Illinois Psychological Association in response to the request for comments by** the Centers for Medicare and Medicaid Service (CMS) with respect to the proposed CY 2022 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies. This letter was prepared by members of the Illinois Psychological Association. We greatly appreciate the opportunity to provide comments and we appreciate the efforts of the CMS staff and consideration of a thoughtful final approach that reflects the critical mental and behavioral health needs of society compounded by the COVID-10 pandemic.

The Illinois Psychological Association is the professional organization representing psychology in the state of Illinois. The Illinois Psychological Association's membership includes over 1,100 psychologists and trainees.

The purpose of the Illinois Psychological Association is to advance psychology as a science and a profession and as a means of promoting human welfare by the encouragement of psychology in all its branches; by the continual improvement of the qualifications of psychologists through high standards of ethics, conduct, education and achievement; by expanding roles and opportunities for psychologists to serve the public within the field's emerging scope of scholarship and expertise; and by the increase and dissemination of psychological knowledge through meetings, professional contacts, reports, papers, discussion, publications, electronic media, and current methods of communication.

Psychologists provide Medicare beneficiaries with critical mental and behavioral health services including psychotherapy, testing, and health and behavior assessments and interventions. Psychologists are the leaders in assessing mental health and pioneered the development of health and behavior services to assist patients struggling with physical health problems.

Executive Summary of the Illinois Psychological Association's position on key issues

- Remove the originating site requirements and allow audio-only telehealth services for mental and behavioral health after the public health emergency ends.
- Make Health Behavior Assessment and Intervention services, feedback sessions for psychological and neuropsychological testing evaluations, and neurobehavioral status exams available as audio-only telehealth services.
- Do not impose additional requirements on telehealth for mental and behavioral health such as periodic in-person visits or additional documentation other than a modifier.
- Do not preclude high-level psychotherapy services from audio-only telehealth.
- Adopt the proposal allowing all psychological and neuropsychological testing services to be provided via telehealth through the end of CY 2023.
- Add the codes for developmental testing, adaptive behavior services and multiple family group psychotherapy to Medicare's telehealth list.

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Letter to CMS About Medicare *Continued from page 10*

- Allow beneficiaries in Federally Qualified Health Centers and Rural Health Clinics the access to audio-only telehealth services for mental and behavioral health.
- Adopt the codes for Remote Therapeutic Monitoring and reimburse these services at the same rate as the Remote Physiological Monitoring codes they resemble.
- Continue to reimburse telehealth, including audio-only, services at the non-facility rate.
- CMS must work with Congress to avoid a 3.89% cut to the 2022 Conversion Factor.

Health Equity

CMS should continue its efforts to close gaps in access to mental and behavioral health services. Many of the provisions in this Proposed Rule on telehealth, for example, would continue to allow patients from underserved communities—such as rural areas and communities of color—to access these services, often for the first time.

For many patients seeking mental and behavioral health services, the availability of telehealth and audio-only services increases their ability to participate in treatment; for example, many people with disabilities either cannot drive and lack services to transport them to in-person appointments, or experience heightened anxiety during in-person appointments and require the familiarity of their own homes to fully engage in treatment.

The availability of audio-only telehealth is particularly beneficial to many older patients who may lack the familiarity with the technology necessary for an audio/video telehealth appointment.

Telehealth

The COVID-19 public health emergency (PHE) forced mental and behavioral health providers to find new ways to meet the needs of their patients as leaving home put seniors and those with co-morbid conditions at risk being exposed to the virus. Without the waivers extending the use of telehealth in Medicare beneficiaries would have lost access to mental and behavioral health services at time when their health, both physical and mental, was extremely vulnerable. As a result, Illinois Medicare patients were able to access mental health care at a time when they were experiencing extreme isolation and a potential exacerbation of their mental and emotional problems.

The Illinois Psychological Association thanks CMS for the flexibility extended under the waivers, such as making the home an originating site, adding more services to telehealth, and allowing patients to use audio-only devices. The Illinois Psychological Association believes the next step is to ensure that flexibility remains available to Medicare beneficiaries after the PHE comes to an end.

Audio-only services

CMS acknowledges in the proposed rule that many beneficiaries now rely on audio-only communication technology to receive mental health services and that terminating audio-only services at the end of the PHE could have a negative impact on access to care.

CMS is proposing to allow audio-only communication technology when used for telehealth services for the diagnosis, evaluation, or treatment of a mental health disorder for a patient who is in their home and does not have, or does not consent to using, two-way audio-visual technology. CMS would require that the patient have received an in-person visit from the provider within 6 months of the telehealth service.

We support allowing patients to receive audio-only services in their homes but believe the proposal should be expanded to include more than just services for mental health disorders. Behavioral health services under the Health Behavior Assessment and Intervention codes (96158 – 96171), like psychotherapy for mental health disorders, do not require visualization of the patient and can be successfully furnished through audio-only technology. The Illinois Psychological Association heard from its members who are Medicare providers about the difficulty their elderly or impaired patients were having because of their lack of access to or ability to engage in videotherapy. It was a tremendous relief to patients when they could talk to their providers on the phone.

In addition, feedback sessions for psychological and neuropsychological testing evaluation under codes 96130-96133 should also be available as audio-only services. A post-evaluation interactive feedback session with the patient and/or family members is a typical part of the neuropsychological and psychological evaluation. It is empirically shown to produce clinically meaningful benefits including symptomatic, quality of life, social adjustment improvements, better ability to cope with their condition, decreased healthcare utilization receiving test results is highly valued, not only by patients but also physicians who refer their patients for neuropsychological assessments.

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Letter to CMS About Medicare *Continued from page 11*

The interactive feedback session typically emphasizes any, or all, of the following:

- Discussion of the relationship between test results and information about diagnosis and prognosis.
- Patient education about their diagnosed condition and functioning with the goal of improving adherence to treatment plans, and safety.
- Explanation of treatment recommendations. In addition to those recommendations that are directly managed by the patient's medical provider (e.g., changes in medication or treatment), patients are provided with evidence-based treatment recommendations that are not typically managed by medical providers, and which are best explained by providers with expertise in neuropsychological or psychological assessment, including tailored behavioral strategies to maximize functioning, safety measures such as driving recommendations, referrals to other specialty providers (e.g., psychiatry, rehabilitative therapists), recommendations for nonpharmacological interventions, and community resources that assist in optimizing treatment and prognosis.
- Communication of results in the presence of family members in order to explain treatment recommendations, which enhances treatment outcome for the patient, and – for patients with dementia—may result in up to an 18-month delay in nursing home placement when caregivers are provided with education and connected to caregiver resources. In some cases, a patient may be undergoing treatment or may be too cognitively impaired to engage in feedback. In such circumstances where the physician or QHP determines that feedback is necessary to ensure adherence to treatment plans including safety issues, feedback may be given to the patient's caregiver (with appropriate permissions and release of information).

Similar audio-only Neurobehavioral Status Examination (NSE), 96116 & 96121, improves access and facilitates care, particularly for senior, fragile, and disabled populations. For example, audio-only NSE is critical for accessing patients who may be hard to reach otherwise due to mobility issues, transportation barriers, inadequate network connectivity, and/or insufficient technology skills. The NSE is the crucial first step when determining the appropriateness of providing Neuropsychological Assessment for a given patient, for developing an individualized battery of tests, and for deciding optimal scheduling parameters. Limiting the NSE to virtual and in-person only creates an overly burdensome hurdle that will preclude a high percentage of senior, fragile, and disabled patients, who specifically need neuropsychological testing for accurate diagnosis and care planning, from getting this evaluation. With limited exception, the Neurobehavioral status exam (NSE), can readily be conducted by audio-only. The NSE includes the clinical assessment of thinking, reasoning, and judgment with a qualified healthcare provider verbally assessing acquired knowledge, attention, language, memory, planning, and problem solving. Barriers to completing the NSE by audio-only method are comparable to barriers encountered when completing the NSE by face-to-face or by audio-visual methods, including assessing patients with hearing loss or aphasia. Clinical assessment of visuo-spatial abilities would be deferred to the in-person or audio-visual Neuropsychological Assessment.

In response to other questions raised by CMS in the proposed rule regarding audio-only telehealth services the Illinois Psychological Association recommends that the agency:

- Avoid imposing an in-person requirement for telehealth, either before or after the first telehealth visit. Since the start of the PHE mental and behavioral health providers have successfully furnished services to patients via audio-only technology. Adding an in-person visit is burdensome for current patients and will discourage new ones from seeking help.
- Not require additional documentation in the medical record supporting audio-only services. The documentation in the medical record already provides the information needed to justify medical necessity for the service. In addition, through the proposed use of a modifier providers will be self-certifying that they have two-way audio-visual telecommunications devices but it is the patient who needs or wants to receive the service via audio-only. No other documentation should be required.
- Not preclude high-level services such as psychotherapy for crisis from being furnished through audio-only telehealth. By definition a crisis is immediate and help is required as soon as possible. There should be nothing that delays or discourages immediate contact with the provider and audio-only telephones are the easiest telecommunications devices for many beneficiaries to access.

Testing services

In 2021 APA and thousands of psychologists asked CMS to permanently add the psychological and neuropsychological testing evaluation codes (96130 – 96133) for feedback sessions to Medicare's telehealth list. We also asked that testing administration codes (96136 – 96139) be added to the interim (Category 3)

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Letter to CMS About Medicare *Continued from page 12*

telehealth list. In addition, APA requested that the codes for developmental testing (96112-96113) be added to Category 3.

Although CMS did not adopt these recommendations the agency now proposes to allow psychological and neuropsychological testing services to be provided through telehealth until the end of 2023. Services for developmental testing will be removed from telehealth once the PHE ends.

The Illinois Psychological Association supports the proposal to allow psychological and neuropsychological testing services to remain under telehealth through 2023 as it will protect beneficiaries from suddenly losing access to critical services when the PHE ends. APA is asking CMS to also allow services for developmental testing to continue until the end of 2023 so that patients do not lose access to critical services and to allow stakeholders time to demonstrate why these services should remain available through telehealth.

Applied Behavioral Analysis (ABA)

CMS is planning to remove the adaptive behavior services (97151-97158 and 0362T-0363T) from the telehealth list at the end of the PHE. APA asks that CMS continue to allow for adaptive behavior services (97151-97158 and 0362T-0363T) to be provided by telehealth through the end of 2023. This extension will help ensure that patients do not lose access to critical services after the PHE ends and will allow stakeholders time to demonstrate why these services should remain available through telehealth.

Behavioral health services

The language in the Consolidated Appropriations Act 2021 expands at-home access to telehealth services but only for the diagnosis, evaluation, and treatment of mental health disorders. Behavioral health services under the HBAI codes are equally suitable to be furnished via telehealth, including through audio-only technology, to beneficiaries in their homes as they do not require visualization of the patient. CMS should permanently remove the originating site requirements and continue allowing audio-only services for behavioral health services under the HBAI codes.

Multiple Family group psychotherapy

In 2020 APA asked CMS to add the code for multiple family group psychotherapy (90849) to Medicare's permanent telehealth list, knowing that it would be a non-covered service in Medicare. We are making this request to CMS again because being on the telehealth list will influence other third-party payors who look to Medicare when making coverage decisions. Even though the service will not be paid by Medicare, having it on the telehealth list will enable psychologists and other mental health providers to be reimbursed hen furnishing these critically important services to patients who are not Medicare beneficiaries.

Federally Qualified Health Centers / Rural Health Clinics (FQHCs / RHCs)

CMS is proposing to revise the regulatory requirement that an RHC or FQHC mental health visit must be an in-person encounter between an RHC or FQHC patient and an RHC or FQHC practitioner to also include encounters furnished through interactive, real-time telecommunications technology, but only when furnishing services for the purposes of diagnosis, evaluation, or treatment of a mental health disorder. Under the agency's proposal, RHCs and FQHCs could furnish mental health visits using audio-only interactions in cases where beneficiaries are not capable of, or do not consent to, the use of devices that permit a two-way, audio/video interaction. APA supports the proposal by CMS to allow audio-only telehealth services in RHCs and FQHCs. Medicare beneficiaries receiving services through these facilities should have the same access to mental and behavioral health services as those being treated by providers practicing independently.

Reimbursement

One payment issue not directly addressed by CMS in the proposed rule is whether the agency will continue to pay for telehealth services at the same rate as in-person visits once the PHE ends. For mental and behavioral health providers, whose patients are the biggest users of telehealth, it would be a costly reduction to have their services paid at the facility rate as done by CMS before the PHE waivers were instituted. This further loss in payment could discourage many providers from continuing to offer telehealth services, thereby jeopardizing access to mental and behavioral health services for many beneficiaries. The Illinois Psychological Association urges CMS to continue to reimburse telehealth and audio-only services at the non-facility rate. The Governor of Illinois recently signed into law HB3308, a bill that makes his Executive Order permanent. This Act requires payment parity for telehealth services, removes restrictions on Distant and Originating site requirements, and allows for telephone-only telehealth.

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Remote Therapeutic Monitoring

CMS should adopt codes 989x1-989x5 for remote therapeutic monitoring (RTM) so non-physicians who cannot bill evaluation and management (E/M) services can be reimbursed for RTM for non-physiologic services. By adopting these codes CMS will expand the types of data obtained through remote monitoring. To ensure that patients with mental and behavioral health issues have access to these services CMS's interpretation of therapy adherence and therapy response must go beyond medication.

Psychologists are among the health care professionals who provide non-physiologic services through RTM and must be allowed to bill Medicare under these codes. Reimbursement for services under the new RTM codes should be the same as reimbursement for the remote physiological monitoring (RPM) codes that the RTM series was designed to resemble.

Chronic Pain Management

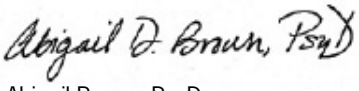
The Illinois Psychological Association appreciates CMS's consideration of new reimbursement policies for chronic pain management services. CMS should take steps to increase Medicare patient access to psychological pain management services, including by making psychologists independently reimbursable for pain management assessments, care planning and consultation, and patient services.

Conversion Factor Reduction

APA urges CMS to work with Congress to avoid the losses all clinicians will incur if CMS is forced to meet budget neutrality requirements. Reducing the conversion factor in 2022 as CMS is proposing will be a significant loss for many providers. Following the 3.3% loss providers incurred in 2021, even after the additional 3.75% added by Congress which expires at the end of this year, will result in a combined reduction of over 7% in two years. These decreases make it difficult for Illinois psychologist Medicare providers to be able to afford to continue providing services to this needy population. Please help us keep our members in the Medicare system by allowing them to maintain their current reimbursement rates.

The Illinois Psychological Association thanks CMS for this opportunity to provide comments on the proposed rule involving changes to payment policy under the 2022 Medicare physician fee schedule. If your staff have any questions, you are welcome to contact us at 312-372-7610 x201.

Cordially,



Abigail Brown, PsyD
President
Illinois Psychological Association

What Does the New Illinois Telehealth Legislation Mean for Psychologists?

IPA Health Care Reimbursement Committee (HCRC)
Lynda Behrendt, PsyD (Chair), Neil Pliskin, PhD, ABPP & Theresa M. Schultz, PhD, Terrence Koller, PhD, ABPP, IPA Legislative Liaison, & Kristina Pecora, PsyD, Co-Chair IPA Legislative Committee

Following are key excerpts from the ILLINOIS.GOV Press Release dated July 22, 2021:

Gov. Pritzker Signs Landmark Legislation Expanding Telehealth Access

Legislation Makes Illinois a National Leader in Telehealth Services and Coverage

***CHICAGO**—Joined by healthcare leaders and elected officials at Mount Sinai Hospital, Governor JB Pritzker today {July 22, 2021} signed HB 3308 into law, increasing access to telehealth services in communities across Illinois. The new law builds upon ongoing efforts to ensure that all Illinoisans have uninterrupted access to telehealth, which they received from trusted health care providers throughout the COVID-19 pandemic.*

From the onset of the pandemic in March 2020, Governor Pritzker signed Executive Order 2020-09, requiring insurers to reimburse health care providers for telehealth with the same payment rates as in-person care. This helped expand healthcare access for vulnerable populations, including mental health services. The legislation the Governor signed today prevents a gap in coverage by permanently extending the payment parity requirement for mental health and substance use disorder services, while authorizing all other telehealth to be covered though 2027.

*"The legislation I'll sign today will solidify Illinois as a leader in telehealth access and expansion in the nation," **said Governor JB Pritzker.** "Illinois is now one of the first states in the nation to turn our emergency pandemic response into a permanent reality. Not only that, but it expands key telehealth services like Early Intervention programs for early childhood development, adding to the growing number of telehealth services the General Assembly authorized this year. We are taking great strides to make sure that where you live no longer impacts how long you live. Thanks to this new law, we are one step closer to that reality today."*

Telehealth has proven to be critical in saving lives throughout the pandemic. With the increase in the use of telehealth services, there has been a notable reduction in missed appointments, better care plan adherence, and significant improvement in chronic disease management. With the pandemic creating new barriers for individuals already suffering from mental illness and substance use disorders, telehealth also makes counseling more attainable.

To date, only a handful of states have enacted telehealth payment parity into law, further cementing Illinois as a national leader in expanding access to healthcare. The administration has already eliminated the Medicaid backlog, signed legislation to bring $250 million in new federal healthcare funding to Illinois, signed the Healthcare and Hospital Transformation bill into law, and worked with the General Assembly to make Illinois the first state in the nation to offer healthcare access to undocumented seniors.

HB 3308 is effective immediately.

Here are key cautions, considerations, and tips for your clinical practice:

1. Dr. Terrence Koller, PHD, ABPP, IPA Legislative Liaison notes that:

"Whenever a law is passed, we never know how it will be implemented until people tell us how the insurance companies are interpreting it. If insurers do things that appear very different from the language of the law, all mental health provider groups will make efforts to correct the situation."

"According to the last Gubernatorial Executive Order, the telehealth mandate that the Governor declared is no longer in effect. The Executive Order was in effect until August 15th which, was after the Telehealth bill was signed. *I think we know for sure that self-funded and ERISA plans will not be required to follow this law, but some of these plans may still decide to cover telehealth. It is also likely that the waiver of co-pays will now cease.* I assume that the co-pay waiver was in response to the financial crisis that occurred with the pandemic when we were under social

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Introducing THE 2021 IPA Leadership Development Cohort

We are pleased to announce the members of the 2021 Leadership Development Cohort:

HAYLEY BEMEL, PSYD
ASHLEY HOUCHIN, PSYD
SHARON KHURANA, PSYD
EMILY MOHR, PHD
LAURA PAPPA, PHD
SARA RUSK, PSYD
HAYLEY VAN SERKE, PSYD

CONGRATULATIONS TO YOU ALL!

New Illinois Telehealth Legislation... *Continued from page 15*

distancing orders. Now that the State is fully open, that part of the telehealth mandate will not be in effect. This is why people who saw a provider in their offices or via telehealth post August 15 are now being assessed a co-pay."

2. The IPA HCRC and IPA Legislative Committee highly recommend the following tips for your practice:

- The rules (written by the Rules Committee of the Illinois General Assembly) will mandate how fully insured; commercial plans must execute this legislation. *However, Illinois insurance legislation does NOT have jurisdiction over self-insured/self-funded plans. This is managed by federal legislation. Self-insured plans may choose to opt in by their own discretion. Self-insured plans represent the majority of Illinois payers and therefore will not be managed by this legislation.*
- Medicare and Medicaid are federal plans and do not fall under the jurisdiction of this new legislation.
- Always verify patient benefits. Realize that this new legislation may take time for the payers to install in their electronic claims systems.
- Begin to inform patients that they may now be charged co-pays that were originally forgiven for telehealth services during the pandemic.
- If you begin to see patients in your office, there may be additional charges (i.e., co-pays), when you stop using telehealth if the insurer waived telehealth copays prior to 8/16/2021.

3. Additional Resources:

A helpful overview from the National Law Review: https://www.natlawreview.com/article/state-telehealth-illinois-moves-to-expand-telehealth-coverage

To read the full article from the Governor Pritzker's office:

Gov.Press@illinois.gov ■

COVID-19 Informed Clinical and Academic Practices: Necessity is the Mother of Invention

Susan S. Zoline, Ph.D., IPA Academic Section Chair/Ethics Committee Co-Chair

The COVID-19 pandemic has transformed virtually every aspect of our daily lives. Within psychology, it has transformed graduate training and mental health practice, requiring clinicians, academic programs, and training sites to find new means and modalities of teaching, providing services to patients, and maintaining training programs. They say that necessity is the mother of invention. In this case, it seems the pandemic has been the "mother" of invention, requiring psychologists to be creative, nimble, and thoughtful regarding their work.

While we may be grateful for the existence of technology, as it allows us to remain connected, technology use has created many challenges and uncertainties regarding our work. When applied to clinical practice, technology use challenges existing boundaries of the professional relationship with respect to time, space, visual cues, and human connection. Clinicians have struggled to balance embracing the attractions of technology with proper safeguards to ensure client safety and avoidance of harm. Academic programs and training sites have similarly struggled to balance flexibly meeting student needs with proper safeguards to ensure training that will meet accreditation and licensure standards. Additionally, as we are currently in a state of transition about standards of practice and public health standards, many questions exist regarding what practices and safeguards need to be in place to ensure compliance, ethical practice, and proper standards of care.

Literature regarding the impact of the pandemic on clinical practice and academic training is beginning to emerge, providing guidance for psychologists regarding best practices. While it is not possible to review all published works on this topic, I have chosen some pertinent articles to review, which provide useful guidance and thoughtful insights for academics and clinicians. A selected reading list is provided as well, for those interested in further reading on this topic.

Chenneville and Schwartz-Mette (2020) review ethical considerations for psychologists working in various settings in the time of COVID-19, with particular focus on the provision of virtual or online services. They highlight relevant principles and standards from the current APA Ethics Code (APA, 2017), which hold particular salience in the time of COVID. For example, in terms of Ethical Principle B, *Fidelity and Responsibility*, they note that there may be a greater need for mental health services, specifically pro-bono services, at this time, and that establishment of relationships of trust when providing services online may require additional care. Similarly, Principle D, *Justice*, implores psychologists to be equitable in their actions, whether ensuring that students have access to necessary remote instruction when necessary or considering whether clients have access to remote services. Similarly, Principle D calls upon psychologists to advocate for equitable access to services during COVID in underserved communities. Ethical Standard 2, *Competence*, reminds psychologists to practice within the boundaries of their competence (2.01). However, Standard 2.02 Pro*viding Services in Emergencies*, allows for some flexibility in a time of crisis to provide services to ensure they are not denied. Standard 3.04, *Avoiding Harm*, is particularly relevant to making decisions regarding the provision of in-person vs. virtual services, with consideration for the safety of one's students, clients, and one's own personal safety. Standard 4, *Privacy and Confidentiality*, becomes particularly pertinent to the provision of online services with the requirement that one use platforms that are HIPAA compliant and ensure confidentiality (Standard.4.01, *Maintaining Confidentiality*), while noting its limits during the informed consent process (Standard 4.02, *Discussing the Limits of Confidentiality*). Finally, the necessity to shift modes of instruction and service delivery in graduate and professional training programs, while essential, have required psychologists to maintain vigilance regarding Ethical Standard 7.01, *Design of Education and Training Programs*. Psychologists in academic and training programs have needed to consider the degree to which their practices are consistent with APA Committee on Accreditation standards as well as state licensure board standards, to ensure that their programs remain in

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compliance and that students' academic and training experiences will satisfy future licensure requirements. Chenneville and Schwartz-Mette (2020) encourage psychologists to remain mindful of the Ethics Code and how it may apply to COVID related decisions, particularly when modifications are made, with an eye towards maximizing benefit and reducing harm to those served by psychologists.

Meyer and Young (2021) provide best practice recommendations for psychologists working with marginalized groups impacted by COVID. The COVID pandemic has highlighted and intensified existing inequities in our society across multiple domains. The authors encourage psychologists to utilize their skills to work collaboratively to assist marginalized populations who have been historically disadvantaged and face multiple current threats to their emotional and physical safety. They encourage development of evidence-based practices in three areas to best serve such populations. First, they recommend that psychologists working with marginalized groups heighten their self-reflection and self-awareness skills regarding one's multiple identities, knowledge, and attitudes towards marginalized populations and the systems which oppress them. This includes reflection on the power built into the role of psychologist and the distrust that some groups may feel towards seeking or making use of mental health services. Second, they recommend gaining knowledge regarding the impact of social injustice on marginalized communities responding to COVID. This includes adopting a stance of cultural humility, identifying sources of emotional contagion which enhance stigmatization and discrimination, recognizing racialized stress and trauma in historically discriminated groups, and identifying institutionalized injustices against marginalized groups which are intensified by COVID. Finally, they recommend collaborating with clients utilizing best practices to provide culturally responsive psychologically healing interventions. This includes taking an ecological approach to identify systemic sources of illness which impact marginalized communities, adopting culturally responsive healing practices, encouraging community involvement, and integrating use of racial identity models into one's practices. In summary, Meyer and Young (2021) urge psychologists to exercise their duty to provide optimal evidence-based and culturally responsive practices in the midst of the COVID pandemic to meet the needs of marginalized groups who are impacted by the virus as well as by historically oppressive systems with which they interface.

Several authors have addressed special considerations in providing virtual assessment services in the midst of the pandemic (Corey & Ben-Porath, 2020; Farmer, et al., 2020; Pliskin, et al., 2020). Their collective guidance includes the following recommendations. Psychologists are encouraged to review state specific legal regulations regarding provision of teleassessment services, to consider whether teleassessment will provide a valid evaluation of the client sufficient to answer the referral question(s), and to review test publisher guidelines to ensure feasibility of virtual administration, considering if adaptations are acceptable. The use of teleassessment and its limitations should be detailed in the informed consent document and the psychologist should ensure they are sufficiently trained and prepared to administer assessments remotely, to practice within the boundaries of their competence in conducting virtual psychological assessment services. Furthermore, they should be attentive to the technical aspects of providing teleassessment services, such as use of a HIPAA compliant platform and high-definition camera, and the quality of internet speed and connection. APA's Guidelines for the Practice of Telepsychology (2013) provide the following guidance regarding the provision of teleassessment services:

> *When a psychological test or other assessment procedure is conducted via telepsychology, psychologists are encouraged to ensure that the integrity of the psychometric properties of the test or assessment procedure (e.g., reliability and validity) and the conditions of administration indicated in the test manual are preserved when adopted for use with such technologies" (Guideline 7, p. 798)*

Finally, Patel, Tarlow, and Tawfik (2021) offer useful ethical guidelines for providing supervision of remote teleassessment during COVID-19. They state that supervisors need to be sufficiently competent themselves in teleassessment and the necessary adaptations for remote assessment to supervise this activity with trainees. They recommend

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that supervisors normalize the challenges of adapting to teleassessment for everyone in the profession, not just for trainees They encourage supervisors to alert trainees to how client test behavior may differ in virtual environments (e.g., possible greater distraction in a home environment than a clinic), use case vignettes to help trainees practice conceptualization skills such as choosing tests in a battery, considering differential diagnosis questions, integrating social and cultural factors, and identifying factors that may impact results. They further recommend providing a trial run of the chosen battery, focusing on both the technology and the test administration, including a back-up plan if technological issues arise. They also suggest creating a checklist of factors to review to promote an optimal virtual testing environment, to build rapport with the client, and to address any high-risk challenges that may arise. They indicate that the trainee should be guided to include any COVID relevant contextual factors in the psychological report, as well as an explicit statement about the limitations posed by teleassessment administration in a pandemic. Related to this, they recommend preparing the trainee for a virtual feedback session and how this may differ from an in-person meeting. Recognizing that there exists limited literature regarding teleassessment and that standards are not yet firmly established, Patel, Tarlow, and Tawfik (2021) maintain that this does not invalidate the practice, but rather defines it as an area of practice holding future promise.

The articles reviewed above are but a sample of COVID-19 related articles currently published and yet to be published in psychological journals. Psychologists are encouraged to remain current in the literature and evolving best practices as they continue to work in a pandemic world. As stated earlier, necessity is known to be the mother of invention and in our present time, it seems the pandemic has been the "mother" of invention. If so, our skills are well suited to promote healing and to make a difference in this time of challenge and stress for so many. ■

References

American Psychological Association. (2020a). *APA COVID-19 Information and resources.* Retrieved from https://www.apa.org/topics/covid-19/

American Psychological Association. (2020c). *Conducting research during the COVID-19 pandemic.* Retrieved from https://www.apa.org/news/apa/2020/03/Conducting-research-covid-19

American Psychological Association. (2020d). *Ethical guidance for the COVID-19 era.* Retrieved from https://www.apa.org/ethics/covid-19guidance

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American Psychological Association. (2020e). *For psychological scientists: COVID-19 FAQ.* Retrieved from https://www.apa.org/research/covid-19-science-faqs

American Psychological Association. (2020f). *Self-care for psychologists during the COVID-19 outbreak.* Retrieved from https://www.apa.org/news/apa/2020/03/psychologists-self-care

APA (2017). Ethical Principles of Psychologists and Code of Conduct. http://www.apa.org/ethics/code/index.aspx

American Psychological Association. (2013). Guidelines for the practice of telepsychology. *American Psychologist*, 68 (9), 791-800. https://www.apa.org/practice/guidelines/telepsychology

American Psychological Association Education Directorate. (2020). *Telehealth continuing education resources.* Retrieved from https://www.apa.org/ed/ce/telehealth

Association of Psychology Postdoctoral and Internship Centers. (2020). COVID-19. Retrieved from https://www.appic.org/#

Chenneville, T., & Schwartz-Mette, R.A. (2020). Ethical considerations for psychologists in the time of COVID-19. American Psychologist, 75 (5), 644-654. http://dx.doi.org/10.1037/amp0000661

Cooper, S.E., Campbell, L.F., & Barnwell, S.S. (2020). Telepsychology: A primer for counseling psychologists. https://journals.sagepub.com/doi/10.1177/0011000019895276

Corey, D.M., & Ben-Porath, Y.S. (2020). Practical guidance on the use of the MMPI instruments in remote psychological testing. *Professional Psychology: Research and Practice*, 51 (3), 199-204. http://doi.dx.org/10.1037/pro0000329

Farmer, R. L., McGill, R. J., Dombrowski, S. C., McClain, M. B., Harris, B., Lockwood, A. B., Powell, S. L., Pynn, C., Smith-Kellen, S., Loethen, E., Benson, N. F., & Stinnett, T. A. (2020). Teleassessment with children and adolescents during the coronavirus (COVID-19) pandemic and beyond: Practice and policy implications. *Professional Psychology: Research and Practice*, 51(5), 477–487. https://doi.org/10.1037/pro0000349

Kniffin, K.M., Narayanan, J., Anseel, F., Antonakis, J., Ashford, S.P., Bakker, A.B., Bamberger, P., Bapuji, H., Bhave, D.P., Choi, V.K., Creary, S.J., Demerouti, E., Flynn, F.J., Gelfand, .M.J., Greer, L.L., Johns, G., Kesebir, S., Klein, P.G., Lee, S.Y., Ozcelik, H., Petriglieri, J.L., Rothbard, N.P., Rudolph, C.W., Shaw, J..D., Sirola, N., Wanberg, C.R., Whillans, A., Wilmot, M.P., Vugt, M.V. (2021). COVID-19 and the workplace: Implications, issues, and insights for future research and action. American Psychologist, 76(1), 63-77. http://dx.doi.org/1.1037/amp0000751

Meyer, M. & Young, E. (2021). Best Practice Recommendations for Psychologists Working with Marginalized Populations Impacted by COVID-19. *Professional Psychology: Research & Practice*, 52 (4), 309-317. https://doi.org/10.1037/pro0000409

Patel, Z. , Tarlow, N. , Tawfik, S. (2021). Assessment Supervision During COVID-19 and Beyond. *Training and Education in Professional Psychology, Publish Ahead of Print* doi: 10.1037/tep0000342.

Pierce, B.S., Perrin, P.B., Tyler, C.M., McKee, G.B., & Watson, J.D. (2021). The COVID-19 Telepsychology Revolution: A National Study of pandemic-based changes in U.S. Mental Health Care Delivery. *American Psychologist*, 76 (1), 14-25. http://doi.org/10.1037/amp0000722

Pliskin, N.H., Puente, A.E., Morgan, J.M., & Gillaspy, S.R. (2020). Neuropsychological and psychological testing during COVID-19. Washington, D.C: American Psychological Association. Retrieved from https://www.apaservices.org/practice/clinic/covid-19-neuropsychological-psychological-testing

Rosen, C.S., Morland, L.A., Glassman, L.H., Marx, B.P., Weaver, K., Smith, C.A., Pollack, S., & Schnurr, P.P. (2021). Virtual mental health care in the Veterans Health Administration's immediate response to coronavirus disease-19. American Psychologist, 76(1), 26-38. http://dx.doi.org/10.1037/amp0000751

Social Responsibility Section Report

Holly Houston, PhD, Chair and Bruce Edward Bonecutter, PhD Co-Chair

The fall of 2021 continues to bring challenges to us all. Low vaccination rates coupled with return to in-person school have increased COVID-19 infection rates. Medical scientists are predicting another wave of infections later this season thus the pandemic lingers on. Wild fires in the West and the devastation of hurricane Ida in the South with resulting unprecedented rainfall and flooding in the Northeast give testimony to the consequences of climate change. The impact of both the pandemic and climate change highlights unfair disparities among racial and SES groups. As socially responsible psychologists, we must continue our efforts to eradicate these disparities and restore the health of our planet.

Drs. Houston and Bonecutter, Chair and Co-Chair of the Social Responsibility Section (SRS) respectively, have made several exciting additions. We have hired a part-time graduate student mentee, Monica Zabinski, to help us archive postings, identify relevant information/ resources and plan upcoming events. We welcome Monica Zabinski, a doctoral student at the Illinois School of Professional Psychology at National Louis University whose technological skill set and social justice enthusiasm will be so beneficial to our work. We have also created a Social Responsibility Section listserv for SRS membership in order to facilitate more in-depth information sharing and discussion of socially relevant issues. If you have not received a welcome email as an SRS member, please contact Dr. Holly Houston at ***hhouston@anxiety-stresscenter.com***.

We are in the process of planning SRS events, most immediately a virtual presentation at the IPA convention titled *Bystander to Upstander Principles and Practice* scheduled for Saturday, November 13th at 10:45am . Please mark your calendars and be sure to sign up. In the meantime, we continue to provide numerous postings on "isms" of all forms, police reform, culturally adapted trainings, books and article recommendations, climate change, etc. SRS welcomes information and resources that you find helpful/informative. Please send them to Dr. Houston at the email listed above. We look forward to continuing to share information that we hope will inspire thoughtful discourse and encourage needed change. ■

Eliminating the Use of Concepts such as Rapid-Onset Gender Dysphoria (ROGD)

Hayley Beth Van Serke, PsyD and Kelly Ducheny, PsyD, Sexual Orientation and Gender Diversity Committee

In pop news articles and mainstream outlets you may be hearing about the term rapid-onset gender dysphoria (ROGD). It is problematic that this term is gaining momentum. ROGD is a term that was coined in a deeply flawed study (Littman, 2018) that collected survey data from a select group of parents who had visited websites promoting anti-trans views. The author suggested that peer pressure, social contagion and mental illness can cause youth to identify as transgender or gender diverse (TGD) when parents felt that their young person identified as TGD "out of the blue." The author compares a TGD identity to an infectious disease and conceptualizes on-line TGD affirmative support spaces as "deviancy training." There is no empirical evidence to support the existence of ROGD or to suggest that this is the lived experience of adolescents or adults who identify as TGD. Further, ROGD is not a diagnostic classification in the DSM or the ICD and it is not being considered for any future version of either code.

ROGD has been asked about on our listserv, and I imagine some of you have seen trainings or other articles about how to "treat ROGD." It is vital to interrupt the spread of this and other similar terms. ROGD and similar concepts are harmful to youth and their families, as well as adults, who identify as TGD. As noted above, without any empirical support the term and concept of ROGD has been used to justify several policies and laws that seek to limit the rights of TGD youth across our nation to access affirmative care. It is already very difficult to find affirming medical care for TGD youth and adults. ROGD pathologizes TGD identities and is being used to stigmatize and interrupt access to already limited health care services.

Organizations such as the World Professional Association for Transgender Health (WPATH), and the American Psychological Association (APA) support eliminating the use of the term ROGD and similar concepts. We encourage you to engage in critical dialogue in spaces in which you hear this term being used and oppose any training that encourages others to use these term or concepts. For a full overview of Coalition for the Advancement and Application of Social Sciences Position Statement, and signatories please read here: https://www.caaps.co/rogd-statement ■

References

Littman, L. L. (2018). Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports. *PLoS ONE*,13(8), e0202330. https://doi.org/10.1371/journal.pone.0202330.

Restar, A.J. Methodological Critique of Littman's (2018) Parental-Respondents Accounts of "Rapid-Onset Gender Dysphoria". *Arch Sex Behav* 49, 61–66 (2020). https://doi.org/10.1007/s10508-019-1453-2

Reminder from IPA's APA Representative:

VOTE!

Laura Faynor-Ciha, PhD

The election for the President-Elect of APA runs **September 15 to October 30.** Five candidates have been nominated this year. Please take the time to read their statements and watch their videos, all of which are available on the APA website or by utilizing the link below. Then cast your vote! Be a participant in electing APA governance! APA members eligible to vote should receive a ballot from APA in their email. If you haven't received a ballot, contact APA.

https://www.apa.org/about/governance/elections/president-elect-candidates

Early Career Psychologist Section Report

M. Laura Pappa, PhD

Hi IPA members! As the newly elected Chair of the Early Career Psychologist Section, I want to take the time to introduce myself and the ECP section. My name is Laura Pappa, PhD and I have been a member of IPA since I became a licensed psychologist. Transitioning out of the student role into a career path, while also shaping a professional identity, is a central challenge to Early Career Psychologists (ECPs), including myself. Having gone through the process, I want to dedicate this year to gauging the specific needs of fellow ECPs. In order to do so, the ECP section is planning several virtual events throughout the year to 1) network, 2) discuss career development, and 3) build bridges between ECPs and seasoned psychologists for mentorship purposes. Earlier this year, the ECP section decided they would sponsor two IPAGS student poster awards for the IPA convention. We do this because the work of psychologists in training should be acknowledged and encouraged. In line with the aforementioned, we want to inspire all IPA members to join the ECP section regardless of whether or not they identify as early career. Part of how we thrive in our field is through networking and mentorship; this is how great professionals are created. Therefore, in the same way ECPs support psychologists in training, we strongly encourage seasoned psychologists to join our section and provide their support.

As Chair of the ECP Section, I am always available and committed to speaking with you. It is important that, as ECPs, we advocate for our needs. Thus, I hope you will consider joining the Section in order to have a voice in political decisions that may affect your career. In my short three months in office, I have had the honor of meeting with several of you and will continue to do so throughout my time in IPA. I am passionate about our field and want to learn how our larger organization can serve your needs. I welcome all IPA members to reach out to me at ***mlaurapappa@gmail.com***. ■

Why Do Some Psychologists Go into Coaching and Consulting?

Lisa Page, PsyD

There are many reasons people choose to go into coaching and or consulting work. Certainly, if you ask forty psychologists who have taken the leap into coaching or consulting work, they are likely to have forty different reasons why they made the leap. The four most common, prevalent reasons psychologists might go into coaching and or consulting are explained in this article.

Although doing clinical work can be very rewarding, some people enjoy a change of pace and a change of scenery sometimes. Therefore, the **diversity of work** would be the first reason why psychologists might expand into coaching and or consulting work. There is greater diversity in the type of problems that one deals with, greater diversity in the scope of work, and

With this diversity of work often comes higher income as billing is usually at a higher rate and not reimbursed by insurance or included in insurance discount rates. Depending on the work and the size of the job, hourly rates can vary from about $150 on up. Top consultants are bringing in several thousand dollars per day.

Diversification is the first reason that many psychologists branch out into coaching and consulting. This can look like switching up your daily schedule to include some coaching clients (often cash paying) or reserving a couple days a week for this which would bring some diversity to your income. It may mean reserving a couple days a week to be onsite and out of the office which would mean a diversity in locations. When you are doing this, you are much more likely to have diversity in the types of work you do. This may even include distant travel which some people love!

When you are at a point where you are working at locations, whether coaching or consulting, you really begin to **expand your knowledge base** and use a lot of skills that you may have been taught but never put into practice. This is the 2nd reason why many psychologists go into coaching and consulting. The knowledge that one can gain by going into a variety of companies and understanding systemic problems and solving these problems can be infinite.

Of course, these opportunities may also require you to build some significant knowledge in some areas. With this can also come learning different dynamics in relationships and different cultures in different corporations. You may have to acquire some administrative skills that you never hoped to experience, but sometimes comes with the territory.

As one builds a high reputation for themself and demonstrates successes, this can lead to greater **corporate exposure**. This is great for networking opportunities and to upsell or expand business opportunities, reach additional outside resources, or potentially even land you a permanent position. The corporate exposure is a third reason psychologists often branch out into coaching or consulting. When working with c-suite executives, this can make or break your career because most c-suite executives know many c-suite executives at other corporations also.

The concluding reason psychologists branch out into coaching and consulting that I will share in this article is searching for possible **exit opportunities**. As I alluded to earlier, coaching and consulting can lead to some significant networking and provide you and the company cheap ways of testing out new employees before hiring them. If you find a niche that you enjoy, this may be a route to go.

Whether you wish to 'switch things up' a bit or take a major leap, coaching and consulting can provide a psychologist with infinite opportunities to expand your career, your skill set, and your knowledge base. Your degree can carry a fair amount of weight in providing credibility, giving you an edge on some others. I urge you to consider qualifications for coaching and consulting if you are someone who enjoys variety in your work and your schedule. ■

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IPA Colleague Assistance Resource Program

Cliff Saper, PhD and Ellen Stone, PsyD

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

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

Dear Colleague,

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

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

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

Resource Provider/Program Profile

Date: _____ Name/Program: _____

Professional Credentials/certification: _____

Organization: _____

Primary Address: _____ Additional Locations: _____

City, State, Zip: _____ City, State, Zip: _____

Office Phone: _____ FAX: _____

Email: _____ Website: _____

Payment arrangements accepted: (Check all that apply).

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

Name all Health Insurances accepted: _____

Type of Service: (Check all that apply).

Solo or Group Practice:	**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 apply).

Adolescents __ ; Adults (18 & over) ___; (ACOA)___; Anger Management Issues___; Anxiety/OCD___

Attention Deficit Hyperactivity Disorder (ADHD) ___; Autism-Spectrum Disorders ___; Axis II Dx___;

Chemical/Substance Dependency and Alcoholism ___; Children ___; Codependency ___;

Compulsive Gambling/Spending ___; Divorce ___; Domestic Violence ___; Dual Diagnoses ___;

Employee Assistance Counseling/Consulting ___; Eating Disorders ___; Family Therapy ___;

Grief/Loss ___; Group Therapy ___; Internet Addiction ___; Intervention Services ___; Self-Injury___

LGBT Concerns ____; Medication Management ___; Men's Issues ___; Mood Disorders ___;

Pain Management ___; Psychological Assessment ___; Sexual Issues/Disorders ___;

Smoking Cessation ___; Trauma ___; Veteran's Issues ___; Women's Issues ___;

Others: _____

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

Email form to *clifton.saper@alexian.net*

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

Mail form to:
Illinois Psychological Association,
67 East Madison St. Suite 1904, Chicago, IL 60603

See the following page for a Healthy Lifestyle Assessment.

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

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

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

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

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

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

Compassion Satisfaction _____

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

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

Burnout_____

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

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

Secondary Traumatic Stress_____

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

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

Continued on page 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. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

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

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about the effects of helping when you are *not* happy so you reverse the score

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

*1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

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

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.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

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

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

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

Name: _____

Mailing Address: _____

Email Address: _____

Phone(s): _____

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

Numbers You Should Have

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312/745-2273

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800/374-2721

Web Page
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Office space available for sublet Sundays (full or half day) beginning October 1. The space consists of one therapy office, a waiting room, and storage areas. Therapy office has east facing windows, offering ample natural light. Opportunities for consultation with clinicians in the suite are available and renters are included on the office's therapist referral list. There are also many therapists within the building, which allows for easy networking with other professionals. Convenient and accessible location in downtown Oak Park. Many amenities: Waiting room, One block from Harlem Green Line/UP West Metra, Free 1.5-hour parking for clients, Water cooler for clinicians and clients with complimentary tea, Free, high-speed internet, Free tissues, Sound machines and other office supplies, Storage space, On-site management company with nightly cleaning service. Contact: Ashley Graves ashleygraveslcsw@gmail.com if interested.

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