

A Message from the IPA President

Daniel Brewer, PsyD, IPA President

I hope you are all doing well as we move into a Fall season like none before. I know many of you are continuing to practice or teach remotely, while some of you have had to adapt to how to work in person using personal protective equipment and sanitizing procedures. Some parents are having to balance maintaining their careers with facilitating home-school and distance learning. Most of us have been forced to change, alter, or cancel plans for travel, graduations, weddings, funerals, and other important life milestones. We all have been pressed to adapt in unprecedented ways, all while anticipating an important and historic November US election. Through it all, we at IPA have been hard at work advocating for Illinois psychologists.

I am especially excited about the work the 2020 Convention Committee has been doing to develop a fully online event. Please save the dates, **November 12-14**th, **2020**, for our IPA Annual Convention, *Coming Together: A Focus on Healing*. While we will not be able to be physically together, our hope is we can still create a sense of connection and community with psychologists around the State, across the country, and even around the world. We have been hard at work



developing three full days of programming, which if you attend everything could provide over 22 hours of APA accredited continuing education (CE) credits. IPA APA CE accreditation currently does not allow for pre-recorded CEs, so we have structured our event to be live.

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We are exploring the possibility of offering prerecorded CEs for the future. The Convention Committee has given a great deal of thought about how to structure the online event to give you the best possible experience. We've limited the number of simultaneous events, so you don't have to make as many difficult choices about what to attend. Even so, in order to accommodate as many programs as possible, there are a couple of instances where you will be able to select between simultaneous programs to find the one that interests you most.

Please look for your copy of the convention brochure, which you should have already received via email. You will see in the brochure that CE programming will run from 9:00 am until 7:00 pm daily, in 90 minute and three-hour blocks. There will be brief 15-minute breaks throughout the day, as well as a 45-minute break for lunch. We recognize this structure is a long day of available programming, and we hope you will join us for all of it. We recognize, however, some of you may choose to step away from a given workshop in order to take a break, see a client, or to address other commitments. CEs will be awarded based on confirmation of the programs you attend in entirety. Pricing is based on a per-day or three-day basis; we will not be offering single webinar pricing.

The 2020 IPA Convention will be held virtually via the Beacon platform, supplemented with additional Zoom meetings. For those of

vou who attended IPA's recent webinar on Sexual Harassment Prevention Training and Recognizing and Reporting Child Abuse, or the APA Convention, you are familiar with Beacon's services. The IPA Convention Committee chose to continue to work with Beacon for several reasons, including ease of use for attendees and great customer support. Beacon will help us manage attendee registration, send out connection information, manage the webinars themselves, confirm attendance for CEs, and provide CE certificates directly. Beacon will help streamline the process while also easing the workload on IPA staff. All workshops offering continuing education will be facilitated through the Beacon platform. Non-CE events, such as our Annual All Association meeting, as well as any social events or entertainment, will be facilitated via Zoom.

I sincerely hope you will consider joining us for all or some of this year's convention. The Convention Committee has worked hard to provide high quality and scholarly programing on a wide range of relevant topics. As a reminder, if you have not renewed your IPA membership you should do so immediately or you risk losing your member benefits, including access to a reduced IPA member rate for the convention. Please take care of yourselves, and stay healthy. And as always, feel free to reach out to me directly with any feedback about how IPA can continue to serve you well.



Illinois Psychological Association

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

Publication of an article, an ad, or an announcement does not imply that it represents the policy or position of the Illinois Psychological Association and does not constitute endorsement of the articles or products advertised. IPA reserves the right to edit all materials selected for publication. Classified and display advertisements are accepted subject to editorial approval.

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> Illinois Psychological Association 67 E. Madison, Suite 1817 Chicago, IL 60603 Voice: 312/372-7610 Fax: 312/372-6787

Deadline for the next issue: December 4, 2020

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> ASSOCIATE EDITOR Mary Kay Pribyl, PhD

A Message from Your New President-Elect

Abby Damsky Brown, PsyD

Looking Ahead to 2021

I hope you and your families are safe and healthy especially during these times. I personally am so grateful to the Illinois Psychological Association for the support and true sense of community I have felt during my transition to President-Elect.

I thought I might offer some reflections and visions I have for IPA in the coming year or two. Typically, the President-Elect term is spent solidifying a focus and platform for the following Presidential term. I had lots of ideas when I ran for this position, all of which are still relevant and critical to our organization. However, over the last few months, I have felt a heaviness as I contemplate what our world will look like when my presidential term starts in July 2021 and what psychologists' needs will be at that time. I have been thinking a lot about Dr. Brewer's emphasis on healing and given everything happening in our country how this theme will no doubt be needed for years to come, well beyond his term as President. While I am contemplating my own platform, one thing is clear to me. I will absolutely prioritize a continuation of healing within our association and our communities. There is so much to grieve and mourn during this time. In the midst of personal and collective trauma, I also feel a great deal of hope. There is so much to admire and be inspired by, especially by the hard work happening within IPA.

In my imagining of my year as President, I envision bridging the platforms of Drs. Gopal (intersectionality) and Brewer (healing) with my vision of transformation. What do I mean by transformation? I mean seeing needed change, mobilizing efforts, and making it happen. There are already so many initiatives within IPA that honor intersectionality and healing. It is my hope my presidential year can activate and invigorate

members of our profession, as we all seek transform to ourselves and our profession to meet the ever-changing needs of our communities. I plan to work to support Past-President Dr. Faynor-Ciha's Leadership



Development program, to support our Early Career Psychologist's (ECP's) in the leadership pipeline. I've said it before, and I will keep saying it. ECP's are the future of IPA! I will work with ourMembershipCommitteetogrowmembership and involve diverse psychologists across the state. We will continue to provide exceptional virtual and in-person CE opportunities, which will continue to maintain IPA's solid financial footing and enhance our psychologists' exposure to robust learning opportunities.

I imagine many of us have contemplated how we can tangibly contribute to our communities given everything that is going on in the world today. I hope you will consider running for an IPA position in the Spring, as a way to participate in important change and advocacy within our field. I would be happy to speak with any of you who might be interested in taking a leap into IPA leadership or to get your feedback on what you would like to see for the coming years. Feel free to reach me directly at **abbybrownpsyd@gmail.com**

IPA Executive Director Message

Marsha Karey

Registration is Open! IPA Virtual Convention. *Coming Together: A Focus on Healing*

Mark Your Calendars! November 12-14th Early Bird Pricing ends October 24th

It is hard to believe Fall is here and the annual convention is right around the corner. So much has changed since last year.

As most of you are aware this year's annual convention will be held entirely online. Dr. Brewer, the convention planning committee, the Continuing Education (CE) Committee and the IPA office have worked hard planning and putting together outstanding programs for this year's virtual convention. This convention gives you the opportunity to attend live interactive webinars. During each session or at the end of each program, time will be allotted for Questions and Answers. We hope many of you will take advantage of this opportunity and that psychologists throughout the state who have not attended in person in the past will now do so from the comfort of their office or home.

I would like to thank all the IPA Special Interest Sections for their generous support as well as our sponsors and advertisers. As you look through the electronic convention brochure you will find that each ad is a hyperlink that will bring you right to the advertiser's website. Since we are not meeting in person, exhibitors' representatives will not be able to meet you in person and answer questions but clicking on an ad is a terrific way to find out more about these companies.

For the first time the IPA office will not be handling convention registration. We are using an online platform, Beacon, to handle registration. On page 4 of the convention brochure registration buttons are provided along with important information regarding registration. Please review this information before registering. There is a three-day IPA member convention package fee @ \$340 and IPA member individual day fee @ \$120. Early bird registration ends on October 24th. Programing will be offered from 9am-6pm each day, allowing for flexibility to attend all programs that day or attend to other business if needed. Continuing education 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 c o n v e n t i o n 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 All Association Meeting will be held via Zoom on Friday morning before the first program begins. The meeting will include IPA updates, an IPA President Address, IPA Awards including Student Poster winners and APA updates. All are invited to attend. Continuing education credits will not be provided. A Zoom link is forthcoming and will be announced on the listserv and via email announcements.

Be on the lookout for future announcements regarding the Student Poster Presentation dates, times and how to view. Have a snack and your favorite beverage ready to join the *Therapy Players* LIVE INTERACTIVE performance, following the last program on Saturday: <u>www.</u>twitch.tv/therapyplayers

It has certainly been a busy time for the IPA office and for many of our committee chairs and members who continue to volunteer their time. I would especially like to thank Susan O'Grady and Lynda Behrendt from the CE Committee, in adapting and taking on new roles in making our webinars work; three live webinars were held in August alone! I would like to acknowledge our IPA members who presented at these webinars, Drs. Borchardt, Pimental, Harms, Jacquot, Alexander and Mrs. Monahan and Nye. The Healthcare Reimbursement Committee continues to bring forth pertinent information and updates during these unprecedented times, and the Legislative Committee continues to forge ahead, following important bills and

Virtual Convention at a Glance:

Thursday

November 12, 2020

9:00 AM to 10:30 PM Program 1 PCBH AND HOLISTIC HEALING IN THE LGBTO COMMUNITY

10:30 AM to 10:45 AM Break

10:45 AM to 12:15 AM

Program 2 ON RACE AND ETHNICITY: WHAT SCIENCE CAN TEACH US

12:15 PM to 1:00 PM LUNCH BREAK

1:00 PM to 2:30 PM

Program 3 CONCEPTUAL FOUNDATIONS IN BEHAVIORAL HEALTH CARE OF LGBTQ PEOPLE

2:30 PM to 2:45 PM BREAK

2:45 PM to 4:15 PM

Program 4

THE LIVED EXPERIENCE OF FACULTY OF COLOR DURING THE COVID-19 CRISIS AND BLACK LIVES MATTER MOVEMENT

4:15 PM to 4:30 PM BREAK

4:30 PM to 6:00 PM

Program 5 DISABILITY AND INTERSECTIONALITY: EMBRACING INCLUSIVE POLICY AND PRACTICE

Friday

November 13, 2020

8:00 AM to 8:45 AM Annual IPA All Association Meeting

9:00 AM to 12:15 PM

Program 6 ETHICS AND THE BUSINESS OF HEALING

10:30 AM to 10:45 AM BREAK

12:15 PM to 1:00 PM LUNCH BREAK

1:00 PM to 2:30 PM

Program 7 ARE WE WITNESSING RACIAL RECONCILIATION IN AMERICA?

2:30 PM to 2:45 PM BREAK

2:45 PM to 4:15 PM

Program 8 THE MOST RECENT INFORMATION ON REIMBURSEMENT AND CLINICAL PRACTICE DURING COVID-19

Program 9 ADDRESSING RACIAL DISPARITIES IN COVID-19

4:15 PM to 4:30 PM BREAK

4:30 PM to 6:00 PM

Program 10

CLINICAL SUPERVISION IN CHALLENGING TIMES: DEVELOPMENTAL/ECOLOGICAL/ PROBLEM-SOLVING MODEL (DEP)

Saturday

November 14, 2020

9:00 AM to 10:30 AM

Program 11

WHEN IT'S BOTH DANGER AND DISCOMFORT: TREATING ANXIETY DISORDERS DURING THE PANDEMIC

10:30 AM to 10:45 AM Break

10:45 AM to 12:15 PM

Program 12

EMBRACE EXCELLENCE IN TELEPSYCHOLOGY IN PSYCHOTHERAPY: EVIDENCE, EXPERIENCE, EXPLORATION

12:15 PM to 1:00 PM LUNCH BREAK

1:00 PM to 2:30 PM

Program 13

CLINICAL TRAINING DURING COVID-19: CHALLENGES AND LESSONS LEARNED

2:30 PM to 2:45 PM BREAK

2:45 PM to 4:15 PM

Program 14

LEGISLATIVE UPDATE FOR PSYCHOLOGISTS

Program 15

CURATING YOUR LIFE IN A TIME OF UNCERTAINTY

4:30 PM to 6:00 PM

Program 16

PSYCHOLOGISTS ADDRESSING MENTAL HEALTH OF HEALTHCARE WORKERS DURING THE PANDEMIC

STUDENT POSTER PROGRAMMING FOR THE 2020 VIRTUAL IPA CONVENTION!



TOPICS: The topic of this year's convention is 'Coming Together: A Focus on Healing'. Given these unprecedented times, topics covering diversity, racial disparities, mental health inequalities, telehealth, and so on are highly encouraged. **SUBMISSION:** Please email a single page pdf of your poster to ipags.section@gmail.com. Further instructions will be sent out accordingly. IPAGS hopes to have a virtual interactive blog set up for a more 'lively' experience, as well as the opportunity to share posters on social media platforms!

CONTACT INFO: Please feel free to reach out to the current IPAGS Chair (Morgan Ferris; *mferris2@adler.edu*) or the current IPAGS Chair-Elect (Aya Haneda; *amhaneda@gmail.com*) with questions or concerns.

WINNER ANNOUNCEMENTS: Winners will be announced at the IPA All Association Meeting on Friday November 12th via Zoom (more details to come)

AWARDS: Several monetary awards will be available!! Look for a final lineup of sponsors in upcoming announcements.

Pandemic-Related Potholes in Clinical Practice^{1,2}

Patricia Farrell, PhD, Clinical Practice Section Chair

What is the best practice when a patient asks for a letter to defer their return to in-office work due to fear of acquiring COVID-19? Write the letter? The request, while reasonable, is similar to the dilemma faced by the treating psychologist when a patient asks for a letter confirming the need for an Emotional Support Animal (ESA). In effect, this casts the provider into a quasi-forensic role. Switching over to a quasi-forensic role may morph into a deep pothole. When one considers that the basis of that letter pivots solely on a patient's own self report, the question must be asked: what evidence of malingering exists? When it's a long standing patient there still may be an issue of conflict of interest on the part of the provider. It's reasonable for the psychologist to simply state I don't do those kinds of letters. Should the provider feel pressured to draft a letter related to return to in-office work, a risk management consultation is a wise choice. With consultation, providers can avoid the risk of noxious pandemic-related pothole(s).

Heads up. More pandemic related potholes appear down the road and the public health emergency (PHE) situation remains fluid. Providers do ask: Since the COVID-19 PHE appears destined for a marathon, why not work from the sunshine state, Florida, over the dark, dreary, cold winter? Never anticipating the current PHE, most states haven't written laws to address this issue. Indeed, the transactions truly occur in cyberspace. From a practical standpoint, especially during the PHE, it's probably okay and the risks are low for adverse occurrences via states' professional regulatory boards. However, for Illinois psychologists who hold a PsyPact E-passport, you must be in your home state of Illinois when providing the service (as of this writing).

Questions of telehealth efficacy do exist. While most providers and patients report reasonable satisfaction with telehealth during the PHE, what should the provider do when pressured by a patient to be seen in your regular office? Change still feels strange. What's the best practice with these cases? It is wise to appreciate that mere patient preference alone does NOT justify an in-person session. Attention to CDC guidelines is a MUST along with paying attention to local guidelines! Providers must document *specific* extenuating circumstances according to the Trust risk management staff during their Roundtable #9 on September 3, 2020.

Providers worry about licensing board complaints when a patient might contend they acquired COVID-19 from in-office care. The challenge is whether plaintiffs can prove causation that the provider office transmitted the infection. It is prudent to document that each of the patients one sees is justified to treat in-office, based both on ethics and the risks of not seeing in person. Are there immunities to protect providers during the pandemic? As described in the Trust Roundtable #9, an immunity is a government waiver that states malpractice suits can't be brought against a provider. The rationale behind immunities is to help providers who must keep working without too much anxiety about making a mistake. There is NO standard of care given the current pandemic or PHE. Likewise, there is no history as to how behavioral health providers should operate. The majority of regulation(s) related to malpractice exist at the state level; all 50 states have a Good Samaritan immunity in place and another 16 states have added COVID-related immunity for the PHE. Be clear, immunity is just for ordinary negli-gence, BUT willful or reckless disregard for care provided, e.g. being intoxicated when caring for a patient, is excepted.

IPA members are strongly encouraged to take advantage of the Trust's convenient pandemic related educational opportunities. Consider: it only takes one bad hit on a deep pothole to break an axle on a car. In effect, the Trust's ondemand recorded roundtables and community chats are an effective tool to avoid the worst pandemic-related (malpractice) potholes during an unprecedented time.

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

Risk Management Roundtables: <u>https://parma.trustinsurance.com/Workshops-Webinars/Virtual-Webinar-Series/risk-management-roundtables</u>

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Saturday, November 14, 7 p.m. www.twitch.tv/therapyplayers

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This year has been uniquely difficult.

Thank you

for the ethical, skillful, and individual care you provide to all your patients...

you make facing tomorrow a little easier.

Pandemic-Related Potholes...

Continued from page 6

- Telehealth Community Chats: <u>https://parma.trustinsurance.com/</u> <u>Workshops-Webinars/Virtual-Webinar-</u> <u>Series/telehealth-community-chats</u>
- COVID-19 Resources for Practitioners: <u>https://parma.trustinsurance.com/</u> <u>Resource-Center/COVID-19-Re-sources</u>

References

- ¹ Risk Management Roundtable #9: Leisl Bryant, PhD, ABPP, Daniel Taube, JD PhD, Joe Scroppo JD PhD (presenters) September 3, 2020 sponsored by the Trust Parma.
- ² Grateful acknowledgment is extended to the Trust, whose 9/3/2020 Roundtable was the basis of this article, yet the text contained above is for informational purposes only and does not constitute legal advice. Providers are encouraged to consult with a risk management attorney prior to making the best choice for your practice.

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Legislative Liaison Report

Terrence Koller, PhD, ABPP, IPA Legislative Liaison

The Illinois Legislature does not go back into session until the week of November 16. This means that we must continue to stay alert to bills that may impact our careers or the lives of the people we serve. After that, the legislature will meet one more time this year and that is December 1 to 3, 2020.

The IPA Legislative Committee is already gearing up for bills we will pursue next year. We will continue to push for an amendment to the Probate Act to eliminate the unnecessary need for a physician signature when a psychologist does an evaluation based purely on psychological issues. We will also collaborate with other mental health groups to push to pass a law to permanently continue reimbursement for telehealth mental health services. I have been in contact with the Illinois Psychiatric Society and intend to work with them to advocate for such a bill. We tried to pass a telehealth reimbursement bill during an emergency COVID-19 session of the legislature, but legislators realized that this is a more complicated issue than they first thought. There was lots of support for such a bill, but lawmakers wanted more time to digest the details.

As you know, Governor Pritzker has been issuing COVID-19 emergency Executive Orders every 28 days. Included in these orders is one that requires insurance companies under

> 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).

certain conditions to pay for telehealth. The current order extends these requirements until October 17. I expect that the Governor will continue to issue Executive Orders every 28 days until there is no longer a COVID-19 threat. I will post updated orders to our listserv and you can follow them at this link: <u>https://www2.</u> <u>illinois.gov/Pages/government/execorders/ executive-orders.aspx#ExecOrder</u>

Although not an Illinois-specific legislative item, I have been working with APA and other Federal Advocacy Coordinators to write to all our members of congress asking them to prevent substantial 10.6% cuts to Medicare for psychological services. You can read a copy of one of those letters in this newsletter.

I will be stepping out of the position as APA Federal Advocacy Coordinator for Illinois. By the time you read this newsletter, Kristina Pecora, PsyD will be taking over this position. She is an excellent replacement and not only has experience working with our Legislative Committee but has done federal advocacy work for another organization. Thank you all for your support over the years by responding to my requests for advocacy. I will not be leaving my position as Legislative Liaison for the Illinois Psychological Association and will continue to advocate for us at the State level.

I'm hoping we will see some progress on a vaccine by the time I write my next newsletter article in January. In the meantime, vote and stay safe.

Executive Director Message...

Continued from page 4

continuing to advocate for our members and psychologists throughout the state.

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 with your support.

As always, please feel free to contact me if I can be of any assistance to you. *mkarey@ illinoispsychology.org*

Stay safe!

IPA Letter to the Administrator of CMS Regarding Revisions to Medicare Payment Policies:



ILLINOIS PSYCHOLOGICAL ASSOCIATION

Suite 1817 67 East Madison Street Chicago Illinois 60603 Fax: 312/372-6787 Phone: 312/372-7610 www.IllinoisPsychology.org

October 7, 2020

Seema Verma Administrator, Centers for Medicare and Medicaid Services Department of Health and Human Services Attention: CMS-1734-P 7500 Security Boulevard Baltimore, MD 21244-1850

RE: CMS-1734-P Medicare Program; CY 2021 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies

Dear Administrator Verma:

I am writing on behalf of the Illinois Psychological Association to provide comments on the changes proposed by the Centers for Medicare and Medicaid Services (CMS) for the 2021 Medicare physician fee schedule.

Psychologists provide Medicare beneficiaries with critical mental and behavioral health services including psychotherapy, psychological and neuropsychological testing, and health behavior assessment and intervention (HBAI) services. During the current public health emergency (PHE) beneficiaries' mental wellbeing is at risk due to heightened stress and social isolation, which is linked to depression, anxiety, increased substance use, and cognitive decline.

The 2021 proposed payment reduction

CMS is proposing to reduce the Medicare conversion factor, the multiplier used for all services to convert relative values into dollars, by 10.6% to offset increases for outpatient evaluation and management (E/M) services. We implore CMS, whether on its own or by working with Congress, to find a solution to avoid imposing such a drastic cut on Medicare providers and protect beneficiary access to critical psychologist services.

An Illinois Psychologist wrote: "I am a Medicare provider because I think it is the right thing to do. Reimbursement rates are significantly lower than my usual billing fee but I am willing to accept this fee in order to serve this vulnerable population. I don't know if I can continue to do so if payments continue to be reduced."

Telehealth

As mentioned above, beneficiaries are especially vulnerable during the current PHE. As most beneficiaries are age 65 and over, often with co-morbid conditions, they are already at high risk and must take necessary precautions to avoid exposure to COVID-19. For many this has meant an end to visits from family and friends, social activities, and even casual interactions with others. Social isolation is especially difficult for people who have mental and behavioral health challenges.

We thank CMS for removing telehealth barriers during the PHE so that more beneficiaries can receive services, and we believe the changes made by CMS during the PHE should be retained after the PHE ends. Specifically, we are asking CMS to make permanent telehealth coverage changes to:

- Remove the originating and distant site requirements
- Remove the geographic location requirements
- Allow telehealth services for new patients
- Expand the list of services available through telehealth
- Allow for the use of audio-only telephones for psychotherapy and HBAI services

Plans for the Fall: Some Helpful Tips

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

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The HCRC receives many questions on the IPA ListServ from our members-especially since most major insurers and Medicare/Medicaid began approving some form(s) of telehealth services in response to COVID-19-related health risks and constraints-about if, when, how, and to what extent specific insurers will continue to reimburse providers for telehealth services. While we, of course, remain committed to providing you with information and resources to help you answer these (and other) reimbursement-related questions, we have learned that, truly, the SINGLE MOST HELPFUL resource that you can access is your own set of "go-to" tips, strategies, and contacts (collected from the HCRC ListServ posts and other reliable sources you've found) that best serve your clinical practice needs. That is, as the "keeper" of your patients' PHI and insurance coverage information, you assist them in confirming the particulars of their telehealth coverage, which can vary, both for each individual whom you serve AND by insurance plan, even from the same insurance company. So, we devote this IPA Newsletter piece to highlighting some helpful tips for you to keep on-hand as you continue to review insurance plans during the Fall (and Winter) months ahead.

For ease of reading, we use the term "patients" rather than "clients" here. Likewise, we will use BCBSIL as our insurer example and recommend that you consider the tips that follow for ANY and EVERY insurer with whom you interact.

What's Your Patient's Benefits Plan? (1) Always check/confirm benefits, and the nature of the insurance coverage/plan before beginning services; AND (2) frequently check/ confirm telehealth benefits, as these benefits may change based on what's happening at the national (and subsequently) state levels in response to the COVID-19 pandemic and the most current assessment of public health care needs-that is, does COVID-19 remain classified as a Public Health Emergency (PHE). Likewise, if you have a PsyPact E-passport, you also will need to watch the various states' Executive Orders regarding telehealth and COVID-19's current status as a PHE.

Why Check Plans? Individual policies will vary, based on the nature of the employer's funding for employee health insurance benefits.

Key Questions to Ask. It's critically important for you and your patient to know the exact nature of the health insurance plan. For example, is the plan an Administrative Services Only (ASO), also called a self-funded plan, OR is it a fully-funded plan? Equally important: Has there been any recent change in the plan?

ASO: This means that the employer (often a large employer group) funds its own employee health insurance benefits (thus the term self-funded), typically purchasing only administrative services from the health insurance company (think of it as "renting" or "leasing" services from the insurance payer's network). Thus, the employer bears the financial risk and burden, paying the health insurance claims of its employ-ees on a case-by-case basis (i.e., as they occur). Further, the employer chooses the options it will pay for (including whether or not it will cover telehealth services), as well as other coverage details, such as the deductible amount and co-pay amount. So, if the employer has chosen to pay for telehealth services for its employees, the employer (NOT the insurance company) chooses how much to cover, how long to cover these services, etc.

insurance The company typically provides a monthly "accounting" (e.g., spreadsheet) of the payouts for inpatient and outpatient services to the employer. The ASO employer-funded option is quite common. For example, in our most recent communications with BCBSIL, we have learned that approximately 75-80% of its beneficiaries are in self-funded plans!Remember, for ASOs, the employers determine all aspects of the benefits for its employees, so thus the critical importance of both you and your patients regularly checking in to see if there are any changes in coverage.

IPA Signs On to Coalition Letter about Parity

September 18, 2020

VIA ELECTRONIC DELIVERY Director Robert H. Muriel Illinois Department of Insurance 122 S. Michigan Ave., 19th Floor Chicago, IL 60603

RE: July 2020 Market Conduct Examinations and Parity Advancement Fund

Dear Director Muriel:

As advocates for people living with mental health and substance use disorders (MH/SUD) in Illinois, we would like to express our sincere gratitude to you and the entire Department of Insurance for the work and effort that went into the parity market conduct examinations announced on July 15, 2020. These examinations represent an important step forward in parity implementation and in ensuring that Illinoisans have access to medically necessary mental health and addiction care.

As the health insurance industry enjoys record profits, Americans are experiencing drastically elevated levels of mental health and substance use challenges due to COVID-19, racial inequity, and general social and economic turmoil.^{i, ii} For this reason, enforcement of MH/SUD parity is more critical than ever.

We want to be a resource to the Department as it considers future plans and efforts to advance MH/SUD parity in Illinois. In that spirit, we have provided below recommendations on how the Department could potentially use the moneys deposited into the Parity Advancement Fund as a result of the recent examinations.

Enforcement. The results of the examinations demonstrated both their efficacy as a regulatory tool and the need for more action as they made clear that insurers continue to violate both state and federal parity law. Therefore, we would first and foremost suggest that the most impactful use of the moneys in the Parity Advancement Fund would be to enhance and increase the Department's parity enforcement work.

- *Market Conduct Examinations:* Market conduct examinations have proven effectiveness. The Department should invest in conducting more—and more frequent—market conduct examinations in the future.
- Targeted Audits: Utilization management practices (UM) like prior authorization and use of flawed
 medical necessity criteria are regularly used to circumvent parity laws. Additionally, inadequate
 provider networks and lower reimbursement rates for MH/SUD care relative to medical/surgical
 care result in Illinoisans' inability to access medically necessary MH/SUD care.ⁱⁱⁱ The Department
 should allocate funds for targeted audits of particularly problematic barriers to MH/SUD care and
 UM practices to investigate how insurers improperly use these practices to delay and/or deny
 medically necessary MH/SUD care.
- Front-End Compliance: While front end enforcement should never replace back end monitoring of compliance, the Department could develop a reporting format or tool to demonstrate parity compliance before insurance products make it to the market.

Bolster Department Resources. Effective implementation and enforcement of parity requires technical knowledge and expertise. The Department should consider using some of the funds to support staff and bolster the Department's internal capacity and resources used to implement and enforce parity.

- *More staff:* MH/SUD parity is a technical and nuanced regulatory issue. The Department could invest in hiring specialized staff who are focused on enforcing and advancing parity in Illinois.
- Staff Education & Training: In the same spirit, the Department could invest in training and education for existing staff to help better equip them to monitor and address parity issues.

Coalition Letter... Continued from page 13

We believe that it is important to learn from the past, when too often regulators across the country have spent precious resources educating consumers on their parity rights while underinvesting in proactive parity enforcement activities that could have made these rights a reality. By using the Parity Advancement Fund to bolster enforcement efforts and Department resources, the Department can continue to take the burden of fighting illegal coverage limitations off of individuals and families in crisis and place the burden where it belongs—on insurers who have an obligation to comply with state and federal parity laws.

If you or your staff have any questions, please do not hesitate to contact David Applegate, Director of State Policy at The Kennedy Forum Illinois (<u>dapplegate@thekennedyforum.org</u>). Again, thank you for the work of the Department in advancing parity and for your consideration of our recommendations.

Sincerely,

AIDS Foundation Chicago American Foundation for Suicide Prevention, Illinois Chapter Anixter Center Chasing Hope Foundation Chicagoland Leadership Council Community Behavioral Healthcare Association Davis Mental Health Group Depression and Bipolar Support Alliance **Gateway Foundation** Heartland Alliance Illinois Association of Rehabilitation Facilities (IARF) Illinois Association for Behavioral Health Illinois Health and Hospital Association Illinois Psychiatric Society Illinois Psychological Association Karen Pierce MD, PC Legal Council for Health Justice Live4Lali Memorial Behavioral Health Mental Health America of Illinois Mental Health Summit NAMI Barrington Area NAMI Chicago NAMI Cook County North Suburban

NAMI DuPage NAMI Illinois NAMI Lake County Illinois NAMI Northwest Suburban NAMI of McHenry County NAMI Sauk Area NAMI Schaumburg Area NAMI Schaumburg Area NAMI South Suburbs of Chicago NAMI Tri-County Illinois NAMI Will Grundy National Association of Social Workers (NASW) Illinois Chapter Popovits Law Group Psychotherapy Action Network (PsiAn) Rosecrance Shriver Center on Poverty Law Suicide Prevention Association TASC (Treatment Alternatives for Safe Communities) The Josselyn Center The Kennedy Forum Illinois The LodeStone Center for Behavioral Health Thresholds Trilogy, Inc.

ⁱ Abelson, Reed. (2020, August 5). Major U.S. Health Insurers Report Big Profits, Benefiting from the Pandemic. The New York Times, Retrieved from: <u>https://www.nytimes.com/2020/08/05/health/covid-insurance-profits.html</u>

ⁱⁱ Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24-30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049-1057. DOI: <u>http://dx.doi.org/10.15585/mmwr.mm6932a1</u>.

iii Melek SP, Davenport S, and Gray TJ. (2019, November 19). Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement. Milliman Research Report. Available at: <u>https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p</u>

Update on Prescriptive Authority (RxP) in Illinois

Derek Phillips, PsyD, MSCP

As many of you know, the Illinois General Assembly passed an amendment to the Illinois Clinical Psychologist Licensing Act in 2014 that established a license for prescribing psychologists for those who complete additional education and training in clinical psychopharmacology at either the predoctoral or postdoctoral level. The bill was signed into law by then-Governor Pat Quinn and then proceeded into a lengthy rule-making process. In July 2019, Dr. Terry Soter became the first licensed prescribing psychologist in Illinois. More recently, in August 2020, Drs. Brandi Boan and Monika Neale also joined the ranks of licensed prescribing psychologists as the second and third in the State, respectively. There are several more psychologists who have submitted their applications to become licensed as prescribing psychologists, as well as many who are completing medical rotations, studying for the prescribing psychology licensure exam, or are completing clinical psychopharmacology and/or undergraduate biomedical coursework.

Specifically, the required education includes undergraduate biomedical coursework (medical terminology, biology, microbiology, chemistry, and anatomy & physiology), as well as completion of a graduate program in clinical psychopharmacology, most commonly a Master of Science in clinical psychopharmacology (MSCP) degree. APA has established a program in which it "designates" clinical

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

psychopharmacology graduate programs that meet APA's specific designation criteria. Additionally, individuals who wish to become a licensed prescribing psychologist in Illinois must pass a national, standardized exam, the Psychopharmacology Examination for Psychologists (PEP), which is administered and maintained by the Association for State and Provincial Psychology Boards (ASPPB). Finally, prospective prescribing psychologists must complete a prescribing psychology residency of 1,620 hours in which they complete rotations in 9 medical specialties (family medicine, psychiatry, pediatrics, obstetrics/gynecology, geriatrics, emergency medicine, surgery, internal medicine, and one elective) over the course of at least 14 months, and a research project.

More generally, the prescribing/medical psychology movement enjoyed a major milestone in 2020! At its August 2020 meeting, the APA Council of Representatives voted to recognize "Clinical Psychopharmacology" as a specialty within psychology, as it has for other specialties like clinical neuropsychology, clinical health psychology, etc. Future endeavors include applying to create a clinical psychopharmacology specialty board within the American Board of Professional Psychology (ABPP) and applying to become a member of the Council of Chairs of Training Councils (CCTC) to formally represent clinical psychopharmacology training programs among other psychology specialties.

For more information, please contact me at *drderekphillips87@gmail.com*.

Derek C. Phillips, PsyD, MSCP Clinical Neuropsychologist Prescribing Psychology Resident Sarah Bush Lincoln Health Center Mattoon, IL

APA Council of Representatives Virtual August Meeting Summary

Clif Saper, PhD, Illinois Representative to the APA Council

APA's Council of Representatives met virtually August 5-6, during which it adopted a policy/ position regarding the COVID-19 pandemic and agreed to forward to the membership for a vote bylaws changes that would offer voting seats on the Council of Representatives to members of the ethnic minority psychology associations and voting privileges and a new membership category for certain psychology graduate students.

The COVID-19 policy/position statement recognizes the multi-pronged calamities of a global pandemic, widespread anti-racism protests and a mental health crisis with a disproportionate impact on marginalized populations—and affirmed psychology's role in addressing their myriad harms. It passed by an overwhelming 98.8% of the vote (164 to 1, with 1 abstention).

Calling for a population health approach to address the pandemic, the resolution highlights the role of psychology, as the science of behavior, in efforts to help increase adherence to physical distancing, mask wearing and handwashing. Noting the devastating number of hospitalizations and deaths from the coronavirus, the resolution points to the contributions of psychologists in addressing widespread stress, anxiety, depression and hopelessness.

In introducing the business item calling for a bylaws change that would offer seats on council the five current ethnic minority psychological associations (EMPAs), Michael Hendricks, PhD, noted this was the fourth time since 2007 that the council has wrestled with this question. He cited the confluence of COVID, racial unrest and deep-rooted health disparities affecting people of color in the United States in urging its passage. "We think the time is right—maybe even more than right," he said. The measure passed by a wide margin—160 to 1, with 2 abstentions.

The five EMPAs covered by the proposed bylaws amendment are the American Arab, Middle Eastern and North African Psychological Association; the Asian American Psychological Association; Association of Black Psychologists; National Latinx Psychological Association; and the Society of Indian Psychologists. Because of the almost universal support for the proposed EMPA bylaws amendment, the council voted not to include pro and con statements when it goes to the membership. The Bylaw amendment will include an explanatory statement.

During its second day of meeting, the council voted unanimously to receive the Report of the Work Group on Enhancing Council's Effectiveness as a Policymaking Body which is currently out for a 45-day comment period. The report outlines recommendations on how the council can more effectively carry out its role to direct and inform policy, and advance APA's strategic priorities, through an inclusive and collaborative approach reflecting a wide range of perspectives.

The council also revisited the issue of changing the bylaws to allow graduate students in psychology to vote in APA elections. (A similar measure passed council in 2019 but fell 58 votes short of passing the full membership.) After much debate surrounding whether to place certain guardrails around which psychology master's students would be covered, the council passed the measure by 115 to 38, with 5 abstentions. It would create a new membership category for master's and doctoral students who, after a year as graduate student members, would have the right to vote in the APA president-elect and board member-at-large elections and the bylaw amendment and apportionment ballots.

In the case of this proposed bylaw amendment, council agreed to include pro and constatements, along with an explanatory statement, when it is sent to the full membership on Nov. 2.

An item calling for changing the name of Div. 42, Psychologists in Independent Practice, was withdrawn by its sponsors, who asked to postpone the motion until the February 2021 meeting so that the division can collaborate with all stakeholders.

From the Women's Issues Section

Margo Jacquot, PsyD, Chair

Between politics, social justice and the pandemic, there are a multitude of issues impacting women and women's well-being. Oh yes, and all of this is on top of what women have been facing forever. As psychologists, we are experts at systemic change. If anyone can make a difference in the lives of women, it's us! We can advocate, educate, and help heal. Where do we begin?

When I begin a therapy process with a new client with a long and difficult life history, they often ask that same question, where do we begin? An analogy I like to use sounds something like, "if we were to walk into a house after an earthquake, we might see everything off the shelves, off the walls, out of cabinets, smashed or tossed about. How overwhelming that would feel! One way to start the repair is to pick one room and work on cleaning it up and putting it back together. When that one is clean, we move on to the next and the next. We just need to start somewhere". Our clients, our colleagues need that, and we likely need that as well.

While there are *many* issues impacting women currently, during the next two years the Women's Issues Section will take some of these issues, one at a time, and look at them more closely. Roughly once a month, I will interview in live stream, recorded or written format, someone with some expertise in issues important to women and women's wellness. Since we are psychologists, women's mental health and ways we can be of help will be at the forefront.

Debra Mollen, Professor at Texas Woman's University Dallas/Fort Worth, prolific researcher, and author has agreed to speak with me about her most recent article, *Teaching Sizeism: Integrating Size into Multicultural Education and Clinical Training.* (Women & Therapy: A Feminist Quarterly (2019) Martha F. Bergen, Debra Mollen). Debra also worked on the APA GUIDELINES for Psychological Practice with Girls and Women.

If there are other issues you would like us to dive into, or people you would like to hear from over the next many months, please contact me at *margojacquot@thejunipercenter.com*. I look forward to hearing from you!

Plans for the Fall... Continued from page 12

• **Fully-Funded:** Here, the employer pays a monthly premium to the health insurance company for its employees, and the insurance company is determining benefits. This is where we attempt/hope to have the most immediate impact on telehealth coverage. That is, for example, we continue to meet with BCBSIL and its parent company, the Health Care Service Corporation (HCSC) to advocate for continued telehealth coverage for its fully-funded (non-ASO) accounts, and also include conversation about the need for telehealth coverage for ASO accounts as well.

Working together with your patients to confirm insurance (including telehealth) benefits is the single most effective means of learning the specific coverage details for each specific insurance plan. This partnership helps you in your treatment planning and expectations for reimbursement. These efforts also provide an opportunity for educating patients about the nature of their insurance plans and may even encourage their advocacy with employers for telehealth or other benefits of interest. Letter sent to Illinois Senators and all members of Congress asking them to prevent substantial cuts in Medicare reimbursement rates for psychological services



ILLINOIS PSYCHOLOGICAL ASSOCIATION

Suite 1817 67 East Madison Street Chicago Illinois 60603 Phone: 312/372-7610 Fax: 312/372-6787 www.IllinoisPsychology.org

September 11, 2020

The Honorable Dick Durbin U.S. Senate 711 Hart Senate Office Building Washington, DC 20510

Dear Senator Durbin:

I am writing on behalf of the Illinois Psychological Association to urge that you take action to prevent substantial cuts in Medicare reimbursement rates for psychological services from occurring next year, as recently proposed by the Centers for Medicare and Medicaid Services (CMS) in the physician fee schedule (PFS) for 2021. CMS has proposed reducing the conversion factor used to calculate payment rates under the PFS by 10.6%, in order to maintain budget neutrality as it implements new Medicare payment policies—and higher reimbursements—for office and outpatient visits known as evaluation and management (E/M) services. These cuts will greatly impact psychologists' ability to meet the mental health treatment needs of Medicare patients.

As you know, the COVID-19 pandemic is inflicting a heavy toll on Americans' mental health. Recent survey data from the Centers for Disease Control and Prevention (CDC) found that 30% of respondents reported symptoms of anxiety disorder or depressive disorder, and 13% reported having started or increased substance use to cope with stress or emotions related to COVID-19. Similarly, tracking polls conducted by the Kaiser Family Foundation in May found that 31% of U.S. adults age 65 and up said that worry or stress related to the coronavirus has had a negative impact on their mental health; by mid-July this same poll found the proportion of the older population reporting such impacts had climbed to 47%. Based on the mental health consequences of prior, lower impact epidemics like SARS, experts predict that mental health impacts from COVID-19 will continue well after the public health emergency ends.

Both Medicare patients and health care providers are under unprecedented stress. Now is not the time to implement deep cuts in Medicare reimbursement rates for psychologists' services and for a wide array of other providers. We are deeply concerned that these cuts would lead to reduced access to psychological services for Medicare patients.

Please work with your colleagues to enact legislation waiving the application of budget neutrality requirements in implementation of new Medicare E/M codes, to avoid additional disruptions in our overburdened health care system.

Sincerely,

C. Daniel Brewer

Daniel Brewer, PsyD President Illinois Psychological Association

Report from the Neuropsychology and Behavioral Medicine Section

Kathy Borchardt, PsyD, Behavioral Medicine and Neuropsychology Section Chair

As most of you are likely aware, new health and behavior assessment and interventions codes took effect on January 1, 2020. Health and behavior assessment and intervention (HBAI) services are to be used to identify the psychological, behavioral, emotional, cognitive, and social factors impacting the prevention, treatment, and/or management of physical health problems. The focus of HBAI services is not on mental health, but on the modification of the biopsychosocial factors affecting physical health functioning, specific disease-related problems, and treatments. It is important to use the referring physician's medical diagnostic ICD-10 codes, or one listed in the patient's medical files, and never any mental health diagnostic codes when pairing HBAI service codes with diagnostic codes, as claims will be rejected. Again, when using HBAI service codes, only list medical diagnoses. If the diagnosis is listed in the DSM-V, the claim will likely be rejected because a mental health code was utilized.

In June 2020, the CMS within Medical Policy Article A52434 published guidelines regarding the reasonableness and necessity for the use of HBAI service codes. The guidelines established the following criteria regarding medical necessity and documentation evidence to support BHAI assessment and intervention:

- 1. The patient has an underlying physical illness or injury, and
- 2. There are indications that biopsychosocial factors may be significantly affecting the treatment or medical management of an illness or an injury, and
- 3. The patient is alert, oriented and has the capacity to understand and to respond meaningfully during the face-to-face encounter, and
- 4. The patient has a documented need for psychological evaluation or intervention to successfully manage his/her physical illness, and activities of daily living, and
- 5. The assessment is not duplicative of other provider assessments.

- 6. A clearly defined psychological intervention must be planned with goals delineated.
- 7. An expectation should exist that the intervention will improve compliance with the medical treatment plan.
- 8. Response to intervention tracking should be undertaken.
- 9. A rationale for frequency and duration of services should be documented.

For specific guidance about the use specific diagnostic codes, please refer to the NGS Policy Guideline on the use of BHAI codes *Local Coverage Article: Health and Behavior Assessment/Intervention—Medical Policy Article* (A52434), and to the NGS Policy Guideline for psychiatry and psychology services Local Coverage Article: Billing and Coding: Psychiatry and Psychology SERVICES (A56937). Thank you to Dr. Neil Pliskin and the rest of the HCRC and Meghann Dugan-Haas at APA for serving as invaluable resources for this article.

IPA Meeting Schedule

IPA Executive Committee Meeting

will be held at 3 PM on October 16^{th} , December 11^{th} , 2020 and January 22^{nd} , February 19^{th} , March 19^{th} , April 23^{rd} , May 14^{th} and June 18^{th} , 2021.

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

IPA Legislative Committee Meetings will be held at 2 PM on October 16th, December 11th, 2020 and January 22nd, February 19th, March 19th, April 23rd, May 14th and June 18th, 2021.

IPA All Association Annual Meeting

will be held at the 2020 Convention of the Illinois Psychological Association on Friday, November 13th, 2020.

Academia in the Midst of a Pandemic/ New Title IX Sexual Harassment Policies

Susan S. Zoline, PhD, Chair IPA Academic Section

Colleges and universities, like many other sectors of society, are operating in a state of prolonged crisis as they attempt to balance the provision of quality instruction (on ground, virtual, or blended formats) with concerns for safety in the midst of the pandemic. Budgets have shrunk as a result of decreased student revenues, resulting in some universities freezing open positions, reducing employee benefits, and/or furloughing or laying off staff and faculty. Many clinical training sites are utilizing telehealth services as they attempt to meet the needs of their clients while also providing services and training in an ethically responsible fashion. APPIC, the Association for Psychology Postdoctoral and Internship Centers, has strongly recommended that all interviews of internship and postdoctoral applicants be conducted virtually this year, altering the traditional match process in a significant but necessary way. Finally, social justice issues which have ignited public attention this summer, are being fiercely debated on college campuses across the country. Given the uncertain nature of the pandemic, it is difficult for universities and clinical training sites to engage in future planning for the rest of the academic training year. As your Academic Section Chair, as the year unfolds, I will continue to monitor this situation closely on behalf of students, faculty, and clinical training staff, and will continue to advocate at the local, state, and national level for the profession of psychology and those we serve.

Another important development in the academic sphere occurred this past spring when the U.S. Department of Education under Secretary of Education Betsy De Vos, released final regulations published by its Office of Civil Rights (OCR) governing campus sexual assault policies under Title IX, the law prohibiting sex discrimination at federally funded institutions. Colleges and universities were required to comply with these regulations by August 14th in order to qualify for continued federal funding, creating a significant challenge for schools to revise their existing policies while planning for fall in the midst of the pandemic. The revised policies published by the U.S. Department of Education altered existing practices in

several ways, including the definition of sexual harassment, the procedure by which claims are investigated, the standard for determining whether sexual harassment occurred, and campus training protocols. A layman's summary of the revised policies is provided below with references for additional reading.

With regard to definitional changes, the definition of sexual harassment in the new regulations is narrower than in the past. It is now defined as follows: "Sexual harassment must be sufficiently severe, persistent, or pervasive that it adversely affects a student's education or creates a hostile or abusive educational environment. For a one-time incident to rise to the level of harassment, it must be severe." (https://www2.ed.gov/about/offices/list/ocr/docs/sexhar00.html). The new provisions now include sexual assault, dating violence, domestic violence, and stalking as types of sexual harassment. However, reports of these actions do not need to meet the above description.

With regard to the scope of their jurisdiction, colleges and universities will now only be required to respond to reports of sexual harassment which occur on campus or offcampus, if the location is used by an officially recognized student or university organization, such as registered fraternity or sorority housing or athletic housing. Complaints of sexual harassment which occur outside of the United States, e.g. on a study abroad program, will no longer trigger a mandatory response by the university. Previously, the scope of jurisdiction requiring a response by the university was much broader, extending fully outside of the university campus community. Furthermore, under the new provisions, receipt of multiple informal complaints of sexual harassment against a single respondent, will not obligate Title IX officers to begin a formal complaint process.

A change opposed by many victims' rights organizations is that schools will now be required to allow cross-examination of the complaining and responding parties, as well as any witnesses, during a live hearing led by institution officials. Furthermore, under the new provision, colleges are not obligated to follow a specific time frame for responding to reports of sexual misconduct. They are instead required to have "reasonably prompt" periods for carrying out each step in the Title IX complaint process. During the Obama administration university officials were required to use "preponderance of the evidence" as the standard to determine guilt in sexual misconduct complaints. However, under the new regulations, schools will now be allowed to determine whether to use a "preponderance of the evidence" or "clear and convincing" standard, with the latter creating a higher burden of proof for the party bringing charges of sexual harassment (https://www. insidehighered.com/news/2020/05/07/ education-department-releases-final-titleix-regulations).

While groups representing accused parties view the new regulations as providing more protections to this group, "balancing the scales of justice" according to Secretary of Education Betsy DeVos (https://www. insidehighered.com/news/2020/05/07/ education-department-releases-final-title**ix-regulations**), many higher education groups and groups representing victims and survivors of sexual harassment and sexual violence strongly opposed the new regulations, arguing that they unfairly protect the rights of the accused over the rights of victims and that the hearing process will retraumatize those bringing complaints, or discourage them from reporting altogether. "Major implications for survivors in the final rule are the exclusion of trauma-informed investigation procedures that take into account the psychological impact sexual misconduct can have on survivors' memory and interpretation of events" stated Sarah Nesbitt, policy and advocacy organizer for Know Your IX (https:// www.insidehighered.com/news/2020/05/07/ education-department-releases-final-title**ix-regulations**). Furthermore, many colleges and universities opposed the timing of the regulations, giving them only three months to comply with the regulations during a period in which many schools were closed and/or focused on making decisions regarding fall instruction due to the pandemic. The impact of these regulations on colleges, those bringing complaints of sexual harassment, and those who are accused will be seen in the months ahead as colleges and universities adjust to these changes.

With no clear end to the pandemic, an approaching presidential election, heightened activism regarding social justice, strained local, state, and federal budgets, as well as significant psychological effects and widespread unemployment resulting from the pandemic, the future remains uncertain. The skills and expertise of psychologists to address these concerns are needed now more than ever before!

References

https://www.ed.gov/news/press-releases/ us-department-education-launches-newtitle-ix-resources-students-institu-tionshistoric-new-rule-takes-effect

https://www2.ed.gov/about/offices/list/ocr/ docs/sexhar00.html

https://www2.ed.gov/about/offices/list/ocr/ docs/sexhar00.html



The Illinois Association of Prescribing Psychologists is proud to support and celebrate the IPA Convention!

Our IAPP Mission is to fully implement the practice of prescriptive authority by highly trained prescribing psychologists; expand the scope of practice of prescribing psychologists to the full extent of their training and expertise, through effective legislative lobbying and the development and sustaining of alliances with community stakeholders; advocate for the mental health needs of the most underserved populations within Illinois; promote broad diversity and inclusivity within the prescribing psychologist community, and ensure broad diversity and inclusivity within the Association.

IAPP BOARD OF DIRECTORS: Beth N. Rom-Rymer, PhD, President and CEO Kyle Bonesteel, MSCP, PhD, ABPP-CN, Vice President Gretchen Boules, PsyD, MSCP, Secretary Claudia Mosier, MSCP, PsvD, MP (Prescribing Psychologist, Louisiana), Treasurer Joseph Troiani, PhD, CADC, Executive Committee Member-at-Large Steve Veltman, JD, Executive Committee Member-at-Large Jeremy Bidwell, MSCP, PhD Brandi K. Boan, MSCP, PsyD, PP (Prescribing Psychologist, Illinois) Clayton Ciha, MS (President and CEO, AMITA Health Alexian Brothers Behavioral Hospital, AMITA Health System) Suzane Courtney, PsyD, HSPP, PC Cristina Cox, PhD Alyssa Cunningham, MSCP, PsyD Leila Ellis-Nelson, PsyD Morgan Ferris, MA, MSCP Matthew Harings, RN, MSCP, PsyD Brian Humphrey, MSCP, PsyD Monika Neale, MSCP, PsyD, PP (Prescribing Psychologist, Illinois) Derek Phillips, MSCP, PsyD Edgar Ramos, PsyD Gerardo Rodriguez-Menendez, MSCP, PhD, ABPP Mary Talen, MS, MA, PhD Samantha Taylor, MA, MS, MSCP





























For more information, to join, or to learn about becoming a prescribing psychologist, please go to www.ilprescribingpsychologists.com FB/ILprescribingpsychologists TW/ILRxPsych We welcome your engagement with us!

"TURN-KEY" NEUROPSYCHOLOGICAL ASSESSMENT, TREATMENT OFFICE CONDO AND PRACTICE FOR SALE

Northwest Neuropsychology Inc. (NNI) was incorporated over 20 years ago with original offices in Hoffman Estates, IL, and for the past 12 years in Schaumburg, IL. Whether you are an established medical center based neuropsychologist, an early career professional, or mid-career psychologist who wishes a change—becoming an entrepreneur and having the freedom of your own private practice—NNI would be a desirable choice. NNI is located in a modern, fully accessible medical and professional office complex approximately one mile west of the Woodfield Shopping Mall. Instead of paying rent, build equity in an office condo. as an investment. The NNI office features a waiting room, receptionist area, kitchen/file room, staff bathroom, small sinks in three consultation rooms, and two additional rooms. The office was designed by the owner for flexibility in 2007 so that rooms can be used for neuropsych/psych assessment; psychotherapy; consultation; group therapy; biofeedback; neurofeedback; and other meetings (e.g., depositions, staff training). The potential for transferring contracts with one or more HMOs, assuming a Department of Labor subcontract, and work for the Social Security Administration, all exist depending upon the preferences of the individual or individuals who succeed the current owner of the practice. Testing materials, four computers, WiFi network, wall-mounted TV monitors, new HP multifunction laser printer/scanner/fax, furniture, filing cabinets, and a variety of other amenities make this a "turn-key" opportunity. This situation is ideal for an individual or group willing to make a sizable monetary investment (approximately \$500,000) to purchase an office condo. (with all aforementioned amenities included), referral base, and contracts. The purchaser must be an individual or group who understands the value of planning for the future by working diligently, expanding referrals, and further developing an existing private practice. The current owner, Dr. Eschbach, would be happy to consult with the purchaser and assist with the transition. The owner is planning retirement within the next few years. Serious inquiries only please. Please send a letter of interest via email to nwneuropsych@sbcglobal.net. Please type in the subject line NNI Office Condo / Practice Purchase Inquiry.

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.

Bruno Law Office

233 East Wacker Drive Suite 4311 Chicago, Illinois 60601 Office: (312) 819-1583 E-mail: Law@BrunoLawOffice.Net Website: <u>BrunoLawOffice.Com</u>

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

JOSEPH E. BRUNO, J.D.

ATTORNEYS WHO REPRESENT PROFESSIONALS

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

Report from the Social Responsibility Section

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

The IPA Social Responsibility Section is encouraging sustained and deepening "ARC", Awareness building; Relationship equality and Commitment to real sustained change in deconstructing systemic racism and constructing racial justice. Drs. Houston and I offer our thanks to IPA members who have posted opportunities to "ARC" on the list-serv! This is right on time as many in the USA seem to be motivated by truth-telling in building a much more honest and sustained racial reconciliation. That is a "Truth and Reconciliation for Whites and BIPOC", Black, Indigenous & People of Color. We celebrate postings by (and we are missing some, we apologize) Dr. Brian Ragsdale, Dr. Erin Alexander, Dr. Cliff Saper, Dr. Lisa Page, Dr. Lynda Behrendt, Dr. Derra Gullickson, Dr. Mary Ann Andrade and many more. Keep the resource postings coming! What follows is our most updated listing of resources for deconstructing White Privilege and moving privileged persons, mostly White, to a sustained anti-racist stance. This resource guide focuses on broadening and deepening White American awareness of the ongoing systemic racism affecting BIPOC, especially Black Americans.

When we met in person at the 2019 IPA Convention, we highlighted Professor Di Angelo's many YouTube and TedX type videos on the internet. Many thanks for all the posts!

The video that Graduate Student Lorenz Angeles and I used at the November 2019 IPA Convention (Intersectionality Theme) was a 23-minute talk entitled "*Deconstructing White Privilege with Dr. Robin DiAngelo*" where she illustrates the pillars that prop-up White Privilege and White Fragility <u>https://www. youtube.com/watch?v=h7mzj0cVL0Q</u>.

Dr. Brook Laufer sent along a very informative and focused on White Fragility video link: <u>https://youtu.be/6027_yBQ8Qc</u>.

Since that time in November 2019, several workbooks focused on helping privileged Americans increase their awareness of systemic racism have come to our attention. The idea is that Systemic Racism is so pervasive that it is difficult to see until you are able to take perspective; it just seems to be the way US culture rolls. We highlight two of those books here: Ijeoma Oluo's illustrative autobiographical book, "So you want to talk about race", 2019 and Layla F. Saad's workbook "me and white supremacy: Combat Racism, Change the World, and Become a Good Ancestor", 2020. Both books are challenging and may be uncomfortable for privileged, especially White privileged people to read, but the goal is awareness and deconstructing racism, which is so needed in achieving the dream of "liberty and justice for all."

For me, Bruce Johnson Bonecutter, I recommend Ijeoma Oluo's illustrative autobiographical book, **"So you want to talk about race"**, 2019 if you wish a well written biographical walk through key anti-racist topics. Ijeoma tells a real-life story extremely well using her experiences and considerable skill. She is a great storyteller and this book engaged me heart, mind and soul. Oh, she does occasionally use emotional language. The chapter headings are:

- Preface
- introduction: So you want to talk about race?
- one: Is it really about race?
- two: What is racism?
- three: What if I talk about race wrong?
- four: Why am I always being told to "check my privilege"?
- five: What is intersectionality and why do I need it?
- six: Is police brutality really about race?
- seven: How can I talk about affirmative action?
- eight: What is the school to prison pipeline?
- nine: Why can't I say the "N" word?
- ten: What is cultural appropriation?
- eleven: Why can't I touch your hair?
- twelve: What are microaggressions?
- thirteen: Why are our students so angry?
- fourteen: What is the model minority myth?
- fifteen: But what if I hate Al Sharpton?
- sixteen: I just got called a racist, what do I do now?
- seventeen: Talking is great, but what else can I do?
- Acknowledgements
- Notes
- A Discussion Guide

For me, Bruce Johnson Bonecutter, one step in being more aware of how White Privilege Continued on page 25 and Racism permeates my mind, body, soul, and environment was to do the difficult work of reading, journaling, discussing with other LaSalle Street Church congregants (mostly white) Layla F. Saad's workbook (29 readings and journaling exercises), *"me and white supremacy: Combat Racism, Change the World, and Become a Good Ancestor"* (2020). This workbook is more like an exercise akin to physical fitness "bootcamp". The contents list may help readers take a look at this workbook for themselves and their support-group:

"me and white supremacy: Combat Racism, Change the World, and Become a Good Ancestor"

CONTENTS:

FORWARD by Robin DiAngelo

PART I: Welcome to the WORK A Little about Me What is White Supremacy? Who is This WORK for? What You Will Need to Do This Work How to Use This Book Self-Care, Support, and Sustainability

PART II: The WORK Week 1: The Basics Week 2: Anti-Blackness, Racial Stereotypes, and Cultural Appropriation Week 3: Allyship Week 4: Power, Relationships, and Commitments

Now What? Continuing the WORK after Day 28

APPENDIX: Working in Groups: Me and White Supremacy - Book Circles

RESOURCES

Glossary

Further Learning

Note: each of the "Weeks" has 7 readings and journal exercises, such as Week 1, day 3 "You and Tone Policing" or Week 2 day 9 "You and Anti-Blackness Against Black Women"; day 10 "You and Anti-Blackness Against Black Men"; day 11, "You and Anti-Blackness Against Black Children" and samples from Week 3: day 18 "You and White Saviorism", day 19, "You and Optical Allyship"; Week 4 samples: day 23 "You and White Leaders"; day 24, "You and Your Friends", day 27, "You and Losing Privilege".

Drs. Houston and Bonecutter recommend choosing one of these books (as a first choice for anti-racism empowerment). Choose the one that may suit your style and fit with your established support/discussion group. Of course, you could read and process the discussion guides to both!

As an additional choice, Dr. Eddie Moore, Jr., Director of the Privilege Institute and of The National White Privilege Conference, created a 21-Day Racial Equity Habit Building Challenge designed to address issues of power, privilege, supremacy, oppression and equity. Drs. Bonecutter and Houston recommend this program for those who might prefer an online, mixed media presentation that includes podcasts and videos in addition to readings and journaling activities. Dr. Moore offers a plethora of resources, which are well organized and easily accessed by provided links to online documents and a tracking component for selfmonitoring. The 21-Day Racial Equity Habit Building Challenge may be used in the 21-day format, in sections for focused exploration, or for organization/community group application.

About the 21-Day Racial Equity Habit Building Challenge-For 21 days, you do one action to further your understanding of White privilege and White supremacy in ways that are adaptable to all forms of social justice.

Categories:

- Read
- Listen
- Watch
- Notice
- Connect
- Engage
- Act
- Reflect
- Reflect
- Stay Inspired
- Tracking Chart

Note: each category contains numerous resources to choose from each with a summary of its contents. Recommended Resources—includes articles, books, TED talks, films, videos, blogs, podcasts, websites, conferences and assessments (i.e. Anti-Defamation League's Anti-Bias Behavior and Harvard University's Project Implicit Test).

21-Day Community Adapters—examples of how communities are adapting the challenge to address their social justice needs.

For me, Holly O. Houston, Ph.D., it is vitally important that my non-BIPOC colleagues recognize the importance of an enduring effort to dismantle racism at its core—first inside of us (yes, as a woman of color, I include myself as all of us in American society have been exposed to the explicit and implicit impact of white supremacy) and then applied to practice, policy, and institutions. Too often, after the publicity

Social Responsibility... Continued from page 25

and social momentum calling for racial equity wanes, so does individual effort. We must take advantage of the current anti-racism energy and be prepared to continue to nourish it. The aforementioned resources and the ones below provide infor-mation to facilitate and nurture the on-going, life-long process of deconstructing systemic racism and constructing racial justice. A sustained and deepening "ARC", Awareness building; Relationship equality and Commitment to anti-racism, requires a dedication to education, deep self-reflection and integrated application.

Again, there are many other great books on Racial Justice that build beyond these two books targeting awareness-building in people of privilege. They each have their focus, such as Martin Luther King Jr. 1968 "Where Do We Go From Here: Chaos or Community?"; Columbus Salley & Ron Behm's 1970 "Your God is Too White"; Tom Burrell 2010 "Brain-washed: Challenging the Myth of Black Inferiority"; Derald Wing Sue's 2015, "Race Talk and the Conspiracy of Silence: Understanding the Difficult Dialogues on Race"; Ta-Nehisi Coates 2015 "Between the World and Me"; David P. Long's 2017 "Race & Place: How Urban Geography Shapes the Journey to Reconciliation"; Nikhil Pal Singh 2017 "Race and America's Long War"; Jennifer Harvey 2017 "Raising White Kids: Bringing Up Children in a Racially Unjust America"; Jemar Tisby 2018 "The Color of Compromise: The Truth About The American Church's Complicity in Racism" Ibram X. Kendi 2019 "How to Be An Antiracist". And the list could go on. Please send along your finds that build awareness, relationships and commitment to sustained racial justice.

"Combat Racism, Change the World and Become a Good Ancestor"—Layla F. Saad

"Guilt is a luxury that we can no longer afford. I know you didn't do it and I didn't do it either, but I am responsible because I am a human and a citizen of this country and you are responsible for it, for the very same reason."—James Baldwin

A Call to Action: Graduate Students of Color and Mental Health

Marc Chaney, MA, IPAGS Past-Chair

Graduate school is one of the most challenging periods in our lives. Graduate students are often overworked, overused, and overstretchedan expectation as part of the graduate school culture. This environment increases the possibility of dropout, burnout, emotional exhaustion, and a host of other physical and mental symptoms. Faculty and advisors can identify the potential for graduate students to experience negative health outcomes and may address these issues by prescribing and reiterating the importance of self-care to students. However, these consequences persist throughout entire graduate school cohorts and more can be done to help address graduate student's mental health and stress.

Graduate students across disciplines are six times more likely to experience clinically significant anxiety and depression compared to the general population (Evans et al., 2018), including increased suicidal ideation (Garcia-Williams et al., 2013). For psychology graduate students, factors such as sleep deprivation, limited free time, responsibility for patient care. financial limitations, dissertation, coursework, the internship process, and financial difficulties contribute to increased probability of experiencing moderate to severe levels of distress (Nelson et al., 2001; Myers et al., 2012), which are further complicated by the lack of appropriate health care and difficulties navigating the healthcare system. Of particular importance, many students express a lack of adequate support from supervisors and faculty throughout graduate school (Rummell, 2015). During my time as a student, I have witnessed incidents of student voices being minimized. As a result, a harmful environment was created that stemmed from inherent power dynamics and behavior instigated by faculty, advisors, or supervisors. These circumstances can only be described as neglectful when students become afraid to voice their concerns due fear of repercussions. Stressors in our personal lives compound these factors and compromise our

Here's What the "NEW"

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IPA Letter to the Administrator of CMS... Continued from page 11

An Illinois Psychologist wrote: "I work with residents in nursing facilities and they are suffering terribly from the quarantine in addition to the effects of the various cuts to long term care facilities in general. The fact that they are confined to their rooms and actually their beds (since it's 2 to 4 to a room) makes their lives dramatically more stressful and depressing. Payments for psychologists are already quite low for work in this field-it is done out of love certainly not out of financial reward. I am often told that I am their lifeline. The only access they have is through telephone or videoconferencing. Many are veterans (Korean, Afghanistan, Iraq, etc.) and others have worked to build America. Please do not rip away the support they need!"

Another wrote: "Many of my Medicare patients are elderly and find it difficult to get to my office in inclement weather. For others, it is simply too difficult to travel to my office because of health reasons. These patients report a significant lessening of stress now that the COVID-19 pandemic allows them to use videoconferencing. I am amazed at the number who are able to use this technology but am also grateful that for those few who can't, telephone therapy is available to them."

We support the proposal by CMS to add Group Psychotherapy (CPT® code 90853), the Neurobehavioral Status Exam add-on code (96121), and the Psychological and Neuropsychological Test evaluation services codes (96130-96133) to the Medicare telehealth list on a permanent basis (category 1).

We are also asking CMS to add the following services to the interim Telehealth list (category 3):

- Psychological and Neuropsychological Test administration and scoring (96136 96139)
- Adaptive Behavior Services (0362T, 0373T, and 97151-97158)
- Developmental Testing (96112-96113)

Communication technology-based services

We support the CMS proposal to allow non-physician providers, including psychologists, to report brief communication technology-based services (CTBS) or virtual check-ins through new codes G20X0 and G20X2. By expanding access to CTBS the agency is acknowledging the importance of having psychologists and other non-physicians effectively engage, monitor, and provide clinically appropriate treatment for their patients using digital technologies. To meet the growing needs of patients we recommend that CMS continue to expand provider access to clinically appropriate remote patient monitoring services.

Continuation of payment for audio-only visits

In response to the agency's request for comments on whether audio-only interactions should be permanently included in the physician fee schedule, we strongly recommend that beneficiaries continue to be allowed to receive behavioral health services using audio-only devices. We ask that CMS require a modifier when billing for audio-only services. Doing so will allow the agency to gather data such as how frequently audio-only services are being furnished, which providers are using audio-only telephones with their patients, and how the use of audio-only services correlate with the patient's age, economic status, education, or location. We believe the payment rate for audio-only behavioral health services should be the same as it would be if furnished via two-way audio and visual communications technology.

An Illinois psychologist wrote: "Most of my patients, either on their own or with the help of a friend or family member, are able to use videoconferencing for their psychotherapy sessions. However, some do not have the resources to purchase this technology or the Internet to go with it. For these patients, telephone sessions provide them with the healthcare they need and a break from the isolation they experience."

Revaluing services that are analogous to office/outpatient E/M visits

In the proposed rule CMS acknowledges the need to adjust the valuation of certain services in the fee schedule to reflect revisions to, and maintain relativity with, the updated office/outpatient E/M services. We applaud the agency's recognition that some practitioners who are unable to report E/M codes nevertheless provide services similar enough to E/M services that a commensurate increase in RVU values is required. As the agency points out, maintaining relativity between E/M and similar non-E/M services is important for supporting access to behavioral health services through appropriate payment.

E/M services are designed to capture traditional physician office visits that include exams and medical decision-making. Medicare states that, "To receive payment from Medicare for E/M services, the Medicare benefit for the relevant type of provider must permit him or her to bill for E/M services. The services must also be within the scope of practice for the relevant type of provider in the State in which they are furnished."

Since clinical psychologists are not permitted to report E/M services, we have developed our own specific evaluation codes that allow us to capture traditional physician office visits.

CMS has proposed relativity adjustments to psychiatric diagnostic evaluation services (90791, 90792) and to the 30-minute (90832), 45-minute (90834) and 60-minute (90837) psychotherapy services.

We strongly believe that if the methodology utilized by the agency was truly applied to support access to behavioral health services through appropriate payment and maintaining relativity, then commensurate increases in work RVUs should actually be applied to the remaining codes in the psychotherapy code set (90839, 90845, 90847, and 90853), as well as to the HBAI code set (96156-97170), and the Psychological and Neuropsychological Testing services (96116, 96121, 96130-96133, 96136-96139, 96146) code set— both of which were valued relative to the family of psychotherapy services through the AMA RUC process.

If the methodology utilized by the agency for maintaining relativity is not extended to include the additional codes, it will cause anomalies in relativity among all behavioral health services. Therefore, we urge CMS to apply commensurate increases in work RVUs to uphold the relativity across all three families of behavioral health services provided by psychologists and other mental health providers.

SCOPE OF PRACTICE ISSUES

Physician supervision

In section II.G. of the preamble (85 FR 50139) CMS states "We believe that physicians, NPPs, and other professionals should be able to furnish services to Medicare beneficiaries in accordance with their scope of practice and state licensure, including education and training, to the extent permitted under the Medicare statute, as long as it is not likely to result in fraud, waste or abuse."

Because of outdated language in the Social Security Act psychologists are subject to unnecessary and burdensome physician supervision in some Medicare settings. This makes accessibility to psychologist services inconsistent across Medicare settings, and in many cases delays treatment of patients. In partial hospitalization programs, skilled nursing facilities and hospital inpatient settings, physician supervision and oversight requirements hinder patients' access to psychological services.

Given the flexibility afforded other practitioners during the current PHE we are asking CMS to waive the supervision requirements on psychologists so they too can furnish services in accordance with their scope of practice and state licensure, regardless of the treatment location.

Psychologists with prescriptive authority

In addition, we wish to draw the agency's attention to the growing number of licensed psychologists authorized under state law to prescribe psychotropic medication. Currently, Louisiana, New Mexico, and Illinois have implemented state laws granting prescriptive authority to psychologists who have met additional rigorous training and practice requirements in clinical psychopharmacology. Iowa and Idaho are the most recent states to pass laws allowing appropriately trained psychologists to prescribe. In addition, certain federal agencies such as the US Department of Defense, the US Public Health Service and the Indian Health Service credential psychologists trained in clinical psychopharmacology with prescription privileges.

Psychologists with prescriptive authority are in great demand, but they can only work to the full extent of their scope of practice when treating patients covered by private insurance or Medicaid. Medicare does not recognize psychologists, even when legally authorized to prescribe, as being eligible to bill for E/M services when performing medication management. Consequently, authorized prescribing psychologists with years of experience in mental health services cannot prescribe or adjust psychotropic medication for Medicare beneficiaries.

This contradicts CMS's stated goal of allowing all healthcare providers to practice to the full extent of their licensure. It also prevents Medicare beneficiaries from accessing all the services that prescribing psychologists are legally able to provide. It is time for CMS to revise its internal policies to recognize psychologists with prescriptive authority and allow them to operate fully within their scope of practice when treating Medicare beneficiaries. We look forward to working with CMS to implement these changes as soon as possible.

Additional services

Other services psychologists provide under their licensure but are not allowed to bill in Medicare due to internal CMS policies include smoking cessation services (codes 99406-99407) and behavioral counseling for obesity services (G0447 and G0473). We request that CMS revise its policies to allow beneficiaries access to all services psychologists can provide under their scope of practice.

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

A Call to Action...

Continued from page 26

ability to engage fully with clients, research, leadership development, and coursework.

What can be done? Myers et al. (2012) reported that a greater emphasis on self-care and perceived support from faculty are important issues to address. Our mentors, supervisors, and faculty must be mindful to not only pay lip service to self-care, but to model appropriate self-care, provide more psychoeducation about self-care strategies, and increased empathetic understanding of the balance between demands of a graduate student and one's personal life (Rummell, 2015). To move forward with positive changes for the climate of graduate students and to address observed toxic elements, IPAGS will aim to focus its attention to these critical issues and welcome any and all collaboration from students and faculty. We stand with you during these difficult times and stand with those experiencing hardships and challenges due to the rigors of our professional training. Take time to check-in and support one another; check-in with yourself and put your mental and physical health first. IPAGS is always open and available for additional support. Please reach out to ipags.section@gmail.com



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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: O Private Pay: O Medicare: O	Medicaid: O Tricare: O		
Name all Health Insurances accepted:			

Type of Service: (Check all that apply).

Solo or Group Practice:	Hospital-based Program:	Agency:
Psychiatry	Inpatient	Individual Outpatient
Psychology	Partial Hospital	Group Outpatient
Social Work_	Intensive Outpatient	Halfway House
Counseling_	Aftercare	EAP
Coaching	Impaired Professionals Program	Peer Assistance Groups
EAP	Self-Help Groups	Extended Care
Other	Other	Other

Specialties: (Check all that 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 1817, Chicago, IL 60603

See the following page for a Healthy Lifestyle Assessment.

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

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

I=Neve	er 2=Rarely	3=Sometimes	4=Often	5=Very Often
١.	l am happy.			
2.	I am preoccupied with mor	e than one person [[helb].		
3.	l get satisfaction from being	• • • •		
4.	I feel connected to others.	2 ··· · · · [· F] F · · F ··		
5.	l jump or am startled by un	expected sounds.		
6.	l feel invigorated after wor	•		
7.	-	my personal life from my life	as a [helper].	
2. 3. 4. 5. 6. 7. 8.	I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].			
9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23.	I think that I might have be	en affected by the traumatic st	ress of those I [help	Þ].
10.	I feel trapped by my job as	a [helper].		
11.	Because of my [helping], I I	have felt "on edge" about vario	ous 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 experi	I feel as though I am experiencing the trauma of someone I have [helped].		
15.	I have beliefs that sustain m	ne.		
16.	I am pleased with how I am	n able to keep up with [helping]] techniques and pr	otocols.
17.	I am the person I always w	I am the person I always wanted to be.		
18.	My work makes me feel sat	tisfied.		
19.	I feel worn out because of	my work as a [helþer].		
20.	I have happy thoughts and	feelings about those I [helþ] an	id how I could help	them.
21.		e my case [work] load seems e	endless.	
22.	I believe I can make a differ	• ,		
	l avoid certain activities or people l [help].	situations because they remin	d me of frightening	experiences of the
24.	I am proud of what I can de	o to [help].		
25.	As a result of my [helping],	I have intrusive, frightening the	oughts.	
26.	I feel "bogged down" by the	e system.		
27.	I have thoughts that I am a	"success" as a [helper].		
28.	l can't recall important part	ts of my work with trauma vic	tims.	
29.	I am a very caring person.			
24. 25. 26. 27. 28. 29. 30.	I am happy that I chose to	do this work.		

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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 36

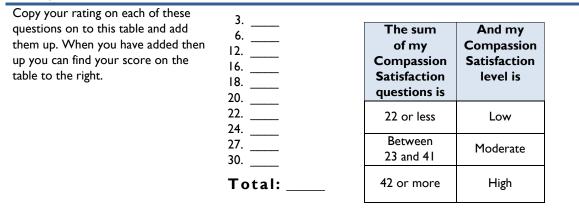
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Healthy Lifestyle Assessment Continued from page 35

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



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

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

· I.	 	
*4.	=	
8.	_	
10.	_	
*15.	=	
*17.	=	
19.	 _	
21.	 _	
26.	_	
*2 9 .	=	

*1

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	The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
14 23	22 or less	Low
25 28	Between 23 and 41	Moderate
Total:	42 or more	High

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Apply to be an IPA Fellow

FOR S/HE'S A JOLLY GOOD FELLOW

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

Criteria for Fellow status are:

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

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

Sections in which Membership is Held: ____

Educational History (include undergraduate, graduate and postdoctoral institutions:

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

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

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

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

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

Each application should be accompanied by an application fee of \$100. Checks should be made out to *Illinois Psychological Association* and mailed to:

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

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

IPA Letter to the Administrator of CMS... Continued from page 29

Supervision of Diagnostic Tests by Certain Non-Physician Practitioners (NPPs)

CMS is proposing to permanently revise the regulation at § 410.32(b)(2)(iii)(B) to specify that supervision of diagnostic psychological and neuropsychological testing services can be done by Nurse Practitioners (NPs), Clinical Nurse Specialists, Physician Assistants (PAs) or Certified Nurse Midwives to the extent that they are authorized to perform the tests under applicable State law and scope of practice. We strongly oppose this proposal because allowing these NPPs to supervise psychological and neuropsychological testing will put beneficiaries at risk for receiving inappropriate or inadequate testing which can result in inaccurate diagnoses and improper treatment decisions.

Psychological testing, assessment, and evaluation is a core component of psychological practice, treatment planning, and subsequent decisions regarding those served. Psychologists are guided by professional standards of practice in engaging in psychological testing, assessment, and evaluation to be compliant with competency expectations and to avoid harm to clients. Guidelines for psychological assessment and evaluation are important for use by psychologists to aspire to fair, respectful, and competent service delivery and treatment of examinees. (American Psychological Association. (Approved by the Council of Representatives Feb 2020). APA Guidelines for Psychological Assessment and Evaluation. Washington, DC: American Psychological Association.) The Guidelines also state that in order to supervise others in assessment/testing one must first demonstrate and maintain competency in assessment/testing.

Psychologists are uniquely qualified to select, administer, supervise, and interpret psychological and neuropsychological testing. Appropriate supervision to protect patients' health and well-being is just as critical for psychological and neuropsychological testing as it is for other diagnostic tests.

Under the APA Ethics Code, psychologists only delegate work to others whom they know have the requisite competencies to perform such work (2.05 Delegation of Work to Others; APA, 2017a). Psychologists specifically do not allow testing, assessment, or evaluation to be done by unqualified persons, except when conducted for training purposes and with appropriate supervision (9.07 Assessment by Unqualified Persons; APA, 2017a).

The APA Guidelines state that in order to supervise others in assessment/testing one must first demonstrate and maintain competency in assessment/testing. APA examined the licensing laws for NPs and PAs in ten states and found that these services are not part of their training or scope of practice.

While we appreciate the role that other NPPs play in our healthcare system, we oppose the proposal to amend regulation § 410.32(b)(2)(iii)(B) to allow these NPPs to supervise psychological and neuropsychological testing because they lack the necessary training and demonstrated competency in this highly specialized area.

Conclusion

Thank you for the opportunity to share our comments on the proposed rule. We urge CMS to adopt our recommendations in the final rule on the 2021 Medicare fee schedule.

Cordially,

Daniel Brewer, PsyD President Illinois Psychological Association

Numbers You Should Have

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

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

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

IPA Web Site www.illinoispsychology.org

Abuse Reporting Hotlines

Child Abuse 800/252-2873

Senior Abuse https://www.illinois.gov/aging/ ProtectionAdvocacy/Pages/abuse_reporting.aspx

Medicare

Applications www.ngsmedicare.com

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

Illinois Department of Professional Regulation

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

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

Complaints against licensed professionals: 312/814-6910

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

> IDFPR Web Site www.idfpr.com

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

312/745-2273

American Psychological Association 800/374-2721

> Web Page www.apa.org

American Board of Professional Psychology (ABPP) www.abpp.org office@abpp.org 919/537-8031

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DowntownChicago:MichiganandRandolph,nearMillennium Park. Full-time or part-time office available in beautifully furnished suite. Waiting room, Internet with high speed WiFi, ideal for hybrid in-office/teletherapy practice. Fulltime security with 24/7 access, and reception area in lobby with notification of client arrival. Other available amenities in building include kitchen/break room with free coffee, fitness center with pool, rooftop deck, business center, meeting rooms for groups, fully equipped hi-tech conference room. Contact Dr. Howard Farkas, email: *h-farkas@northwestern. edu* (preferred), or 866/943-9977.

Wheaton: A spacious, bright office suite is available for rent at 1737 S. Naperville Road in Wheaton. Six offices are available, including a common reception area and conference room. The space is ideal for a group, but individual practitioners are welcome too. Wifi and telephone systems are included in rent. Psychiatric billing services are available at an additional cost. The building is located near Wheaton Town Square Mall, Danada Square East Plaza, restaurants, grocery stores, and more. Please contact Teresa McKelvy (*tmckelvy@mindfultms. com*) for more information.

Wilmette Office Space Across from Old Orchard: Open Soon—Two large recently remodeled offices available beginning January 1, 2021 at 3330 Old Glenview Rd. Office space shared with two other psychologists. Plenty of adjacent free parking and plenty of room for social distancing. Offices includes access to large waiting area, kitchen facilities with refrigerator and microwave and an updated lavatory. WiFi throughout. Each tenant covers the cost of their own utilities. Call former IPA President Nancy Molitor at 847/867-1577 or via e-mail at *nmolitor@nancymolitorphd.com* for more details.

Positions Available

Libertyville Counseling Group is searching for a Licensed Clinical Psychologist, Post-Doc, LCPC or LCSW to join our growing group private practice in Libertyville, IL. The position will focus primarily on psychotherapy with children, adolescents, adults, couples, and families. For Psychologists and Post-Docs, there is also the option of providing psychological assessment services. The Candidate will become a W2 employee of the group and, as such, is eligible for a variety of benefits including a profile on our website, a company email, a fully furnished office, marketing materials, full use of the billing and collections department, as well as administrative support from our on-site Office Manager. Compensation is competitive with high earning potential! Please visit our website at www.libertyvillecg.com for more information about us. Apply by contacting Dr. Behrends at kelly.behrends@libertyvillecg.com or 847/754-5570.

Psychology Health group, a well-established group of independent practitioners in Davenport Iowa, is seeking an Iowa licensed psychologist for a full time (minimum 32hrs/wk) position to include therapy and assessment. Tiered compensation for office management. Early and mid-career applicants are encouraged. See website at *phgqc.com*. Contact Dr. Lonning at Psychology Health Group, 2102 East 38th St., Davenport, Iowa 52807. Phone: 563/359-4049. E-mail: Dr. Lonning, *phgqc@hotmail.com*.

Looking for a PhD level individual trained in mental health services. Deliver service to rehabilitation sites providing therapy and assessments in the near southwest suburbs of Chicago (Palos and Homer Glen). This is at most a part-time position with very flexible hours. Earnings are competitive. Please send resume/vitae to *vreidga160@gmail.com*.

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

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