

Congratulations to Newly Elected IPA Officers

PRESIDENT-ELECT:

Abigail Damsky Brown, PsyD

BEHAVIORAL MEDICINE &
NEUROPSYCHOLOGY SECTION CHAIR:

Kathy Borchardt, PsyD

IPAGS CHAIR-ELECT:

Aya Haneda

IPA REPRESENTATIVE TO THE APA COUNCIL:

Laura Faynor-Ciha, Ph.D.

METROPOLITAN REGION REPRESENTATIVES:

Lynda Behrendt, PsyD, RN

Jane Conron, PhD

MILITARY PSYCHOLOGY SECTION CHAIR:

Kristina Pecora, PsyD

NORTH REGION REPRESENTATIVE:

Theresa Schultz, PhD

SOUTH REGION REPRESENTATIVE:

Jeffrey Kellogg, PsyD

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SAVE THE DATES FOR THE FIRST EVER VIRTUAL IPA ANNUAL CONVENTION



**COMING TOGETHER:
A FOCUS ON HEALING**

NOVEMBER 12-14, 2020

A Message from the IPA President

Daniel Brewer, PsyD, IPA President

July 1 marks the beginning of a new IPA fiscal year as well as the start for newly elected IPA Council members. I want to thank those Council members who are vacating their positions after years of service and to welcome those who are newly elected to Council. I would specifically like to congratulate and welcome Dr. Abigail Damsky-Brown to her new role as President Elect. I am excited to collaborate with Dr. Brown on a number of shared initiatives, while we work together to continue long-held IPA traditions to maintain responsiveness to the needs of our membership. We are both committed to transparency on all levels and to promoting intentional inclusiveness of all forms of diversity within our profession. I would also like to thank Dr. Kalyani Gopal for her service to IPA over her last year as President and to specifically acknowledge the work she has done to raise awareness of issues related to human trafficking. I look forward to continuing our collaborative relationship as she transitions into the role of Past-President. I would also like to acknowledge Dr. Lynda Behrendt, out-going Past-President, for her years of service to IPA leadership. We are fortunate that Dr. Behrendt is willing to continue to serve as she transitions to Metropolitan Region Representative. On a personal note, I am excited, honored, and humbled to begin my year as IPA President.

2020 has already been an eventful and unprecedented year. The world-wide COVID-19 pandemic has impacted everyone as we have been forced to adapt to stay-at-home orders, which includes working from home and to rapidly transitioning to telehealth practice. Racial tensions in the US are impacting us all. Despite these challenges IPA has been up and running without interruption and has been working for you. Under the leadership of our Executive Director, Marsha Karey, with the support of Legislative Liaison Dr. Terrence Koller, the IPA office seamlessly transitioned to working remotely. IPA governance has continued uninterrupted, as we have focused energy on supporting Illinois psychologists through uncharted territory. Several sections, including the Section on Ethnic Minority Affairs (SEMA), the Illinois Psychological Association of Graduate Students (IPAGS), as well as our Social Responsibility Section, have worked collaboratively to develop and implement an

appropriate response to the “racism pandemic,” including the racial tension and police brutality, we are facing as a nation. That response can be read in this newsletter.

IPA has been busy working for you. On April 25th, 2020 we held our first ever virtual IPA Council meeting. The Healthcare Reimbursement Committee and Legislative Committee have worked tirelessly to effect change and to communicate to our membership the rapidly evolving telehealth landscape. Look for Dr. Koller’s Legislative Liaison Report in this newsletter for the latest in IPA legislative activities. On May 29, 2020 almost 1,400 Illinois psychologists participated in our webinar on Sexual Harassment Prevention Training and Recognizing and Reporting Child Abuse. This workshop allowed psychologists to economically, quickly and conveniently meet new Illinois licensing requirements. For those of you who were unable to participate, look for a repeat of this webinar coming up on Friday August 21st. We also have many other exciting upcoming continuing education opportunities which I would encourage you to explore. Over the last year we have also worked to renegotiate lower rent for the IPA office, and to lower our overhead as much as possible. Under the leadership and mentorship of Dr. Laura Faynor-Ciha, the inaugural cohort of IPA’s Leadership Development Program (LDP) is currently underway. We are excited to move forward with a program focused on the deliberate development of future IPA leaders. I am excited to see this fledgling initiative grow into its full potential. I invite you all to consider how to support the program and to ponder applying as a way of becoming more involved with IPA while also growing and nurturing your leadership potential.



Continued on page 4

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.

For advertising rates and deadlines Please contact the IPA Office at:

312/372-7610 x201

or mkarey@illinoispsychology.org

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

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

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

Deadline for the next issue:
September 4, 2020

EDITOR
Terrence J. Koller, PhD, ABPP

ASSOCIATE EDITOR
Mary Kay Pribyl, PhD

A Message from Your New President-Elect

Abby Damsky Brown, PsyD

First, I want to thank you for supporting me as I transition to the role of President-Elect of the IPA. Our profession is currently navigating through a global pandemic concurrent with recent and historical events that are greatly impacting members of the Black community. With this in mind, I am aware of how important the positions of leadership are within our field in our State at this time. I am humbled to have the opportunity to serve members of our profession in this role especially during what is one of the most critical moments in our history and in the profession of psychology.

As I look ahead to my term as President-Elect, what is clear to me is that what is needed by members of our profession is unlike what was needed in the past. I am sensitive to the fact that my leadership will require flexibility, humility, and ongoing collaboration with both leaders and members of IPA. We are so fortunate to have Dr. Daniel Brewer as our new President of IPA, who has already exemplified these traits, specifically as he made the bold and courageous decision to move our 2020 Convention to an entirely virtual format. I will continue to work closely with Dr. Brewer, serving on his 2020 Convention Committee. This year's convention will provide me with important data on how to continue to modernize and adapt future conventions and programming, including the 2021 Convention, continuing education offerings, and other IPA events.

Ultimately, I see my role as President Elect to honor what has worked within IPA's history while bringing energy and vision to integrate new modern approaches to how our programs are offered. It is my



hope that each member, from downstate Illinois to the City of Chicago, will have access to our stellar programs that support our professional livelihoods, including programs that allow us to meet our licensure requirements and support healthcare reimbursement initiatives, among many other fantastic IPA offerings.

I also want to take a moment to thank the Early Career Psychologist Section for allowing me to serve as Chair for the last year. I am so grateful to Dr. Ella Yung, the former Associate Chair of the section, who has taken over the role as Chair. The ECP section will be in excellent hands under Dr. Yung's leadership.

Thank you again for the opportunity to serve our profession as President-Elect of the Illinois Psychological Association. ■

CONGRATULATIONS TO THE IPA LEADERSHIP DEVELOPMENT PROGRAM PARTICIPANTS!

Laura Faynor-Ciha, PhD

ANNOUNCING THE INAUGURAL COHORT OF IPA'S

Leadership Development Program (LDP):

Sue Bae, PhD
Blair Brown, PsyD
Abigail Brown, PsyD
Fahad Khan, PsyD
Kristina Pecora, PsyD
Andrea Seefeldt, PsyD

Please welcome these fine individuals and future leaders!

President's Message... *Continued from page 2*

By now you have hopefully heard that this year's Annual IPA Convention will be held online as a 100% virtual event. In an effort to mitigate the impact of the COVID-19 pandemic, we felt it was important to take decisive action now in order to insure we are able to continue this important event in the Fall. The theme remains *Coming Together: A Focus on Healing*. While we will not be able to be together physically, we will continue to come together as an Association. We are saddened we will not be able to come together in person, but we are exploring new and innovative ways to stay connected as colleagues. Please mark your calendars now, and **save the dates: November 12-14th, 2020**. We are working hard to develop a meaningful program filled with useful and resolute continuing education opportunities.

If you have not done so already, please take time today to renew your IPA membership for the 2020-2021 membership year. Your continued support, through your membership, is part of what sustains our Association. Now is a great time to ask your psychologist colleagues who

are not members to consider joining or rejoining. There has never been a more important time to support our State professional guild, as IPA works on a daily basis on behalf of the interests of psychologists within our State.

I am excited by the direction we are moving as an Association. My continued focus on individual, Association, and community healing seems more important than ever. As we move forward I am mindful of several ongoing specific initiatives, including: working with IPA Treasurer Dr. Gregory Sarlo and the Financial Committee on maintaining and improving the financial health of the Association; collaborating with Dr. Rachael Sytsma and our Membership Committee on maintaining and increasing membership; working with Dr. Ashley Houchin and the Election Committee to continue to update and modernize our elections process; and continuing an overall modernization project to keep IPA innovative and relevant. I welcome your thoughts and feedback. Please do not hesitate to contact me directly. ■

Welcome New IPA Graduate Student Staff Members



Julia Barich

Chicago School of Professional Psychology



Inifome Ukulu (Zino)

Chicago School of Professional Psychology

IPA Continuing Education Opportunities for Illinois Psychologists 2020

FRIDAY, JULY 31ST

Legal, Ethical and Clinical Issues for Psychologists Regarding Involuntary Holds, Mandatory Reporting and Guardianship

TIME:

9AM-12:15PM

PRESENTERS:

Joe Monahan JD, & Johnathan Nye, JD

3hrs of CE

FRIDAY, AUGUST 21ST

Two New Mandated CE Programs for Psychologists: Sexual Harassment Prevention Training and Recognizing and Reporting Child Abuse: Training for Mandated Reporters

TIME:

9AM-11:30AM

PRESENTERS:

Erin Alexander, PsyD and Margo Jacquot, PsyD

2.5hrs of CE

FRIDAY, AUGUST 7TH

Neuropsychological Problems Encountered in Clinical Practice Workshop 2

(this webinar was previously scheduled as an in person workshop scheduled for March 27th)

TIME:

9AM-4:30PM

PRESENTERS:

Cognitive Rehab - Dr. Katherine Borchardt, PsyD., Patricia Pimental, PsyD., ABN, AAPM, FACPN and Gregory Harms, PsyD

6hrs of CE

Go to the IPA website (illinoispsychology.org) for descriptions on the above workshops and registration.

REGISTER NOW

Legal, Ethical and Clinical Issues A Live Interactive Webinar

Sponsored by the
ILLINOIS PSYCHOLOGICAL ASSOCIATION

Friday July 31, 2020
9AM—12:15PM

Three Continuing Education Credits
\$55 for members/\$75 for non-members

Registration can only be done online with the link provided below. Registration is not be handled through the IPA Office.
No Refunds. Please do not call or email the office to register, however if you have trouble with the link let us know.

REGISTER

About the Webinar

Legal, Ethical and Clinical Issues for Psychologists Regarding Involuntary Holds, Mandatory Reporting and Guardianship

Presenter: Joseph T. Monahan, MSW, ACSW, JD, Monahan law

Time: 9-10:30am

Legal, Ethical and Clinical Issues for Psychologists Regarding the Illinois Foid Law, Responding to Subpoenas and Depositions

Presenter: Johnathan Nye, JD

Time: 10:45-12:15am

Why take this training?

Some psychologists have not yet received the 3 Continuing Education Credits required for licensure renewal September 31st of this year. The IDPR is allowing the Mandatory Ethical and Legal CEs to be done via webinar this licensure cycle. This workshop will meet this requirement while helping update psychologists on legal and ethical issues related to practice.

THE WORKSHOPS

Legal, Ethical and Clinical Issues for Psychologists Regarding Involuntary Holds, Mandatory Reporting and Guardianship

Joseph T. Monahan, MSW, ACSW, JD
Monahan Law



Joe Monahan will discuss what is required to place a patient on an Involuntary Hold in Illinois and the role a psychologist may take in that process. He will explain which patient situations mandate that a psychologist make report to Illinois authorities. He will also offer clarification of the Illinois Guardianship process.

Joseph T. Monahan is the founder of Monahan Law Group, LLC and one of the preeminent mental health law attorneys in Illinois. Under Mr. Monahan's direction, Monahan Law Group, LLC provides legal services to over 80 hospitals and numerous mental health clinics, child welfare agencies, and social service agencies. In addition to professional clients, the firm also represents individuals at all levels of administrative and judicial proceedings.

Mr. Monahan has tried countless guardianship, mental health, and child welfare cases over the past 34 years. From confidentiality of mental health records to same-sex adoption, Mr. Monahan has successfully argued cases at every level of the Illinois court system, including the Illinois Supreme Court. He has been appointed by the court to represent persons with disabilities in complex or extraordinary mental health cases. His background as a social worker makes him acutely aware of the legal issues that impact social service professionals and the people they serve. He currently serves as President of the Board of Directors of the NASW Risk Retention Group, the malpractice insurance company for social workers, and has been an active member of NASW for decades.

Mr. Monahan has been an engaging member of the legal community throughout his career and has played an integral role in developing important policies and legislation to assist

individuals with disabilities and those involved in their care. As a recognized leader in his field, he is frequently invited to teach courses and provide trainings to law students, attorneys, medical and mental health professionals, and family members.

Mr. Monahan is an Adjunct Associate Professor of Law at Loyola University Chicago School of Law, where he has taught mental health law for over 27 years. He has also taught at Northwestern University School of Law. Mr. Monahan has repeatedly served as Chair of the Illinois State Bar Association Mental Health Law Section Council and has been appointed to numerous other leadership positions in state and local not-for-profit groups throughout his longstanding career.

Mr. Monahan is a steadfast advocate for persons with disabilities, their families, and the professionals who serve them. He cares deeply about each of his clients and strives to represent them with principled advocacy and practical legal advice.

The training shall include the following topics:

Involuntary Holds

- Attendees can list the clinical symptoms that would require an involuntary hold.
- Attendees can describe to a family member what would be required to place a person on a Legal hold if that person refuses hospital admission.

Mandatory Reporting

- Attendees will list three circumstances that might require a psychologist to report.
- Attendees can describe how and to whom a report is made.

Guardianship

- Attendees can describe the role a psychologist may have in a guardianship.

Continued on page 8

Legal, Ethical and Clinical Issues Webinar... *Continued from page 7*

Legal Ethical and Clinical Issues for Psychologists Regarding the Illinois FOID Law, Responding to Subpoenas and Depositions



Jonathan Nye, JD

Sexual harassment prevention training Johnathan Nye will explain the role of the psychologist in making a FOID report.

He will explain the Subpoena process so that psychologists will be comfortable with knowing how to handle a subpoenas and record requests in order to minimize your involvement in court and to reduce liability. He will describe a Deposition and how a psychologist must prepare to testify, Jonathan D. Nye, a partner in Nye Law Group, Ltd., is a practicing attorney with offices in Fox River Grove & Chicago, Illinois. He practices extensively in the areas of mental health and human services law, family law, and general practice.

Nye Law Group, Ltd. has developed a philosophy of assisting human services providers in avoiding litigation, maintaining confidentiality, and assisting human services providers in managing their practices with insight into the potential legal pitfalls inherent to practice of human services provision. Mr. Nye is a graduate of the John Marshall Law School, licensed to

practice law in the State of Illinois and before the Federal Courts of the Northern District of Illinois, he has lectured before the Illinois State Bar Association, the Chicago Bar Association, local and national associations related to law and human services and to numerous mental health, developmental disabilities, and alcohol and drug abuse agencies.

This training includes the following topics :

Illinois FOID Law

- Attendees can describe how to report a client that has a weapon.
- Attendees can list two clinical circumstances that would require a FOID report.

Subpoenas

- Attendees can describe how to discern if a subpoena is from an attorney or an actual court order from a Judge.
- Attendees will explain steps to protect patient confidentiality when receiving a subpoena,

Depositions

- Attendees will describe what may occur during a deposition.

CONTINUING EDUCATION CREDITS

This webinar is sponsored by the Illinois Psychological Association. The Illinois Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. The Illinois Psychological Association maintains responsibility for this program and its content.

CANCELLATION POLICY

No refunds will be offered for this workshop.

Grievances about the workshop may be addressed to the Illinois Psychological Association in writing.

ACCESSIBILITY

The Illinois Psychological Association is committed to accessibility and non-discrimination in continuing education activities. Presenters and attendees are asked to be aware of the need for privacy and confidentiality during and after the program. All questions, concerns, or complaints should be directed to Ms. Karey (312/372-7610 x201 or mkarey@illinoispsychology.org).

There is no commercial support for this program, nor are there any relationships between the CE sponsor, presenting organization, presenter, program content, research, grants, or other funding that could reasonably be construed as conflicts of interest.

— REGISTRATION CAN ONLY BE DONE ONLINE —

Please read before you register:

- Your registration email confirmation and webinar link will be sent by registration@beaconlive. Please check your spam and junk email if you do not receive shortly after you register.
- Make sure you look for your confirmation in the email you registered with.
- Your confirmation will provide the webinar link, ID and pin and telephone audio access information (this information is not transferable, it cannot be shared)
- We suggested you use the Chrome browser to view the webinar. Google "Download Chrome" to obtain the free browser.
- On the day of the event please sign in at least 20 minutes before the beginning of the event. You must attend the entire webinar.
- Have the support number or email handy if you experience technical issues.
- In order to receive Continuing Education, you must be viewing the presentation, audio only will not clarify for CE.
- Make sure you have blocked time on this day to take the webinar, so you do not need to switch devices. There are prompts throughout to make sure you are in attendance.
- Prompts will appear during the webinar for attendance confirmation, Please click on all participation verification alerts during the program to confirm your attendance. You must attend the entire session and your attendance is electronically verified.
- To ensure you see the popups, please enable popups for this event.
- Immediately after the program ends, a link to complete the certification process will appear. Please complete the evaluation. Once the completed form is submitted and your attendance verified, your certificate will be emailed to you.

REGISTER HERE

If you are currently not an IPA Member and would like to join please go to:

www.illinoispsychology.org

Neuropsychological Problems Encountered in Clinical Practice: WORKSHOP 2

March 27, 2020 is rescheduled and will be held as a live webinar on Friday, August 7th

Sponsored by the
ILLINOIS PSYCHOLOGICAL ASSOCIATION

WORKSHOP 2
Friday, August 7, 2020
9:00AM to 4:30PM

Six Continuing Education Credits

Click the register button below or call the IPA Office: 312/372-7620 x201

REGISTER

Fees

IPA Members	\$140.00
Non-Member	\$165.00
IPA Student Members	\$35.00

Cognitive Rehab

Dr. Katherine Borchardt - 9:00-12:15 (part 5)

Concussions

Dr. Patricia Pimental - 90 minutes 1:15-2:45 (part 6)

Headaches

Dr. Gregory Harms, Diamond Headache Clinic - 90 minutes 3:00-4:30 (part 7)

About the Workshop

PART 5

Cognitive Rehabilitation for Individuals with Acquired Brain Injuries and Anomalies: Implications for Families and Mental Health Providers — Kathy Borchardt, PsyD

Description of Program

The treatment of cognitive impairment is important to the recovery of individuals who have acquired brain injuries, such as through a traumatic injury, stroke, tumors, and repeated seizures. Common deficits after brain injury include difficulties

with mental energy, attention, concentration, cognitive processing and speed, memory, language, sensory perception and regulation, planning, problem-solving, social function, behavior control, and emotional functioning. Left untreated, cognitive deficits have a negative impact on personal independence, social interaction, communication, mobility, recreational pursuits, self-care, and academic or vocational pursuits.

Cognitive rehabilitation is often a component of a comprehensive interdisciplinary approach.

The cognitive retraining tools that are used include scientifically designed and researched computer programs, home therapy exercises, and education and training designed to draw out retained abilities or compensate for cognitive deficiencies. Some cognitive rehabilitation treatments are applied using actual functional activities in real-world settings. The goal of most cognitive rehabilitation approaches is to restore emotional, social, academic, vocational, behavioral, and leisure activities, and to learn methods to compensate and adapt to sustained deficits.

Learning Objectives

1. Participants will list 4 common deficits in acquired brain injury.
2. Participants will describe the typical impact of acquired brain injuries on the individual, family, social interactions, vocational and academic pursuits, and community functioning.
3. Participants will explain the interdisciplinary approach to the treatment of the patient with an acquired brain injury.
4. Participants will explain the important role that mental health services play in the cognitive rehabilitation of a patient with ABI.

About the Presenter

Dr. Kathy Borchardt is a neuropsychologist in private practice, specializing in neuropsychology, pain management, and behavioral medicine. She obtained her Doctorate in Clinical Psychology from The Illinois School of Professional Psychology (ISPP), with Certificates in Behavioral Medicine and Neuropsychology. Her internship was with Ray Graham Association for cognitively challenged children and adults. Her post-doctorate training was completed through Neuropsychological and Rehabilitation Consultants, including rotations at Columbus Hospital Medical Rehabilitation Unit, Hinsdale Hospital Pain Clinic, and DuPage Convalescent Center's Subacute Rehabilitation Unit.

As member of a multidisciplinary treatment team at Hinsdale Hospital, Central DuPage Hospital, and Edward Hospital pain clinics, Dr. Borchardt provided nonpharmacological pain management and behavioral medicine services, as well as presurgical psychological evaluations on site to patients with chronic pain syndromes and other medical conditions. Currently in private practice, in addition to pain management and behavioral medicine services Dr. Borchardt performs

neuropsychological evaluations across all ages, cognitive retraining to people with acquired brain injuries, and advocates for parents and physicians in obtaining needed academic and community services for children, teens, and young adults. Dr. Borchardt regularly presents workshops and seminars on psychological first aid to emergency management agencies, as well as the nonpharmacological treatment of chronic pain, educational advocacy, adult ADHD, and cognitive rehabilitation to community organizations.

PART 6

Traumatic Brain Injury (TBI): A Primer for Psychologists from the Basics to Recent Advances — Dr. Patricia A. Pimental, PsyD, ABN, AAPM, FACP

Program Description:

This program will be a wide-angle view of the impact of traumatic brain injury designed for psychologists in clinical practice. Neurobiological and neuropsychological/cognitive sequelae of TBI, high risk populations, genetic influences, neuropsychological screenings, and pertinent biomarkers will be addressed.

Co-morbid conditions such as depression, mania, anxiety, PTSD, personality changes, sleep disturbance and aggression/violence will be profiled from a differential diagnosis perspective. As time permits, therapeutic accommodation and guidelines for working with patients with TBI will be delineated, as well as increasing awareness of general pharmacological issues, guidelines, and treatment referral options. Finally, participants will be given a number of ecologically useful service delivery rubrics, handouts, guides and booklets procured by the presenter.

Objectives:

1. Participants will be able to define TBI and to identify underlying mechanisms and types of injury.
2. Participants will be able to describe neuropsychological/cognitive sequelae of TBI.
3. Participants will be able to describe co-morbid conditions associated with TBI.
4. Participants will describe 2 psychopharmacological guidelines in treating TBI.

Continued on page 12

Neuropsychological Problems Workshop 2... *Continued from page 11*

About the Presenter:

Dr. Pimental received her Doctor of Psychology degree with honors from The Chicago School of Professional Psychology having previously received her BS and MA degrees from Northwestern University in Speech-Language Pathology. She is President and CEO of Neurobehavioral Medicine Consultants, Ltd., an Associate Professor in the Department of Behavioral Sciences, Midwestern University, and a guest lecturer in the Department of Family Practice Medicine at the Chicago College of Osteopathic Medicine at Midwestern University. She served as the Director of the National Academy of Neuropsychology Professional Affairs and Information Committee from 2007 to 2010. Dr. Pimental received an Exceptional Educator Award upon nomination by her students, from the Women in Leadership Committee of the National Academy of Neuropsychology in 2012, the Outstanding Professional Contributions to Neuropsychology Award from the American Board of Professional Neuropsychology (ABN) in 2016, and a Presidential Citation from the Illinois Psychological Association in 2016. She is the senior author of the textbook *Neuropsychological Aspects of Right Brain Injury* and the test *Mini-Inventory of Right Brain Injury (MIRBI)*, which is currently in its second edition (MIRBI-2; 2000). She is board certified in neuropsychology (ABN).

Dr. Pimental's recent work is committed to the practice of positive neuropsychology, cognitive health, and wellness. She is a proponent of prevention strategies for cognitive decline throughout the lifespan. Dr. Pimental has researched and developed cutting edge models and programs such as BRAIN SMARTSM WELLNESS PROGRAMS for Cognitive Health, BRAIN SMARTSM CAFÉ 10 WEEK PROGRAM, PEAK PERFORMANCE NEUROPSYCHOLOGY (PPN)SM, and the BESTSM Lifelong Wellness Focus Areas. In 2018, she co-edited a special section on Positive Neuropsychology for the *Journal of Applied Neuropsychology: Adult*. She was also invited to contribute a chapter on Positive Neuropsychology, Cognitive Health and Cognitive Enhancement in the upcoming "Handbook of Wellness Medicine," anticipated in 2019.

PART 7

Understanding Clients with Headaches –
Greg Harms, PsyD, Diamond Headache Clinic

Description of Program

This presentation will explain the different types of headaches, common medical/pharmacological treatments that clients may talk about, and common psychological factors associated with headaches. The goals of the presentation are to help psychologists better understand the experience of a client who is living with headaches and to provide some tools to effectively work with the client's psychological concerns and treat the headache. This presentation will address some of the common misunderstandings around headaches that clients may hear from others and help participants be able to talk about headaches with clients in a respectful, validating, and informed way. Clients with headaches often have unique psychological issues; this presentation will provide information about what psychologists should assess for and what treatment strategies or referrals may be most helpful.

Learning Objectives:

1. Participants will list 3 different types of headaches and the ways in which they impact client functioning and life experience.
2. Participants will explain the role of psychologists may play in treating headaches.

About the Presenter

Dr. Harms is a Licensed Clinical Psychologist specializing in health psychology. He is a member of the Illinois and American Psychological Associations, The Society for Health Psychology, and the Association for Behavioral and Cognitive Therapies. Dr. Harms is also a Certified Alcohol and Drug Counselor and has been a mental health practitioner in the Chicagoland area for over 20 years. Dr. Harms received his Bachelor of Arts degree in Psychology from North Park University in Chicago. He received his Master of Science degree in Mental Health Counseling from Capella University in Minneapolis and earned his Doctor of Psychology in Clinical Psychology from the Adler School of Professional Psychology in Chicago. Dr. Harms has received extensive clinical training working with adults, adolescents, and children in inpatient and outpatient medical settings, substance abuse

treatment facilities, and community mental health centers. He completed his pre-doctoral internship in health service psychology at Indiana University Health Ball Memorial Hospital and his post-doctoral fellowship in psychology at the Diamond Headache Clinic.

Dr. Harms specializes in health psychology, individual and group psychotherapy, substance

abuse counseling, and psychological and neuropsychological assessment. Dr. Harms takes an active approach with clients to help them manage their pain and live a fulfilling life. Dr. Harms utilizes cognitive and behavioral strategies to help clients change unhelpful behavior patterns and try new strategies to get new outcomes that get them where they want to go in their lives.

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CONTINUING EDUCATION CREDITS

These neuropsychology workshops are sponsored by the Illinois Psychological Association. The Illinois Psychological Association is approved by the American Psychological Association to sponsor continuing education for psychologists. The Illinois Psychological Association maintains responsibility for this program and its content.

APA CE credits satisfy the continuing education requirements of Illinois Licensed Professional Counselors and Illinois Licensed Clinical Social Workers.

Six continuing education credits will be awarded for each workshop day attended.

CANCELLATION POLICY

There are generally no refunds for cancellations, but refunds may be made on a case-by-case basis if requested in writing.

Grievances about the workshop may be addressed to the Illinois Psychological Association in writing.

LOCATION

This workshop is being held as a live webinar only.

ARRANGEMENTS FOR PERSONS WITH DISABILITIES

These facilities are accessible. Please contact 312/372-7610 x201 concerning arrangements to facilitate workshop attendance. Arrangements should be made two weeks before the workshop.

The Illinois Psychological Association is committed to accessibility and non-discrimination in continuing education activities. Presenters and attendees are asked to be aware of the need for privacy and confidentiality during and after the program. Additionally, if a participant has special needs, she/he should contact Marsha Karey two weeks before the workshop to discuss what accommodations can be provided. All questions, concerns, or complaints should be directed to Ms. Karey (312/372-7610 x201) or mkarey@illinoispsychology.org.

COMMERCIAL SUPPORT FOR THESE WORKSHOPS:

There is no commercial support for this program, nor are there any relationships between the CE sponsor, presenting organization, presenter, program content, research, grants, or other funding that could reasonably be construed as conflicts of interest.

REGISTER NOW

IPA Executive Director Message

Marsha Karey

Congratulations to the newly elected IPA Officers and those individuals who have been appointed to various leadership positions. I look forward to working with all of you. At the back of the newsletter there is an updated Officers, Council Member and Committee Chair directory for 2020-2021. We are very thankful to those individuals who might be new in these roles and appreciate the commitment and support of members who continue to give their time in these volunteer positions.

Membership renewals have been coming in at a steady pace. I would like to thank those members who have renewed. The IPA fiscal year began on July 1st. Please be aware of the shortened grace period to renew. Renewing within this time frame will maintain your access to member benefits such as the listserv, ethics consultations, reimbursement inquiries and to receive reduced pricing at the annual convention and new webinars. I encourage members to renew online through the IPA website <https://new.civiconline.org/civic/IPA/PortalInfo.jsp>. Sign in with your email and password, then click on membership renewal on the dark blue side bar on the left side of the home page and follow the prompts. If have you any difficulty, please call me and your membership can be renewed over the phone.

Since shelter-in-place took effect in March, the IPA office had to transition live in person workshops to live-streaming webinars. The Neuropsychological "in person" Workshop Part 2, scheduled for March 27th has been rescheduled for Friday, August 7th. I appreciate Drs. Borchardt, Pimental and Harms adjusting their busy schedules. In April IPA partnered with the New Hampshire Psychological Association, for the Trust Risk Management Workshop, on May 29th. We also held a Mandated Training Webinar that was very successful, with over 1300 people in attendance. This webinar will be held again on Friday, August 21st. There is a brochure and registration link in this newsletter. This webinar would not have been possible without the work of the CE Committee, the

Clinical Practice Section and of course our wonderful presenters, Drs. Alexander and Jacquot who have committed to present on two dates and spent a good amount of time preparing for this live interactive webinar. Additional webinar information is provided in this newsletter.



Save the Date! The show goes on. The 2020 Annual Convention, *Coming Together: A Focus on Healing*, will be held virtually via live webinars over the same dates as the originally planned in person convention, November 12-14th. Dr. Brewer and the convention committee are working on the programming content. More information is forthcoming. Stay tuned for sponsorship opportunities and other details.

I would like to welcome back Dr. Lisa Page, to her leadership role, as the Chair of the Organizational & Business and Consulting Section, that position was vacated by Dr. Scott Leuchter. Dr. Ella Yung has filled in as the ECP Chair position when, Dr. Abby Brown was elected as IPA President-Elect. Thank you to both for taking on these new roles in IPA Governance.

In closing I would like to thank IPA Leadership and the various committees that continued to volunteer their time to assist and advocate for our members and Illinois psychologists throughout the state during these unprecedented times.

As always, please feel free to contact me if I can be of service to you at 312/372-7610 x201 or mkarey@illinoispsychology.org. Have a fun summer and stay safe! ■

TWO NEW MANDATED CE PROGRAMS FOR PSYCHOLOGISTS:

Sexual Harassment Prevention Training and Recognizing and Reporting Child Abuse: Training for Mandated Reporters

On behalf of the IPA leadership, our members, and Illinois psychologists across the State we would like to thank Drs. Erin Alexander and Margo Jacquot for presenting the Two New Mandated Training Live Webinars on May 29th who will also be presenting a live webinar again on Friday, August 21st.

Dr. Margo Jacquot



We know your time is precious, especially during these unprecedented times. We are grateful for your time with preparation, doing tech runs and presenting live on two dates. The webinar on May 29th was very successful and highly attended, with over 1300 attendees!

Dr. Erin Alexander

We look forward to another big turnout in August, thanks again!



IMPORTANT

Change to IPA's Late Dues Grace Period

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

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

Our accountants have informed us that 100% of what licensed members paid in legislative assessments is not deductible for tax purposes.

However 100% of everyone's membership dues is deductible for tax purposes. Keep in mind that legislative assessments are the additional fees that licensed members pay (\$60 plus an additional special assessment based on income).

Legislative Liaison Report

Terrence Koller, PhD, ABPP, IPA Legislative Liaison

Much has happened since my last *Illinois Psychologist* article. The IPA staff, like many of you, with little warning sheltered in place with the expectation that this would be a temporary situation before we could return to our office. Well, we are still working remotely and are fortunately able to do so. Before the pandemic, our office was set up for remote work so that we could respond to issues that might occur after hours or on the weekend. We can access our desktop computers remotely and are emailed when someone calls our phones. We can pay our bills, run our workshops and hold meetings (see the Zoom Council meeting photograph in this newsletter). Fortunately, we have not missed a beat with all the adjustments we have had to make, and we continue our strong advocacy efforts.

Telehealth Reimbursement

With the COVID pandemic and the need to shelter-in-place psychologists learned quickly to adapt to using telehealth platforms to continue working with their clients. The IPA immediately began its advocacy efforts to petition the Governor for telehealth reimbursement and, as you all know, he issued an Executive Order requiring insurance companies to reimburse for telehealth services if they did so for other health services. We continued our advocacy efforts to establish that telephone as well as videohealth sessions were included in this reimbursement order. We also worked with APA to do the same with Medicare. To view the Governor's Disaster Proclamation and all his Executive Orders related to COVID go to <https://coronavirus.illinois.gov/s/resources-for-executive-orders>.

An issue that accompanies Telehealth reimbursement relates to interstate licensing. If you plan to see a client via telehealth and the client resides in another state, you must check that state's licensing board to see if they have a temporary practice allowance or if they have waived licensure due to the pandemic. Illinois is one of those states that allows psychologists from other states to see people here during the declared emergency. Another issue to consider is that while the Governor's orders allows for flexibility in using non-HIPAA compliant videohealth platforms, if you are a HIPAA compliant provider, you are still legally required to use a HIPAA compliant platform.

The Future of Telehealth Reimbursement

The IPA has continued its advocacy issues in an attempt to protect telehealth after the current declared emergency expires. We don't know when that will happen at the Federal or State level but we do know that some people will still need to obtain their psychological services remotely. We worked with APA to write to CMS asking that telehealth services be continued for at least one year beyond the end of the federal emergency and the IPA wrote a similar letter to the Governor requesting the same. The IPA also worked during the Spring emergency Illinois legislative session to include telehealth reimbursement in two separate bills. None of these passed because we were told that the bills were complicated and could not be passed in the few days of the session. However, they are high on legislators' radar and will be considered when the session reconvenes. We will continue to work this issue. We have been advocating for permanent reimbursement for telehealth services and will continue to do so.

Continuing Education

As time passed and it became clear that individuals would not be able to participate in large group settings, it became clear that it would be impossible to complete the six hours of face-to-face continuing education workshops. We therefore wrote to the Secretary of the Department of Professional Regulation asking that those hours be granted a Variance for this renewal period due to the virus. I talked with the Legislative Director of the Department about our concerns and after presenting our argument, this Variance was given (See the Variance document in this newsletter). All your hours for this licensing period can be taken remotely.

The Illinois Legislature and the Future of Our Bills

We don't know what the Fall and Winter will bring in terms of how the legislature will operate. However, we are already working on bills we will introduce thanks to the work of our strong Legislative Committee.

For the most up-to-date information stay tuned to the website. I will post updates as soon as I learn of anything new. ■

Pandemic Practice and Duty to Plan

Health Care Reimbursement Committee

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

The emerging impact of the COVID-19 pandemic appears to have thus far served as a clarion call for members of Congress, patients, and referring physicians to increasingly appreciate both the need and value of behavioral health care during this national emergency. A microscopic pathogen generated the launch of telehealth practice almost overnight, migrating across the entire nation, yet without a road map for providers navigating this new terrain. It's especially tricky regarding interjurisdictional practice options. Currently, some states require applications for interjurisdictional practice, while others do not. For example, the state of Missouri provides temporary licensure upon application with quick turn-around times in less than a few hours! Fortunately, Illinois is one of 14 states already included in PsyPact, which will make it much easier to practice interjurisdictionally upon receipt of the E-Passport. Yet interstate practice has vastly different requirements, depending on the jurisdiction. In addition, challenges to continuity of care, often occurring by necessity across state lines, present legal and ethical practice dilemmas. (<https://www.apaservices.org/practice/clinic/covid-19-state-telehealth-policies>)

Anxiety triggers exist for both providers and their patients in regards to contact during the pandemic. Patients report a startle effect when a fellow grocery store shopper sneezes or coughs, even when wearing a mask. Consumers have begun to show a strong preference for telehealth, yet a significant minority is against it. Nearly one in three Americans are unsure about their safety in doctors' offices. Behavioral telehealth is a key desired service during this pandemic time of heightened anxiety, as telehealth is seen as a remote protector by an anxious nation. (https://blackbookmarketresearch.com/administrator/img/0188_SGP_COVID-19_Market_Pulse_r2.pdf)

Psychologists have begun asking APA/IPA, "When can I return to the office?" It's no surprise that many behavioral health providers do not want to return, fearing infection for themselves, their patients and family members. Many patients also are hesitant about returning to

face-to-face sessions. While psychologists have a duty to plan, during this pandemic it's objectively tough to make plans with a situation that continues to unfold.

The Trust Risk Management Round Table on May 21st addressed some of the perceived risks upon in-person re-opening of services, including the issue of liability that may be involved. A question was asked: *How liable can a psychologist be held for a patient contracting COVID-19 in my office?*

It appears that if Illinois doesn't grant immunity against litigation, then it *could* be a malpractice case, even though the risks do not appear to be high at the present time

Providers were encouraged to keep up with what the Center for Disease Control (CDC) advises in regard to re-opening one's office. If/when office mates aren't following COVID-era protocols, and they are indifferent to CDC protocols one can contact the Illinois Department of Public Health (IDPH) for assistance in generating an anonymous warning letter to those persons. Or, the psychologist can step back into telehealth and back out of the office.

The future of practice requires a crystal ball as much as a road map. The Trust has consistently provided timely guidance to psychologists nationally as safety related plans begin ahead of regional re-opening[s] (<https://www.apaservices.org/practice/clinic/covid-19-informed-consent>). Providers also wonder: *What percentage of my 2021 year's practice will be telepsychology?* Contingency planning remains at arm's length as summer begins. Pundits speculate a broader spread or resurgence of the Corona pathogen in the Fall of 2020. The question remains: How can psychologists best provide legal, ethical, and continuous care in a rapidly changing, unprecedented pandemic environment?

APA has offered guidance on treating patients with a Serious Mental Illness (SMI) during the pandemic in cases where patients may not have (access to) smart phones or computers. It can be expected that a patient's response

Continued on page 18

Pandemic Practice... *Continued from page 17*

will depend upon their rate of exposure to trauma across their lifetime when considering telehealth for SMI patients. For these patients (and others who may require face-to-face sessions), always document a well-reasoned decision about specific patients when in-person care appears to be required. Have a safety plan (e.g., masks and hand sterilizing solutions) along with a document that is shared with both patients and staff built on your office safety plan). (<https://www.apaservices.org/practice/legal/technology/serious-mental-illness-covid-19>).

Nationwide, CMS Medicare has made it clear that the COVID-era changes are temporary. It will be up to Congress to effect more permanent policies. (<https://www.apaservices.org/practice/reimbursement/government/medicare-telehealth-temporary-changes>). As of this writing, Medicare is allowing a finite list of telehealth services that are reimbursable on their CPT® schedule. (<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>).

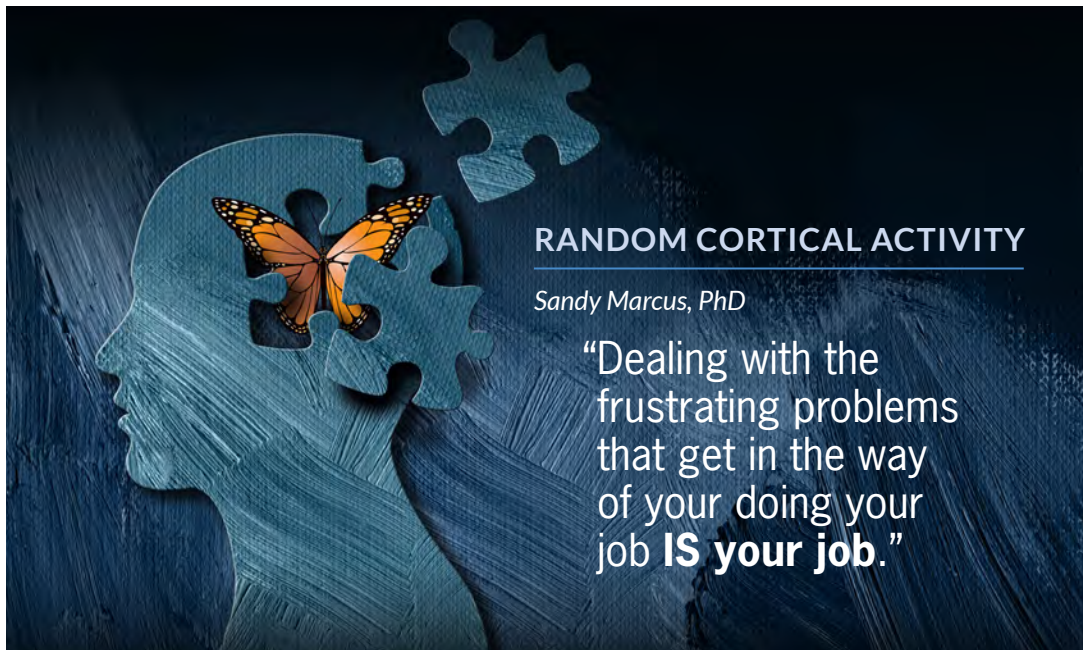
Psychologists whose practices have been predominately testing-based took a rather deep hit and most have faced significant reduction in revenue streams during our national public health crisis. APA has offered several suggestions. (<https://www.apaservices.org/practice/clinic/covid-19-neuropsychological-psychological-testing>). When the patient's primary diagnosis is a physical illness, providers use HBAI CPT® codes for teletherapy to accurately reflect the care. (<https://www.apaservices.org/practice/reimbursement/health-codes/health-behavior>). In contrast, when the primary diagnosis is a mental health issue, then psychotherapy codes are used.

APA has noted that psychologists can receive reimbursement for specific non-face-to-face services delivered through EHR portal

messages or other HIPAA-compliant platforms. One caveat: Confirm access to these codes with the 3rd party payer prior to offering these services or billing for them. Psychologists must document the cumulative time spent on these services which can only be reported once during a 7-day period. E-visits should not be used when contact is for less than 5 minutes. Note the following link for further APA guidance on these services and codes: <https://www.apaservices.org/practice/reimbursement/health-codes/online-assessment-management-services>.

Within Illinois, under Governor Pritzker's Executive Order[s] we are now in Phase 4 of the re-opening. Still, many workers state-wide have not yet returned to their offices, and millions have lost their jobs. Earlier this Spring, upon observing the rapid rise in unemployment with its concurrent loss of employer-funded insurance, the HCRC encouraged IPA members to consider applying for provider eligibility for Illinois Medicaid plans through the Illinois Impact system as a first step toward becoming eligible as a provider to serve Medicaid beneficiaries. (<https://www.illinois.gov/hfs/impact/Pages/ProviderEnrollment.aspx>). By signing up ahead of time, laid off patients who end up losing their jobs can more easily transition to *continued care* with a psychologist who is eligible to deliver Medicaid services to beneficiaries.

In sum, it is essential that providers engage in consultation with valued colleagues as to safety protocols needed to enable a return to office services, along with explicit ethical and risk management analyses to ensure everyone's safety. The CDC recommendations are essential for compliance and plans for safety during the COVID-19 pandemic. During the COVID-19 pandemic, the Trust offers several no-cost, on demand webinars on ethical and legal practice can be found using this link: <https://parma.trustinsurance.com/Workshops-Webinars/Telepsychology>. ■



RANDOM CORTICAL ACTIVITY

Sandy Marcus, PhD

“Dealing with the frustrating problems that get in the way of your doing your job **IS your job.**”



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COVID Variance Allowing Psychologists to Take All Continuing Education Credits Remotely

The IPA wrote a letter to the Secretary of the Department of Professional Regulation and spoke with the Department's Legislative Director to request that the six hours of face-to-face continuing education credits as mandated by law be allowed to be taken remotely. We were successful in our advocacy and the following waiver was published.



Illinois Department of Financial and Professional Regulation Division of Professional Regulation

J.B. Pritzker
Governor

Deborah A. Hagan
Secretary

CECILIA ABUNDIS
Acting Director
Division of Professional
Regulation

VARIANCE

Pursuant to the authority granted to me in the provisions of 68 Illinois Administrative Code 1400.70 I hereby grant a Variance on behalf of Licensed Clinical Psychologists and Licensed Prescribing Psychologists who must complete at least 6 in-person continuing education hours prior to renewal. According to the provisions of 68 Illinois Administrative Code 1400.60(b)(2), a maximum of 18 credit hours may be earned for completion of distance-learning courses or programs that are offered by an approved sponsor.

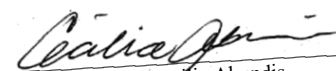
In order to contain the spread of COVID-19 the Department has become aware that continuing education providers and sponsors are cancelling courses and programs where licensees obtain continuing education, thus limiting opportunities for continuing education that would meet the in-person requirement as specified by 68 Illinois Administrative Code 1400.60(b)(2). As a result, licensees may not be able to meet the live attendance requirements as set forth in the rule above.

The purpose of this Variance is to waive the 18-credit hour cap on distance-learning continuing education and allow Clinical Psychologists and Prescribing Psychologists to complete all required continuing education hours via distance-learning courses or programs offered by approved sponsors.

Notwithstanding the aforementioned Rule, this Variance is in no way intended to waive or modify any statute, rule, or regulation concerning the continuing education or practice of Clinical Psychology or Prescribing Psychology. Each licensee must comply with all other renewal requirements including the payment of a fee.

I have determined that the provision from which this Variance is granted is not statutorily mandated; no party will be injured by the granting of this Variance; and the rules from which this Variance is granted would, in this particular case, be unreasonable.

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois
Deborah Hagan, SECRETARY, by


Acting Director Cecilia Abundis

June 4, 2020
Date

www.facebook.com/ILDFPR

www.idfpr.com

[http://twitter.com/#!/IDFPR](https://twitter.com/#!/IDFPR)

Letter in Support of Asking CMS to Extend Payment for Medicare Telehealth for One Year Past the End of the Declared Covid Emergence

The IPA signed on to a letter written by the American Psychological Association to CMS requesting a one year extension of Telehealth Reimbursement by Medicare after the current declared public health emergency ends. We also sent letters to both Illinois Senators to ask that they enact legislation to implement this request. Below is the letter we sent to Senator Durbin. A similar letter was sent to Senator Tammy Duckworth.



ILLINOIS PSYCHOLOGICAL ASSOCIATION

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

Kalyani Gopal, Ph.D., HSPP
President

June 22, 2020

The Honorable Richard Durbin
United States Senate
711 Hart Senate Building
Washington, DC 20510

Dear Senator Durbin:

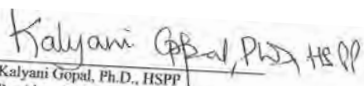
I am writing on behalf of the Illinois Psychological Association and its members to ask for your help in extending the Medicare telehealth coverage expansions for psychological services adopted in response to the COVID-19 pandemic for at least 12 months after the emergency designation has ended, and to change Medicare statute to ensure expanded telehealth coverage in the future.

We appreciate that the Centers for Medicare and Medicaid Services (CMS) has used the flexibility granted by Congress to improve Medicare patients' access to psychologists' services provided via telehealth during the COVID-19 public health emergency by eliminating site restrictions for patients and providers, allowing coverage of services provided to new and established patients, loosening technology requirements, expanding the list of covered services, and covering psychological services provided by audio-only telephone. These flexibilities have made it possible for psychologists to provide mental and behavioral health services and substance use disorder treatment to Medicare patients who would not have received it otherwise, during a time of extraordinarily heightened anxiety, stress, and isolation.

Maintaining Medicare telehealth coverage expansions for at least one year beyond the end of the public health emergency declaration would help ensure continuity of care for people with mental and behavioral health and substance use disorders. Research strongly suggests that the mental and behavioral health impacts of COVID-19—including through increased social isolation and loneliness—will last for several years.

We respectfully ask that you work with your colleagues to enact legislation to extend the aforementioned temporary CMS telehealth coverage expansions for Medicare psychological services for at least 12 months after the public health emergency declaration has ended, and to change Medicare statute to ensure expanded telehealth coverage in the future.

Sincerely,


Kalyani Gopal, Ph.D., HSPP
President (2019-2020)

On-line Resources for Neuropsychological Testing and Cognitive Rehabilitation

Kathy Borchardt, PsyD, Behavioral Medicine and Neuropsychology Section Chair

We have all been taxed by converting our practices from face-to-face encounters to telehealth during the public health emergency. However, those of us who primarily engage in neuropsychology and behavioral medicine have been particularly challenged. Considering neuropsychological evaluations, the normative data for most assessment tools were collected through face-to-face encounters. Thus, testing conducted virtually is considered a deviation from the standardized administration. In addition, practitioners who conduct, during office visits, cognitive rehabilitation through on-line cognitive retraining platforms or via in-person practice and role-playing, have been faced with adapting these approaches so that they can be performed virtually. Some of us have need to create new exercises and trainings on our own. Testing and cognitive rehabilitation as well as behavioral medicine education and compliance during telehealth visits have

sometimes required the addition of an at-home facilitator to assist the client.

Guidance regarding the use of telehealth for the delivery of neuropsychological assessment services can be found through the APA (<https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19>), the Inter Organizational Practice Committee website (<https://iopc.online/teleneuropsychology>), the National Academy of Neuropsychology, and via the various test publishers. Pearson in particular has issued several specific documents on the use of their testing instruments via telehealth.

The websites for BrainHQ and CogMed are also offering suggestions for utilizing their cognitive retraining platforms during the PHE. In addition, BrainHQ has also made available several downloadable worksheets and exercises for use in cognitive rehabilitation. ■

Report from the Sexual Orientation and Gender Diversity (SOGD) Section

Derek Phillips, PsyD, MSCP, Chair

Welcome to the Illinois summer, fellow Section members! As you may have heard or seen, at its April 2020 meeting, the IPA Council of Representatives approved our Section's name change from "Sexual Orientation and Gender Identity" to "Sexual Orientation and Gender **Diversity**." This name change was to ensure our name reflects the inclusivity of the diverse spectrum of sexual orientations and gender identities. Related, during the Council meeting, a member asked how the acronym "SOGD" would be pronounced after having been accustomed to saying "so-gee" for "SOGI." My recommendation was that "SOGD" would be pronounced as "so-good," as it is for the APA Committee on Sexual Orientation and Gender Diversity (CSOGD; "see-so-good"). Thanks to all for your input and support regarding this change!

The other major piece of news is that, although the right decision, the Chicago Pride Parade was canceled for 2020 due to the COVID-19 pandemic that is ravaging our State and our country. This was extremely disheartening for me personally and for the LGBT community at-large as this has been tradition for over 50 years. However, our community is unequivocally resilient, and I know we will find other ways to celebrate our history, our present, and our future while keeping our safety and health protected. Here's to a much safer and "prideful" 2021!

For more information or questions/concerns about the Section, please contact me at drderekphillips87@gmail.com or Dr. Hayleybeth Van Serke, Associate Chair, at hvanserke@gmail.com. Please stay tuned for more! ■

Academia in Peril

Susan S. Zoline, PhD, Chair IPA Academic Section

The current pandemic has profoundly impacted institutions of higher education, including undergraduate and graduate psychology programs, clinical training sites, research laboratories and grant funding, as well as the lives of students, staff, faculty, and administrators at schools throughout the state and nation. Traditional teaching, training and research activities ground to a halt in mid-March as stay at home orders were implemented in response to rising numbers of COVID-19 cases. Academic graduate psychology programs and training sites have proactively stepped up to meet the needs of their students with as minimal disruption as possible, striving to find a balance between flexibility and adherence to necessary standards. This has involved consultation with APA/COA, APPIC, ASPPB and state licensure boards. Programs are also addressing student emotional and financial concerns as well as providing support for faculty who are working remotely and going above and beyond to best support their students. Many students who relied upon outside employment, often in the service industry, have found themselves without a means of external financial support. Virtual classroom learning has led to “zoom fatigue” for faculty and students alike. Some training sites have continued providing in-person essential clinical services, others are providing services via telehealth, and others have closed until in person services can be safely resumed. For students working on dissertations, access to data has been restricted in some settings. Additionally, some grant research funding has dried up for faculty reliant upon such funding for their work. As a consequence of these various restrictions, some colleges and universities have instituted layoffs and furloughs as well as freezing new positions until conditions improve. Furthermore, diversions in state funding for COVID-related needs, has led to uncertainty regarding future budget allocations for public universities in Illinois.

Some colleges, universities and professional schools have announced plans to reopen in the fall, whereas others have announced plans to continue providing virtual instruction for the

fall semester. Fall enrollment numbers remain uncertain, as do future practicum training and internship site opportunities. Greater clarity will emerge as summer unfolds and the continued trajectory of the COVID virus becomes apparent.

Fortunately, IPA has been proactive in addressing the needs of academic psychologists and students around the state. In my role as Academic Chair I have consulted with IPAGS Chair Marc Chaney as well as with members of various academic programs and training sites to assess the impact of the current pandemic on graduate programs, student learning and needs, and clinical training at the practicum and internship levels, as well as to consider how IPA might be of assistance. One concern which has emerged regards licensure for interns and post-doctoral applicants whose clinical training hours were curtailed due to the pandemic. Drs. Gopal, Brewer, Sarlo and I collaborated with several academic Program Chairs, academic Directors of Clinical Training, and clinical training site Directors of Clinical Training to draft a letter to Governor Pritzker and to the Clinical Psychology Board of the IL Department of Financial and Professional Regulation (IDFPR) requesting consideration of temporary changes in interpretation of the licensure law with respect to clinical hours for those students currently completing internship and post-doc training, as well as considering potential long term implications for students in the pipeline for future licensure application in IL. This letter, signed by numerous psychologists around the state of IL in academic and/or clinical training roles, was sent to Governor Pritzker and to the IDFPR on May 26, 2020 (see letter on the next page). As of this writing, a response has not yet been received. The long-term effects of the COVID-19 virus on schools and training sites are potentially concerning, but yet unknown. IPA will continue to monitor the impact of the pandemic on graduate training and licensure and will collaborate with our academic/training partners throughout the state to continue to advocate on behalf of students, faculty, institutions of higher education and partnering clinical training sites. ■



ILLINOIS PSYCHOLOGICAL ASSOCIATION

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May 26, 2020

Governor J.B. Pritzker
 Office of the Governor
 207 State House
 Springfield, IL 62706

Office of the Governor
 James R. Thompson Center
 100 W. Randolph, 16-100
 Chicago, IL 60601

Neil Pliskin, Ph.D., Chair
 Illinois Clinical Psychologists Licensing and Disciplinary Board
 Illinois Department of Financial and Professional Regulation
 Division of Professional Regulation
 100 West Randolph, 9th Floor
 Chicago, IL 60601

Dear Governor Pritzker, Dr. Pliskin, and members of the
 Illinois Clinical Psychologists Licensing and Disciplinary Board,

As leaders of the Illinois Psychological Association, the largest professional association of psychologists in Illinois, in consultation with academic and training directors of doctoral programs, externships, internships, and postdoctoral programs in Clinical Psychology across the state of Illinois, we are concerned about the impact of the COVID-19 pandemic on current trainees' ability to meet the IDFPR requirements for licensure in clinical psychology. In light of the many clinical practice constraints caused by COVID-19, we request that you consider a *temporary* change in how the Illinois licensure law is interpreted by the Board for recent post-internship and post-doctoral applicants seeking licensure as a Clinical Psychologist, while maintaining a focus on competency for independent practice and protection of the public. We also hope you will consider the long-term implications of the pandemic with respect to trainees who are not yet at the internship level, but whose training experiences are impacted by this crisis.

Specifically, due to the pandemic, many trainees may be unable to accrue the exact number of clinical hours, along with the proper proportion of specific types of clinical activities, during the internship or postdoctoral years to meet Illinois licensing requirements.

According to the *Clinical Psychologist Licensing Act* (225 ILCS 15), we understand that the law requires postdoctoral trainees to obtain 1,750 hours over a year of full-time work or two years of part-time work. Based on the *Fact Sheet for New Graduates in Psychology*, which has been published by the Illinois Department of Professional Regulations Psychologist Licensing & Disciplinary Board, we also understand that in general, the majority (i.e., 50% or more) of our graduates' work experience during their postdoctoral residency should be spent providing services for which they establish an ongoing, *face-to-face* relationship with individuals they are treating.

Your recent guidance on the interpretation of the "face-to-face" requirement with respect to supervision and clinical requirements in the memo dated April 23, 2020 was greatly appreciated and is an important first step towards acknowledging the impact that the COVID-19 pandemic has on clinical care. We would greatly appreciate additional clarification as to whether telephone calls are included as virtual "live" telecommunication. Our trainees often work with underserved families who face technological and logistical barriers to scheduling "live" telehealth video visits. Thus, the exclusion of traditional telephone clinical contacts from the clinical requirement could result in significant barriers to clinical care for many patients and, consequently, the ability to meet licensure expectations for current trainees.

We also request that *temporary* flexibility in the interpretation of the *Act* and *Rules* be extended to address the 50% clinical work requirement identified in the *Fact Sheet*, as well as clinical work requirements for doctoral interns. As you are likely aware, meeting this requirement may be difficult for many current interns and postdoctoral residents for several reasons: (1) not all patients are interested in scheduling telephone/telehealth sessions, which has reduced trainee caseloads, (2) there was a long pause in delivering services (and thus a significant loss of supervised clinical hours) as many institutions struggled to obtain telehealth approval and subsequently roll-out this new clinical contact strategy, (3) for trainees who provide consultation services, these services have been reduced as the focus has been on providing clinical care only for the most urgent patients, (4) for trainees who conduct clinical work within schools, all clinical activities have been suspended at the current time given that Illinois schools are closed, at least through the end of the current academic year, (5) for trainees who engage in psychological or neuropsychological assessment, a vast curtailment of these activities has occurred due to limitations associated with virtual administration of psychological tests, and (6) trainees who were conducting clinical services as part of research studies have also had to temporarily suspend in-person research activities, including intervention delivery.

Importantly, the reductions in trainees' clinical services, as described above, do not mean trainees are not working full-time at their internship and postdoctoral placements. Indeed, there are many training opportunities, despite the change to such clinical services. Further, internship and postdoctoral supervisors have numerous means for identifying if interns and postdoctoral residents have achieved the competencies required for independent practice, regardless of whether the trainees met a specific clinical hour requirement. Because the "50%" requirement is neither in the *Act* nor the *Rules*, and the *Fact Sheet* notes that this requirement is "In general", we request the Board provide temporary lenience regarding strict interpretation of the need for 875 or more direct clinical care hours.

Of course, it could be argued internship and post-doctoral training placements could be extended to make up for the decline in direct clinical care; unfortunately, not all organizations have sufficient funding, supervisory resources, and/or office space to provide such extensions. Indeed, we are starting to see some internships sites closing as a result of the pandemic across the United States.

Without a temporary adjustment to the greater than 50% policy, we are concerned our students will not be able to be licensed in Illinois at a time when mental health professionals are needed more than ever. We request your Board consider *temporary* flexibility in your licensing requirements for Clinical Psychology to accommodate the limitations trainees have experienced as a result of the COVID-19 pandemic. In considering temporary accommodations, we acknowledge the important role your Board has in protecting the public by assuring psychologists are competent to engage in independent practice. Given this, we encourage you to consider flexible means to ensure competency and readiness to engage in independent practice, including utilization of competency assessments already performed by doctoral, internship, and postdoctoral sites, as required by our accreditation standards and the American Psychological Association Competency Benchmarks for Professional Psychology.

In summary, the provision of temporary flexibility in licensing requirements, while also maintaining a focus on competency for independent practice and protection of the public, would be a relief to Clinical Psychology trainees, training sites, and academic training programs.

We look forward to your response.

Sincerely,

K Gopal, PhD, HSP

Kalyani Gopal
PhD IPA President

Daniel Brewer
PsyD IPA President Elect

Ms. Marsha Karey
IPA Executive Director

Terrence Koller, PhD
IPA Legislative Liaison

Gregory Sarlo, PsyD
IPA Treasurer, Director of Training,
IPA Predoctoral Internship Consortium

Continued on page 26

Academia letter... Continued from page 25

Additional Program Chairs and Training Directors of academic and clinical training sites across the State of Illinois, as listed below:

Jenna Berberich, PsyD
Training Director, Advocate Family
Care Network—Childhood Trauma
Treatment Program

Christina L. Boisseau, PhD
Associate Professor of Psychiatry
and Behavioral Sciences Director,
Clinical Psychology Internship
Program Northwestern University
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Chicago, IL

Paul Cantz, PsyD, ABPP
Diplomate in Clinical Psychology
Director of Clinical Training—
PsyD Adler University
Chicago, IL

Jocelyn Smith Carter, PhD
Associate Professor
Director of Clinical Training
DePaul University
Chicago, IL

Gregory S. Chasson, PhD
Associate Professor and Director
of Clinical Training Department
of Psychology, Illinois Institute
of Technology
Chicago, IL

Rocco Domanico, PhD
Director of Clinical Training
AMITA Health, Behavioral
Medicine Institute
Hoffman Estates, IL

Yana Dubinsky, PsyD
Training Director, Primary Care
Psychology Associates
Chicago, IL

Karen R. Gouze, PhD
Director of Training in Psychology
Ann & Robert H. Lurie Children's
Hospital of Chicago Professor of
Psychiatry and Behavioral Sciences
Northwestern University Feinberg
School of Medicine
Chicago, IL

Benjamin L. Hankin, Ph.D.
Director of Clinical Training
Fred and Ruby Kanfer Professor
of Psychology Department of
Psychology, University of Illinois
Urbana Champaign
Champaign, IL

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Grayson N. Holmbeck, PhD
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Training, Loyola University Chicago
Chicago, IL

Megan Hood, PhD
Associate Professor of Psychiatry
and Behavioral Sciences Director of
Clinical Training, Rush University
Medical Center
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Joyce Hopkins, PhD
Professor and Associate Director
of Clinical Training Illinois Institute
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Chicago, IL

Leah Horvath, PhD
Program Director, Illinois School
of Professional Psychology at
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Patti Kimbel, Psy.D.
Director of Clinical Training &
Assistant Professor Department of
Psychology, Roosevelt University
Chicago, IL

Misty M. Mann, Psy.D.
Midwestern University
Director of Clinical Psychology
Dept. of Behavioral Science.
Downers Grove, IL

Jessica Marshall, Psy.D.
Training Director, Chicago Area
Christian Training Consortium,
Internship in Health Service
Psychology
Carol Stream, IL

Cathy M. Mavrolas, PhD
Professor and Vice-Chair
Director of Clinical Training
Rosalind Franklin University
of Medicine and Science North
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Tara G. Mehta, PhD
Assistant Professor, Director
of Psychology Training Department
of Psychiatry, The University of
Illinois at Chicago
Chicago, IL

Matthew J. Miller, PhD
& Elizabeth M. Vera, PhD
Professors and Co-Graduate
Program Directors, Counseling
Psychology, Loyola University
Chicago
Chicago, IL

Kristen M. Newberry, Psy.D.
Director of Clinical Training
The Illinois School of Professional
Psychology, National Louis
University, Chicago
Chicago, IL

Laura Pittman, PhD
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James Rounds, PhD
Professor and Director of Training,
Counseling Psychology University
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Associate Director for Training
/ Staff Psychologist Doctoral
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Shona N. Vas, PhD
Associate Professor, Department
of Psychiatry and Behavioral
Neuroscience, Director
of Clinical Psychology Training
The University of Chicago
Chicago, IL

Here's What the "New" IPA Council Meetings Look Like: *Thirty Five Leaders on Zoom*



“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**.

Bruno Law Office

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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

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Ethics Consultations Available for IPA Members

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

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Statement on the Urgent Need for Racial Healing

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

In the first six (6) months of 2020 we have experienced the racial death and illness gradient magnified by SARS-CoV-2. Black, Indigenous and People of Color (BIPOC) are dying and becoming ill at cruel, disproportionate rates. Truly and sadly this has been known for a long time, see David Ansell's Book, *"The Death Gap: How Inequality Kills"*, an indictment of economic inequality and its impact on health (2017). We resolve to keep doing our part to work with policy makers where BIPOC voices are honored to end this form of discrimination and death. This will include far more equal access to economic, educational resources and both physical and mental health services.

In the first (6) months of 2020 we have experienced the racial death and persecution of BIPOC at the hands of poorly trained and mismanaged police; witness the deaths of George Floyd and Breonna Taylor. Chicago and all of Illinois struggle with this in the wake of the Laquan McDonald tragedy and numerous others. We will not go back to apathy and we will never forget.

In the first (6) months of 2020 we have experienced the racial death of a BIPOC Jogger, by group of vigilantes, Ahmaud Arbery and the attempt to assault a BIPOC Bird Watcher, Christian Cooper with the old technique of White People's "Tears and Fears" so often used to incite assault by mob or police. We will not go back to apathy and we will never forget.

Many other examples of overt and covert racism have been very evident, just in these past six months. We urge remembering all of them by name and resisting the White Fragility/White Apathy of letting them pass as curiosities in the news cycle.

We most strongly recommend that the USA's major-ity Whites (Colonial time period to present) who have held power of Illinois (and indeed the USA) find ways of doing the difficult inward and outward journey of vigorously ending the pervasive racism that has permeated this nation. One good option is to work through the following three steps in this order:

1. Read Robin DiAngelo's *"White Fragility: Why it's So Hard for White People to Talk about Racism"* (2018). View the 23-minute video, "Deconstructing White Privilege with Dr. Robin DiAngelo."
2. Then work through the workbook: *"me and white supremacy: Combat Racism, Change the World and Become a Good Ancestor"* by Layla F. Saad (2020). This is very difficult. Better to take the time you need with this. Reading this with a trusted group of White friends can be supportive. BIPOC friends should not be burdened with the responsibility of holding your hand or passing you tissues.
3. Then and only then, will you understand reading *"How to Be an Antiracist"* by Kendi X. Ibram (2019). At this juncture in the journey to become an anti-racist, consider joining with BIPOC in organized efforts to dismantle institutional racism. Connect with anti-racist organizations to stay informed. Make time, talent, and/or monetary contributions as possible. Kendi Ibram gives a good list of organizations, readings and videos in the end of his book. In Illinois, "Crossroads Antiracism Organizing and Training" leads many informational and networking events in person and virtual <http://crossroadsantiracism.org/>. In the Chicago area, the "Interfaith Coalition Against Racism" hosts quarterly events and has a website that provides leads and links to other organizations <http://chicagoicar.org/>.

We recommend that BIPOC citizens expect White citizens to take responsibility for the racist system and work together as equals in antiracist programs and activities. We expect White citizens to do the difficult work of increasingly seeing how much racism has permeated themselves and the environment and avoid using "good intentions" as cover. To defeat racism we need to expect to make mistakes because we are actively working on incorporating new information and increasing self-knowledge, which we must appropriately apply.

Continued on page 33



ILLINOIS PSYCHOLOGICAL ASSOCIATION

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

June 11, 2020
 For Immediate Release

Illinois Psychological Association Statement Against Police Brutality

The Illinois Psychological Association (IPA) condemns all acts of police brutality, racism, and all forms of hate. We stand in solidarity with the Black community in Illinois and across the United States of America and denounce the lethal practice of police brutality as well as the racist harassment and targeting of Black people. The IPA hereby pledges to support the well-being of our Black community and recognizes the mechanisms that maintain and spread deeply embedded, historical, institutionalized, and structural racism which have perpetuated the collective and intergenerational transmission of trauma in Black communities. The recent killings of Breonna Taylor, Ahmaud Arbery, George Floyd, and countless others highlight these injustices. Research shows that experiences of police brutality and disproportionate representation within the criminal justice system, as aspects of structural racism, contribute to elevations of psychological stress among Black people and are associated with increased risks of chronic physical illnesses, low self-worth and psychological trauma, fear of bodily harm, exposure to societal adversities, and suffering layers of complex trauma across the lifespan. Additionally, police brutality has been linked to significantly higher incidences of diabetes, hypertension, obesity, cardiovascular and other physical diseases, as well as increased mortality. Further, social science data supports that Black individuals are more likely than White individuals to experience police brutality and wrongful convictions. These encounters result in poorer mental health outcomes, increased psychological distress, stigmatization, and other adverse psychological effects that are psychosocial determinants of health.

Therefore, IPA supports crimes against the Black community being labeled a public health issue.

IPA resolves to do our part to work with policymakers, where the voices of Black people are honored, to end this form of discrimination and death. Our efforts will include supporting relevant legislation and policy changes that advocate for educational, therapeutic, and health-related equity. We support social, cultural, interpersonal, and economic inclusivity and protection from discrimination.

IPA also advocates for recognition of past abuses against Black communities as a way forward to address systemic change that will begin to address identity, privilege, entitlement, and the deconstruction of overt and covert structural and institutional racism that has been evident throughout history. We must not remain silent.

It is no longer acceptable to be "not racist," we must strive to be actively antiracist.

IPA encourages individuals who are experiencing trauma as a result of these recent events to reach out for help, connect with loved ones, and to practice self-care. We recommend that Black individuals find safety, support and treatment as needed for the chronic and persistent trauma that racism has and is inflicting. We offer the deepest condolences to all the families that have been impacted by these tragedies. IPA can help you find programs and culturally competent therapists.

Black Lives Matter, unequivocally. We need to do better.

K. Gopal, PhD, HSPP
 Kalyani Gopal, PhD., HSPP
 President (2019-2020)
 Illinois Psychological Association

And,

The IPA Council

Information Overload in our COVID-19 Era

Patricia Farrell, PhD, Clinical Practice Section Chair

One imagines by this first week in June, practicing psychologists have acquired enormous telehealth information, as if on the other end of a fire hose! Early Covid-era changes seemed fairly strange, didn't they? Ironically CMS indicated providers could use certain non-HIPAA compliant platforms! One mid-career psychologist observed it felt like working inside an episode of the 1960's TV series, *The Twilight Zone*. For years, providers nation-wide were indoctrinated on HIPAA compliance and security, with its enormous penalties for a breach. Then, what some termed a seismic "C-change" the Corona virus happened. Rules changed due to the pandemic. In the early stage of the pandemic, CMS complicated patient confidentiality by announcing a pandemic-era *relaxed over-sight for HIPAA compliance*. One provider subset interpreted that directive, with its inherent reduced risks for penalties, as an invitation to decrease patient security/confidentiality. Still, legal counsel advised providers to NOT compromise patient security, being careful to continue utilization of HIPAA compliant platforms. Therein lies the catch-22: CMS relaxed their HIPAA standards, yet psychologists must still comply with Illinois' Confidentiality Act—regardless of Executive Orders during our national emergency.

Who would have predicted every psychologist in the State would be forced into providing telehealth services to their patients overnight by a microscopic pathogen? When Medicare initially declined to pay for telephone-only sessions, providers were encouraged to maintain connection[s] with their Medicare patients. When providing (ethical) continuous phone-only care, many could only cross their fingers that CMS would eventually reimburse phone-only sessions. In May, National Government Services (NGS), our local Medicare Administrative Contractor (MAC) announced *phone only sessions* would be reimbursed by Medicare. What a relief, as many practices suffered acute revenue losses!

Now, clinicians must sort out what laws govern inter-state telehealth for the future. The IPA Clinical Practice Section funded a no-cost, complimentary webinar on inter-state practice on June 5th, addressing the ethical and legal elements of inter-jurisdictional practice. PsyPact staff, Dr. Alex Siegel and Janet Orwig

outlined how psychologists in Illinois can apply and qualify for an E.Passport as of July 1st. If you missed the webinar, check out the IPA website's Member Only section to listen on demand to this webinar and obtain the PsyPact Power Point.

By funding clinical practice webinars, your clinical section intends to afford psychologists a better focus on their *patients* rather than spending time searching for needed information. Now as much as ever, you should know IPA has your back and we all *will* get through the pandemic together.

To practice inter-state telepsychology under the PsyPact authority a doctoral level psychologist needs to apply for their E.Passport from ASPPB and apply for and obtain authority to practice interjurisdictional telepsychology from the PsyPact commission. Here is the link to apply to PsyPact for an E.Passport <https://PsyPact.org/page/telepsychology>. Providers are encouraged to begin banking credentials now in advance of the tentatively planned application launch on July 1st. Subsequent to obtaining an E.Passport, psychologists will need to annually complete 3 CE hours of Telepsych related training.

Fact finding can be a challenge as Federal laws and Illinois law do not always afford the same guidance. Even now, payers are constantly changing their policies! How do providers keep up the pace of daily updates from payers, CDC, APA, IPA etc.? When CMS softened on HIPAA compliance, attorney consult-ants encouraged psychologists to maintain HIPAA protocols whenever possible as noted above.

It is understandable that states' licensing boards want to protect the general public and have oversight where the patient and psychologist are located. In effect, PsyPact is a compro-mise between psychologists and each compact state's licens-ing board. With PsyPact a psychologist can practice inter-jurisdictionally with merely one license from a compact state. The general public is protected as ASPPB compiles verification of education, training and experience to ensure accountability for practice between states

Continued on page 33

There are three big buckets for payer consideration: Medicare, Medicaid and private payers. Governor Pritzker's Executive Orders (as of this writing) have mandated payment parity for fully insured plans governed by the IL Department of Insurance. Indeed, many providers have expressed dismay that the self-funded, or ASO plans continue to limit parity related reimbursement, and on occasion, which telehealth platforms a provider can utilize. Unfortunately, the ASO self-funded plans are governed by ERISA and the Department of Labor. However, ASO plan restrictions are on APA's federal advocacy radar; lobbying efforts are actively seeking a remedy.

Unfortunately, there are telehealth disadvantages for some patients. Various educators point to the guideline that not all patient groups are suitable for telehealth. A few examples would include: active suicidal ideation, dissociative disorders, serious mental illness (SMI) along with a patient history of multiple trauma. In these situations, clinical judgment is critical and of the utmost importance. If treating a patient in a different State, dialing 911 from Illinois will not work when the patient

is located out of state. Who would you call if you needed to send an ambulance in an out of state emergency? Thus, 911 calls are state specific.

Disadvantages exist for providers too. Psychologists who engage in telehealth report Zoom Fatigue as the therapist cannot see the entire person; often a sense of inter-personal separateness occurs. Due to pandemic related social distancing, one's patients may also be working from home, thus attending multiple on-line meetings every day, with resulting Zoom Fatigue.

No doubt, there is an enormous amount of information to sort through as psychologists aspire to achieve greater levels of competence to implement telepsych. And conflicting information is inevitable as to best practices. As always, seeking consultation from valued, knowledgeable colleagues during our national emergency remains a best practice. Utilize the APA's Information Hub on a regular basis at the Information Hub. Please visit APA's COVID-19 Resource Page for important information for psychologists, healthcare workers and the public. ■

Racial Healing...

Continued from page 30

We recommend that BIPOC citizens find safety, support as needed for the chronic and persistent trauma that racism has and is inflicting. Sherman James, PhD, professor emeritus of public policy at Duke University, suggests that racism should be considered a public health crises due to its adverse effects on wellbeing, particularly among African Americans. In the face of racial assaults, BIPOC must practice self-care. Suggestions in this regard include taking time to process

racist occurrences/encounters, getting support from and connecting with others, engaging stress reduction techniques including exercise, mindfulness, engaging pleasurable activities, and practicing good nutrition.

Indeed, Rev. Dr. Martin Luther King, Jr. was so very right, **"We must learn to live together as (sisters and) brothers or perish together as fools."** ■



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IPA email: tkoller@illinoispsychology.org

* A Legislative Advocate is trained to meet his or her legislator.
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when issues relevant to psychology arise.

IPA Meeting Schedule

IPA Executive Committee

Meeting will be held at 3 PM on July 17th, August 21st, September 25th, October 16th, December 11th, 2020 and January 22nd, February 19th, March 19th, April 23rd, May 14th and June 18th, 2021.

IPA Council Meetings will be held at 9 AM on Saturday's, September 26th, 2020 and January 23rd, April 24th and June 19th, 2021.

IPA Legislative Committee

Meetings will be held at 2 PM on July 17th, August 21st, September 25th, 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.



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IPA Colleague Assistance Resource Program

Cliff Saper, PhD and Ellen Stone, PsyD

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

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

Dear Colleague,

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

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

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

Resource Provider/Program Profile

Date: _____ Name/Program: _____

Professional Credentials/certification: _____

Organization: _____

Primary Address: _____ Additional Locations: _____

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

Office Phone: _____ FAX: _____

Email: _____ Website: _____

Payment arrangements accepted: (Check all that apply).

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

Name all Health Insurances accepted: _____

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

Psychiatry __

Psychology __

Social Work __

Counseling __

Coaching __

EAP __

Other ____

Hospital-based Program:

Inpatient __

Partial Hospital __

Intensive Outpatient __

Aftercare __

Impaired Professionals Program __

Self-Help Groups __

Other ____

Agency:

Individual Outpatient __

Group Outpatient __

Halfway House __

EAP __

Peer Assistance Groups __

Extended Care __

Other ____

Specialties: (Check all that apply).

Adolescents __; Adults (18 & over) __; (ACOA) __; Anger Management Issues __; Anxiety/OCD __
 Attention Deficit Hyperactivity Disorder (ADHD) __; Autism-Spectrum Disorders __; Axis II Dx __;
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 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 last 30 days.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
_____	1.	I am happy.		
_____	2.	I am preoccupied with more than one person I [help].		
_____	3.	I get satisfaction from being able to [help] people.		
_____	4.	I feel connected to others.		
_____	5.	I jump or am startled by unexpected sounds.		
_____	6.	I feel invigorated after working with those I [help].		
_____	7.	I find it difficult to separate my personal life from my life as a [helper].		
_____	8.	I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].		
_____	9.	I think that I might have been affected by the traumatic stress of those I [help].		
_____	10.	I feel trapped by my job as a [helper].		
_____	11.	Because of my [helping], I have felt "on edge" about various things.		
_____	12.	I like my work as a [helper].		
_____	13.	I feel depressed because of the traumatic experiences of the people I [help].		
_____	14.	I feel as though I am experiencing the trauma of someone I have [helped].		
_____	15.	I have beliefs that sustain me.		
_____	16.	I am pleased with how I am able to keep up with [helping] techniques and protocols.		
_____	17.	I am the person I always wanted to be.		
_____	18.	My work makes me feel satisfied.		
_____	19.	I feel worn out because of my work as a [helper].		
_____	20.	I have happy thoughts and feelings about those I [help] and how I could help them.		
_____	21.	I feel overwhelmed because my case [work] load seems endless.		
_____	22.	I believe I can make a difference through my work.		
_____	23.	I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].		
_____	24.	I am proud of what I can do to [help].		
_____	25.	As a result of my [helping], I have intrusive, frightening thoughts.		
_____	26.	I feel "bogged down" by the system.		
_____	27.	I have thoughts that I am a "success" as a [helper].		
_____	28.	I can't recall important parts of my work with trauma victims.		
_____	29.	I am a very caring person.		
_____	30.	I am happy that I chose to do this work.		

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

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

Compassion Satisfaction _____

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

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

Burnout _____

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

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

Secondary Traumatic Stress _____

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

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

Continued on page 40

Healthy Lifestyle Assessment *Continued from page 39*

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

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

Compassion Satisfaction Scale

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

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

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

Burnout Scale

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

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

Total: _____

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

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

Secondary Traumatic Stress Scale

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

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

Total: _____

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

Apply to be an IPA Fellow

FOR S/HE'S A JOLLY GOOD FELLOW

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

Criteria for Fellow status are:

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

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

Name: _____

Mailing Address: _____

Email Address: _____

Phone(s): _____

IPA Membership Status: _____

Number of Years as an IPA Member: _____

Sections in which Membership is Held: _____

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

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

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

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

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

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

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

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

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

Numbers You Should Know

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

**Illinois Department of
 Professional Regulation**

Licensure Requirements
 or Pending Applications: 217/785-0800

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 Current Licenses: 217/785-0800 ask
 for *Licensure Maintenance Unit*

Complaints against licensed
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Mailing Labels of Licensed Professionals:
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 RosterRequest.asp](https://www.idfpr.com/LicenseLookUp/RosterRequest.asp)

IDFPR Web Site
www.idfpr.com

Abuse Reporting Hotlines

Child Abuse
 800/252-2873

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

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

312/745-2273

Medicare
Applications

www.ngsmedicare.com

American Psychological Association
 800/374-2721

Web Page
www.apa.org

Medicaid Number Application

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

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 Psychology (ABPP)**

www.abpp.org
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www.illinoispsychology.org

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Downtown Chicago: 180 N. Michigan Avenue. Office Space for Rent. Available: Wednesday–Saturday. Fully furnished office with waiting room, kitchen area, refrigerator and microwave. Office is part of a 3-person suite of offices. Faces North with a large window. Great Ventilation—the window can be opened, the air flow has increased outside air and a fan is placed in the window to increase air flow ventilation. Please contact: Susan Q. Love, PhD 312/372-3211 susanqlovephd@gmail.com.

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.

Positions Available

DAVKEN ASSOCIATES has been in operation since the early 1990's and is seeking Illinois licensed psychologists to provide full or part time services to residents in long term care facilities throughout Chicagoland. Because of our size, we are usually able to arrange a facility close to you. If you are seeking a highly regular income with all the work you want, flexible days and hours that can accommodate your schedule, and a halt to the headaches of no shows, denials, and other managed care issues, kindly contact me through my email at drfils@davkenpc.com to discuss the position in more detail. There is a reason we have psychologists who have remained with us for over one and even two decades.

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.

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