

THE ILLINOIS PSYCHOLOGIST

Newsletter of The Illinois Psychological Association

Vol. XLVII, No.1
Summer 2018

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Congratulations TO NEWLY ELECTED IPA OFFICERS

President Elect: **Kalyani Gopal, Ph.D.**

Secretary: **Cristina Cox, Ph.D.**

Health & Rehabilitation Section:
Kathy Borchardt, Psy.D.

IPAGS Chair Elect: **Marc Chaney**

Military Psychology Section:
Joseph Troiani, Ph.D.

Women's Issues Section:
Patricia Walker, Ph.D.

Metropolitan Region Representative:
Erin Alexander, Psy.D.

Metropolitan Region Representative:
Alice Bernstein, Ph.D.

North Region Representative:
Theresa Schultz, Ph.D.

South Region Representative:
Jeffrey Kellogg, Psy.D.

BylawsRevisions: APPROVED

IPA President's Message

Lynda Behrendt, RN, Psy.D.

There is an extraordinary change in Illinois for our academic, training, and clinical work for graduate students, interns, and licensed professionals in all settings.

With the publication of the May 2018 Blue Review, a formal BCBSIL policy for reimbursement for services provided by interns and post-doctoral fellows is now in place. This has been literally decades in coming

We are pleased that BCBSIL leadership has expressed appreciation of the IPA Health Care Reimbursement Committee and its Health Care Reform Subcommittee. We wish to commend Dr Patricia Farrell's exceptional work in forging meaningful, trusting, collaborative relationships with BCBSIL. IPA leadership wishes to express

appreciation to the entire committee, as well as for Dr. Farrell's capacity for relationship-building and collaboration, her professional ethics, and her devotion to our profession.

We are also deeply grateful for everyone's efforts at BCBSIL, especially Frank Webster, MD, Senior Medical Director, Behavioral Health of HCSC, and Andrea Hoover LCPC, Behavioral



Continued on page 3



“ Loyola’s lens of social justice has helped me think about how neuroscience informs and develops a just society. Our education isn’t really for us—we’re doing this to better our society. ”

Rebecca Siltan, Assistant Professor, Clinical Psychology

GRADUATE PROGRAMS IN PSYCHOLOGY

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IPA President Elect Message

Kalyani, Gopal, Ph.D.

Thank you to all my peers, for electing me to the distinguished position of President Elect for the term 2018-2019 and President for the 2019-2020 term. It is with humility and gravity that as the first Asian American to hold this position, I hope to be able to live up to the expectations of Council and look forward to productive and invigorating times ahead. ■



Illinois Psychological Association

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

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Deadline for the next issue:
September 14, 2018

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

Health Provider Network Consultant. Their joint commitment to a formal policy allowed for its execution.

IPA Convention: October 25-27

The Illinois Psychological Association is hosting its annual convention on October 25-27, 2018 at the Chicago Marriott Schaumburg Hotel. This year's theme is **Move Your Career Forward: Practice—Science Training Service@IPA2018**. Below is a short summary of the programming.

THURSDAY will focus on Technology. In the morning, a symposium will address the practical use of technology in clinical practice. In the afternoon, we are lucky to have a team of national level presenters who will discuss Telepsychology.

FRIDAY, we will begin with IPA's Annual Meeting followed by a Town Hall Meeting about the feeling of unrest in our country addressing hostility, fear of reprisal, discrimination.

Our annual Luncheon will include awards to outstanding legislators and psychologists. We intend for the food to be healthy and tasty.

There will be a Reception at the end of the day that will offer wine, cheese, music, time for networking and gift raffles. Students will be included with their Poster Presentations.

Workshops will not be limited to but may include leadership training, the patient-therapist relationship, disordered eating, The Opioid and Heroin Crisis, a HIPAA update, the MIPSRO use in CMS Quality reporting, ethics, treatment with the geriatric patient, training in legislative advocacy.

SATURDAY will follow Friday's programming with a range of topics we believe will be interesting to members.

The IPA Office and the Convention Committee have been attending to members' earlier suggestions to make this convention relevant and accessible. We invite you to put the dates into your calendar.

Upcoming Issues

Members of IPA have the advantage of being a part of an association that has historically remained informed and had a place of influence in the state behavioral health associations and the state legislature. We encourage psychologists to become informed about the following developments.

At the national level become aware of:

- APA Clinical Guidelines development and revisions
- APA membership model developments
- Implementation of the new EPPP testing structure
- APA proposed accreditation of Masters' programs.

At the local level one should be aware of:

- programming for the 2019 APA National Convention in Chicago,
- BCBS intern and post-doc reimbursement policy,
- Passage of the Telepsychology PsyPact bill, which is awaiting signature by the Governor.

If IPA is strong and stable; your practices and businesses are protected. ■

IPA Past President Message

Laura L. Faynor-Ciha, Ph.D.

As I write today, I am preparing for the transition from IPA President to IPA Past President. I am filled with gratitude for the opportunity to have served in this capacity. It is a rewarding and fulfilling job that came with many challenges and at the same time is unique and special, affording all those who take on the responsibility an opportunity for unexpected professional and personal growth. I feel fortunate to have been able to work with you and I appreciate your support and the chance to lead and represent our precious Association. Part of my focus has been to bring us together to work in a unified manner toward strengthening our base through increasing membership and working together for psychology in Illinois and I do feel we have, together, made some good progress!

In the year to come, as Past President, I want to invest in our Association's future by working on the development of future IPA leaders. As psychologists, we are highly educated and trained in understanding and working with people. These skills and our knowledge base are extraordinarily useful in leading a large organization and working with many individuals, however, are not the whole picture when it comes to taking on a leadership role. There is a great deal of on-the-job training that occurs. It seems to me that if we have better prepared leaders, our Association can be even stronger. One way to accomplish this is to formalize a Leadership Development Program for IPA. With the support of incoming President Lynda Behrendt, I will kick off this initiative with a workshop at the Annual Convention in

October. There, we will discuss the plans and goals of the leadership initiative and begin some training.

Following that training, we will plan a Leadership Forum in the year to come. This Forum would be attended by future leaders whom we identify. This is

where you can be of assistance. Please consider your own interest in becoming a future leader in IPA as well as sharing your ideas for recommendations of colleagues. Many of our future leaders will come

from early career psychologists and graduate students, however, more seasoned psychologists who have not had much leadership experience would also be viable candidates. We can utilize the experience and expertise of our Past Presidents to serve as mentors for future leaders. This leadership training is a real way to engage early career psychologists and graduate students, who are the future of IPA. These well-trained future leaders then become the candidates in our election pipeline. The future of IPA hinges on participation, engagement and volunteerism from members and those interested in leadership opportunities. Thus, our investment in development of future leadership is really an investment in the future sustainability and success of IPA. ■



Dr. Laura L. Faynor-Ciha presents the gavel to incoming president Dr. Lynda Behrendt.



Dr. Laura L. Faynor-Ciha addressing members of the IPA Council as she prepares to hand the gavel to incoming president Dr. Lynda Behrendt.

IPA Executive Director Message

Marsha Karey

Congratulations to all the newly elected IPA Officers as well as 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 Officer, Council Member and Committee Chair directory for 2018-2019. We are very thankful to those individuals who might be new in these roles and appreciate the support and commitment of members who continue to give their time in these volunteer positions.

IPA's fiscal and membership year began on July 1. I would like to thank those members who have already renewed their IPA Membership; some of those renewals came through the auto-renewal option. This was the first year we had auto-renewal as an option and I encourage you to select this method of renewing. Please keep in mind the member dues grace period has reduced to 90 days instead of 180. Renewing your membership in this time frame will maintain your access to member benefits such as the listserv, ethics consults, reimbursement inquiries and reduced registration pricing at the annual convention and workshops. I encourage members to renew on line through the [IPA website](#). 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. Renewing online saves the Association money in printing and postage costs.

We had an excellent turnout for the Trust Risk Management workshop that was held in April, as well as for several other workshops we had in June. We are continuing to research topics and presenters for future workshops.



SAVE THE DATE!!! IPA Annual Convention: October 25-27th at the Chicago-Schaumburg Marriothotel. Dr. Behrendt, and her convention committee are working on programing and many other details. Dr. Denise Casey is working on convention sponsorship. If you or someone you know would like sponsorship information (exhibiting, ad placement, tote bag stuffing materials, food sponsorships) please have them contact the office or a [sponsorship opportunities forms](#) can be download from the website. IPA members who are authors a book can advertise in the convention tote bag with a one piece flyer. There is an order form with more information in this newsletter.

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

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).

Appreciation for IPA Volunteer Service



IPA Executive Director, Marsha Karey presenting a certificate of appreciation for outgoing President Dr. Laura L. Faynor-Ciha



Dr. Faynor-Ciha presenting a certificate of appreciation to outgoing APA Ethnic Minority Co-Chair Dr. Cristina Cox.



Dr. Faynor-Ciha presenting a certificate of appreciation to IPA Elections Chair Dr. Rachael Sytsma.



Dr. Faynor-Ciha presenting a certificate of appreciation to outgoing Metropolitan Representative Dr. Gregory Sarlo.



Dr. Faynor-Ciha presenting a certificate of appreciation to outgoing North Region Representative Dr. Jeremy Bidwell.

Recent IPA Workshops



“Autism Spectrum Disorder: What You Need to Know to be More Informed in Your Practice” presented by staff from the Pediatric Development Center at Advocate Illinois Masonic Hospital

“Ethical Issues HIV/AIDS: A Decision-Making Model” presented by Drs. Gregory Sarlo and Susan Zoline

“Ethics and Risk Management in a Digital World presented by Amanda D. Zelechowski, Ph.D., JD for the Trust Insurance Company”

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. This is a change from the existing 180 day grace period due to change in our by-laws made by the membership at the recent IPA convention.

Steven E. Rothke, Ph.D., IPA By-Laws Committee Chair

Legislative Update

Terrence Koller, Ph.D., ABPP and Michael Sanchez, MA

It's Not Over Until It's Over

As the legislative session ended for its summer break there was good news in that a budget was agreed upon by both parties and signed by the Governor. Our hope is that this will clear the way in the future for legislators to focus on some other substantive issues important to Illinois residents.

Below are bills that are important for our profession. Please note that I am not a lawyer so I cannot interpret these bills for you but I have included a link so that you can read the entire text of each one.

Successes and Pending Successes So Far This Session

We continue to advocate for two IPA introduced bills. Dr. Steven Rothke is working [HB 2593](http://www.ilga.gov/legislation/BillStatus.asp?DocNum=2593&GAID=14&DocTypeID=HB&LegID=103846&SessionID=91&GA=100) (<http://www.ilga.gov/legislation/BillStatus.asp?DocNum=2593&GAID=14&DocTypeID=HB&LegID=103846&SessionID=91&GA=100>), a bill that amends the Guardians for Adults with Disabilities Article of the Probate Act of 1975. This amendment would allow a Licensed Clinical Psychologist to be the sole signatory on evaluations that are limited to the individual's mental condition. Currently, a physician is also required to sign these reports. Dr. Rothke is working hard to educate probate judges so they better understand our expertise in doing these types of evaluations.

The other IPA bill is the [HB 2688](http://www.ilga.gov/legislation/BillStatus.asp?DocNum=2688&GAID=14&DocTypeID=HB&LegID=103977&SessionID=91&GA=100) (<http://www.ilga.gov/legislation/BillStatus.asp?DocNum=2688&GAID=14&DocTypeID=HB&LegID=103977&SessionID=91&GA=100>), a bill that creates the Psychology Interjurisdictional Compact Act (PSYPACT). Psypact provides a mechanism to allow for the legal, ethical, and regulated practice of telepsychology and temporary in-person, face-to-face practice by giving qualified psychologists the authorization to practice telepsychology in participating states and by giving qualified psychologists the authorization to practice temporary in-person, face-to-face psychology in participating states up to 30 calendar days in a year. This bill has unanimously passed both houses and is awaiting signature by the Governor. Dr. Lisa Grossman worked very hard to get this bill where it is today.

Other Significant Legislation

[HB 1764](http://www.ilga.gov/legislation/BillStatus.asp?DocNum=1764&GAID=14&DocTypeID=HB&LegID=102263&SessionID=91&GA=100) (<http://www.ilga.gov/legislation/BillStatus.asp?DocNum=1764&GAID=14&DocTypeID=HB&LegID=102263&SessionID=91&GA=100>) was signed into law. This bill states that it is a mitigating factor in sentencing that at the time of the offense, the defendant was suffering from post-partum depression or post-partum psychosis which was either undiagnosed or untreated, or both, and this temporary mental illness tended to excuse or justify the defendant's criminal conduct and the defendant has, after sentencing, been diagnosed as suffering from post-partum depression or post-partum psychosis, or both, by a qualified medical person and the diagnoses or testimony, or both, was not used at trial or sentencing, or both.

[HB 1785](http://www.ilga.gov/legislation/BillStatus.asp?DocNum=1785&GAID=14&DocTypeID=HB&LegID=102368&SessionID=91&GA=100) (<http://www.ilga.gov/legislation/BillStatus.asp?DocNum=1785&GAID=14&DocTypeID=HB&LegID=102368&SessionID=91&GA=100>) was also signed into law. It changes provisions concerning the issuance of new birth certificates for individuals that have undergone gender transition treatment. Provides that in order to change an individual's sex designation on the individual's birth certificate, a licensed health care professional or licensed mental health professional must make a declaration concerning the treatment. It requires that the licensed health care professional or licensed mental health professional sign and date a specified statement. The newly issued birth certificates may reflect a name change if the documents for a name change are submitted. It changes a reference from "sex change" to "change of sex designation". Following the issuance of a new birth certificate, the individual may request the original certificate and evidence of adoption, paternity, legitimation, or change of sex designation for inspection or certification purposes.

[HB 3709](http://www.ilga.gov/legislation/BillStatus.asp?DocNum=3709&GAID=14&DocTypeID=HB&LegID=105674&SessionID=91&GA=100) (<http://www.ilga.gov/legislation/BillStatus.asp?DocNum=3709&GAID=14&DocTypeID=HB&LegID=105674&SessionID=91&GA=100>) was signed into law. This law amends the Mental Health and Developmental Disabilities Code by stating that counseling services or psychotherapy on an outpatient basis provided to a minor 12 years of age or older must be provided by, or under the

supervision of, a licensed service provider. It requires that, until the consent of the minor's parent, legal guardian, or person in loco parentis has been obtained, outpatient counseling or psychotherapy provided to a minor under the age of 17 shall be initially limited to not more than 8 90-minute sessions (rather than 5 sessions, a session lasting not more than 45 minutes). After the eighth session, the service provider shall consider specified statutory factors throughout the therapeutic process to determine, through consultation with the minor, whether attempting to obtain the consent of a parent, guardian, or person in loco parentis would be detrimental to the minor's well-being. It states that obtaining the consent of a parent, guardian, or person in loco parentis shall be presumed to be detrimental to the minor's well-being for counseling services or psychotherapy related to allegations of neglect, sexual abuse, or mental or physical abuse by the minor's parent, guardian, or person in loco parentis. It further states that the minor's parent, guardian or person in loco parentis shall not be liable for the out-of-pocket costs, including co-payments, deductibles, or co-insurance (rather than costs) for outpatient counseling or psychotherapy which is received by the minor without the consent of the minor's parent, guardian, or person in loco parentis.

SB 3049 (<http://www.ilga.gov/legislation/BillStatus.asp?DocNum=3049&GAID=14&DocTypeID=SB&LegID=110579&SessionID=91&GA=100>) passed both Houses and has been sent to the Governor for his signature. It amends the Medical Assistance Article of the Illinois Public Aid Code by requiring the Department of Healthcare and Family Services to reimburse psychiatrists, federally qualified health centers as defined in the Social Security Act, clinical psychologists, clinical social workers, advanced practice registered nurses certified in psychiatric and mental health nursing, and mental health professionals and clinicians authorized by Illinois law to provide mental health services to recipients via telehealth (rather than psychiatrists and federally qualified health centers). It requires the Department to reimburse any Medicaid certified eligible facility or provider organization that acts as the location of the patient at the time a telehealth service is rendered, including substance abuse centers licensed by the Department of Human Services' Division of Alcoholism and Substance Abuse.

SB 1707 (<http://www.ilga.gov/legislation/BillStatus.asp?DocNum=1707&GAID=14&DocTypeID=SB&LegID=104563&SessionID=91&GA=100>) passed both Houses and is awaiting signature by the Governor. The IPA and APA Practice Organization is collaborating to create a joint letter to encourage the Governor to sign this bill that amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, and the School Code. It requires that the Department of Insurance enforce provisions concerning required health benefits. It amends the Illinois Insurance Code in relation to coverage for mental and emotional disorders and expands certain coverage requirements to individual policies. It states that "mental, emotional, nervous, or substance use disorder or condition" means any of the conditions or disorders that fall under the diagnostic categories listed in the mental and behavioral disorders chapter of the most current version of the International Classification of Disease or that are listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders. It extends the coverage requirements to policies offered through the health insurance marketplace. Provides for State enforcement of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. ■

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Report from the Sexual Orientation and Gender Identity Section

Claudia Mosier, Psy.D., MSCP, Chair

Since this is LGBTQ Pride Month it's a good time to write about gendered language. Transgender/gender expansive/gender fluid individuals (and allies) are at the forefront of gender language and conceptualizations of gender. At last month's IPA Council meeting I provided a list of non-gendered words to use to address groups. You may ask why bother to change language? There are answers of varying depths of analysis to that question but a brief answer may be of use. When I teach LGBTQ competent care/the DCFS LGBTQ policy to DCFS employees I tell them that it's critical to use affirming language-even when they don't think a LGBTQ person is in the room. While this may seem obvious, it's worth stating: Inclusive language helps people feel included. Conversely, by using gender binary language you are telling people who don't ascribe to the idea that all people are either Male or Female, that you don't care or are uneducated regarding gender theory or perhaps you're just stuck in old habits of thoughts, language and actions. Conversely, by using ungendered language, you're taking a step towards indicating that you're aware that there's a growing population of people who don't ascribe to a binary gender identity.

Here's some ways to address groups without falling back on gendered language:

Folks, Friends, Comrades, Assembled Guests, Esteemed Colleagues, Gentle Beings, Colleagues, Y'all, Humans, Allies, My Dears, Esteemed Guests, People, Collaborators, My Companions, Friends and Foes, Partners, Gathered Associates, My Associates, Patrons, All Assembled, Good Afternoon everyone, Good Afternoon Friends.



IPA Sexual Orientation and Gender Identity Section members with signs supporting LGBTQ veterans



IPA Sexual Orientation and Gender Identity Section members and others gather for the Pride Parade.

While it's a bit of an intellectual challenge to remove the use of gendered words while speaking to individuals and groups, the benefit to LGBTQ people, particularly LGBTQ youth, is tremendous. In Chicago, 40% of homeless youth are LGBTQ. They aren't homeless because that is their life goal, 7 out of 10 indicate that family rejection was a major factor in their homelessness. Using LGBTQ affirming language at all times, not just when one thinks there is a LGBTQ person in the room, is a protective factor that can make a difference

For some further information on this topic, please visit the sites below:

- <https://www.hhs.gov/ash/oah/sites/default/files/lgbt-youth-508.pdf>: Office of Adolescent Health LGB Youth: Challenges, Risks and Protective Factors
- <https://familyproject.sfsu.edu/publications>
- <http://www.apadivisions.org/division-44/resources/advocacy/transgender-adolescents.pdf>



Drs. Brewer and Sarlo marching with Flag in the Pride Parade

What if IPA Disappeared?

Patricia Farrell, Ph.D., Chair, Clinical Practice Section

Scary thought, eh? The Clinical Practice section is here to stay and growing. In an effort to say thank YOU for your ongoing support and IPA membership, it's a delight to announce a brand new benefit, *exclusively* for Clinical Practice (CPS) members in good standing. CPS members will have a **Partner in Practice Management** as of July 1st! Your new partner in practice management is called **HMS Midwest LLC**.

Here is a link to the new professional practice firm where you can bring your claims and insurance reimbursement troubles to at no cost —<http://hmsmidwest.com/>.

What's a member in good standing? Members who renew their membership on *time*, namely by the July 1st deadline will be eligible for the new benefit. The IPA calendar year runs from July 1st through June 30, 2019.

What is the new member benefit? In the upcoming IPA fiscal year, CPS members will have access to a one-hour maximum, no-cost consultation(s) with a professional billing and practice management firm annually. What does this mean for you?

Clinical Practice section members may bring questions to the new full-service firm related to, but not necessarily limited to: pre-authorization problems; coding; DSM/ICD-10; claims/reimbursement; contracting; credentialing, or CAQH/PECOS/NPPES; financial consultations and office lease or rental issues.

A psychologist can elect to execute this new benefit in varied combinations, for example: 3-20 minute consultations; 2-30 minute consultations; 4-15 minute sessions, etc. as needed. Members have asked, what happens when I've used up the full hour? Should a CPS member wish to contract with HMS Midwest, you can elect to do so, and enjoy a discount on their usual fees or use a billing company of your choice (but without a discount).

A dozen billing companies were carefully vetted by the IPA's Health Care Reimbursement Committee (HCRC) during the fall and winter months. An initial group of 8 companies were interviewed, then a subset of 3 finalists were chosen for a second round of interviews. It was the opinion of the HCRC to recommend the HMS Midwest LLC to serve CPS members for the next fiscal year, beginning July 1st.

Don't spend your weekends doing paperwork! This new practice management firm can help you get out of your office and give you back a quality of life that you may be missing. Using one's time wisely is a challenge for clinicians in practice, who often are inundated by paperwork. Many providers don't know what it's like to wake up on the weekend without mounds of papers needing attention.

When you renew your IPA/CPS membership, you are strongly encouraged to schedule time after July 1st with HMS Midwest. After your free one-hour consultation, this professional practice management firm is available for engagement of other services that you may be seeking. They maintain HIPAA compliance and can work with your practice to ensure that your conversations are held completely confidential regarding patient matters. Also, HMS Midwest can provide you with a comprehensive list of services that may affect other areas of your practice such as staff training, payroll and practice growth strategies. HMS Midwest can also assist providers in maximizing revenue by implementing systems and practice tools that will increase your valuable clinical time. Upon engaging with them, they will work with payers to get your claims paid right the **first** time!

Please note: the new CPS member benefit does not constitute an IPA endorsement of HMS Midwest LLC, rather it is offered to psychologists as a service and member benefit in the Clinical Practice section at no added cost.

Let's work together to minimize clinical practice frustrations and enhance your pro\$perity! ■

IPA Social Responsibility Members Attend Speak-up for Science

Abby Brown, Psy.D., Chair, Social Responsibility Section

On Saturday, April 14, 2018, members of the IPA Social Responsibility Section attended the "Speak-up for Science" rally, held at Chicago's Field Museum. The rally was supposed to be held on the steps of the museum, but due to inclement weather conditions, the event was instead held inside in Stanley Field Hall. As members of the IPA and representatives of the field of psychology, we joined hundreds of others across disciplines and professions to advocate for the field of science, its advancement, and its protection. We participated in letter writing campaigns to local state and federal officials in response to science-based legislation. As we wrote to our legislators, we sat directly across from J.B. Pritzker, candidate for Illinois governor, and used this opportunity to discuss the importance of ongoing support for evidence-based research and practice in our field. We also spoke with local volunteers who are working on

the ground to bring organizations across the state together to further support and advance the field science. The event was held on the one-year anniversary of the March for Science in 2017, when 60,000 marchers joined together in Chicago to campaign for evidence-based policies built on ethical standards. ■



Drs. Bruce Bonecutter, Armand Cerbone, Abby Brown and Patrick Brown, M.A. join the Speak Up For Science rally.

Women's Section Update

Kalyani Gopal, Ph.D., HSPP, Past Chair

The IPA Women's Section has been very active as hosts of the Working Committee on Hate and Harassment. This past year, Dr. Jane Conron and the WCHH Sub-committee on Gender Bias hosted an outstanding event on gender discrimination at Northwestern University under the aegis of "Can We Talk It Out" that was being held all over Chicagoland area. Twenty-five people attended and the takeaways were: We need more time! This was so helpful! Women, when we speak up, are heard depending on how we approach the topic and how we handle sensitive matters in the workplace. Deeper discussions, which were confidential in nature, brought us all closer together during the hour and half of our meeting. We sat in a circle, had coffee and talked. It was wonderful and we agreed to do more and hold more sessions on topics of interest.

Dr. Bruce Bonecutter has actively been training us all and others on the Bystander to Upstander transformational training and we hope to do a training in Springfield, Illinois as well with the legislators as well as other venues. If interested, please contact him or any one of us.

The IPA Women's Section is also sponsoring trauma training for those wishing to work with refugees in crises zones and migrants moving in conflict ridden areas of the world. With the child refugee crisis engulfing our own nation, we need more trained professionals. Drs. Judith Cohen on TF-CBT, Dr. Robert Zagar on identifying high risk youth, Dr. George Rhoades, Jr, on working with Syrian Refugees, Dr. Lynda Dykstra on music and healing are among a few confirmed speakers. Please contact me if interested as we hope to have 3 Student Scholarships for the entire conference (<http://confengine.com/safe2018/speaker>) and registration (<http://safe2018.eventbrite.com>)

As I transition the Women's Issues Section to the very able and competent hands of Dr. Patricia Walker, I wish to thank the entire IPA Council and all the IPA member psychologists for making this such an amazing section to assist in leading. With gratitude and much love. ■

Report from the Academic Section

APA Publishes New Journal Article Reporting Standards

Susan Zoline, Ph.D., Academic Section Chair

The American Psychological Association (APA) first published APA Style in 1929 to provide professional guidelines for scholarly writing (http://www.apastyle.org/jars/history.aspx?_ga=2.38855589.74065417.1527470242-43907944.1527470242). These guidelines, used by many disciplines in addition to psychology, have been continually updated through the years to reflect changing trends in scholarly writing. The APA first published Journal Article Reporting Standards (JARS) in 2008, which were incorporated APA Style in the sixth edition of the APA Publication Manual published in 2010 (APA, 2010).

The APA published new journal article reporting standards in early 2018, which now provide the basis for all published manuscripts of psychological research. **APA Style Journal Article Reporting Standards** (known as **APA Style JARS** or simply as **JARS**), provide updated guidelines for authors, manuscript reviewers and journal editors regarding what information should be included in each section of a manuscript in an attempt to promote greater transparency, accuracy, scientific rigor and reproducibility in published psychological research (http://www.apastyle.org/jars/index.aspx?_ga=2.215500305.74065417.1527470242-43907944.1527470242; [http://www.apa.org/news/press/releases/2018/01/journal-article-](http://www.apa.org/news/press/releases/2018/01/journal-article-reporting.aspx)

[reporting.aspx](http://www.apa.org/news/press/releases/2018/01/journal-article-reporting.aspx)). As noted above, these guidelines conform to the APA style guidelines in the sixth edition of the APA Publication Manual (APA, 2010). While the standards will not be required by APA journals, it is recommended that they be included with all manuscript submissions. The JARS will also provide a useful structure for teaching research methods to students, for students to use in designing and writing their doctoral research projects/dissertations, and for researchers to use in preparing materials for professional use.

The *Journal Article Reporting Standards* (JARS) now provide guidelines for three types of research: Quantitative Research (JARS-Quant), Qualitative Research (JARS-Qual), and Mixed Methods Research (JARS-Mixed). The Quantitative Research Standards (JARS-Quant) represent an update from the standards first published by APA in 2008, and are used when measuring variables through a numeric system or reporting results based on statistical analyses (Appelbaum, et. al, 2018). The Quantitative Research Standards include guidelines for reporting experimental and non-experimental designs, special designs such as N-of-1 studies, longitudinal studies, and replication studies, as well as studies involving analytic methods such as structural equation modeling and Bayesian statistics, as well as meta-analyses.

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. 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.

The Qualitative Research Standards (JARS-Qual) are new in 2018 in response to the growing number of published qualitative studies and are intended for research involving descriptive non-numerical data (Levitt, et. al, 2018). This includes data collected through interviews with participants or observation of participants. JARS-Qual standards are used for primary qualitative research as well as qualitative meta-analyses. Finally, the Mixed Methods Research Standards (JARS-Mixed) provide guidelines for studies which involve both quantitative and qualitative designs (Levitt, et. al, 2018).

APA has published a JARS page on their website which provides training modules, FAQ's, resources, checklists and decisional flowcharts for each methodology to help choose the specific standards most appropriate to one's research design (http://www.apastyle.org/jars/training.aspx?_ga=2.248540929.74065417.1527470242-43907944.1527470242). Those interested in learning more about the new *Journal Article Reporting Standards* (JARS) are encouraged to make use of these resources for valuable information and training.

As always, if you have other ideas of ways the IPA Academic Section can be a useful resource for you as an IPA member, please do not hesitate to contact me at szoline@argosy.edu. ■

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<http://www.apa.org/news/press/releases/2018/01/journal-article-reporting.aspx>

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On the Road to Relevance in Training and Practice: Advocating for Formal Payer Policy

Health Care Reimbursement Committee (HCRC)

Lynda Behrendt RN, PsyD., Patricia Farrell PhD., Chair, Neil Pliskin PhD., ABPP-CN, and Health Care Reform Subcommittee (HCR-S)

Jeremy Bidwell PhD., Theresa M. Schultz PhD., Subcommittee Chair

For years a vexatious reimbursement problem generated thorny, complex challenges in regard to payers' lack of a formal policy addressing pre-licensed behavioral health interns and post-doctoral fellows, when services are provided during the training phase. Repeating questions inevitably posed on the IPA listserv ranged from:

- "How will insurance company ABC reimburse our interns/post-docs?"
- "How do post-docs get their experience these days?"
- "Can students get an NPI number to bill?"
- "If a supervisor signs the medical record in the hospital for a post-doc will the service be reimbursed?"

Occasionally a biller would advise a licensed provider: "it must be OK because insurance company XYZ did pay for the service"! A risky or thorny path was taken by some based on biller advice as opposed to formal written payer policy. Providers under audit nearly walked off the cliff and, on occasion, money was returned. In the insurance arena these are termed clawbacks. Who wants to go down that road!

Knowing the challenges, during the past year, the IPA's Health Care Reimbursement Committee and its Health Care Reform Subcommittee collaborated with Blue Cross Blue Shield of IL (BCBSIL) staff towards development of a formal **written** policy in regard to *Billing and Reimbursement Guidelines for Services provided by Pre-licensed Behavioral Health Interns and Post-Doctoral Fellows*.

During the fall 2017 IPA convention Blue Cross Blue Shield of Illinois sent top tier staff, including decision makers, to a convention workshop. At that convention workshop our Committee asked Dr. Frank Webster, the BCBSIL and Health Care Services Corporation (HCSC) Senior Medical Director of Behavioral Health if they would be willing to collaborate with IPA to establish a formal *written* policy on trainee reimbursement? Dr. Webster, following a momentary pause, told

the workshop attendees "sounds reasonable to me". Of note, Dr. Webster flew in from Texas to attend the IPA convention that Friday morning. In addition to Dr. Webster, Tom Allen MD., the HCSC Medical Director of Behavioral Health, and Brooke A. Filas, Executive Director of Provider Networks attended, all of whom are top tier staff at BCBSIL.

Those of you who participated in the 2017 fall IPA convention BCBSIL workshop will recall the commitment BCBSIL made *that day* to develop a formal written policy and work with IPA toward that end. What is essential today is that the BCBSIL/HCSC commitment was executed with IPA collaboration over many months duration.

Upon review of the formal policy in the BCBSIL May 2018 *Blue Review* (attached), the reader will find reference to the Medicare Learning Network as both a precedent, rationale and citation on the ratio of supervisor/trainees. That information was consistent with the Centers for Medicare and Medicaid Services (CMS). Medicare teaching rules prohibiting supervision of more than four residents at any given time is referenced on page 8 of the *CMS Guidelines for Teaching Physicians, Interns, and Residents: MLN Booklet, March 2017, ICN 006347*.

During the fall and winter, the HCRC committee worked closely with attorneys from the APA Practice Organization on the document. Special recognition is due to the BCBSIL Behavioral Health Provider Network Consultant, Andreea Hoover LCPC, who expedited the first formal draft of the BCBSIL policy. At present, our HCRC understanding is that this formal policy will apply to all BCBSIL product lines, including commercial, retail and Medicaid. However, in-network providers for BCBSIL are strongly encouraged to double check with your BCBSIL provider network consultants given BCBSIL's many product lines. During initial phases of implementation, speed bumps inevitably occur. For peace of mind, double checking, for each patient, on plan benefits will be prudent.

Continued on page 18

Road to Relevance... *Continued from page 18*

BLUE REVIEWSM

A newsletter for contracting institutional and professional providers

MAY 2018

Billing and Reimbursement Guidelines for Services Provided by Pre-licensed Behavioral Health Interns and Postdoctoral Fellows

Blue Cross and Blue Shield of Illinois (BCBSIL) reimburses for covered services provided by master's and doctoral interns, in addition to postdoctoral fellows, (e.g., psychology, social work and counseling trainees). These unlicensed behavioral health trainees must be working toward clinical state licensure, under the clinical supervision of a fully licensed BCBSIL contracting provider. The intern or fellow is not added to a group, does not contract with BCBSIL, and is excluded from BCBSIL's online Provider Finder[®] directory.

The behavioral health trainee, as defined above, may only bill under the supervising clinician's rendering National Provider Identifier (NPI) and must abide by the same contractual obligations as the contracting provider. The behavioral health trainee's supervising contracted provider must maintain adequate medical and administrative records consistent with the standards of major organizations conducting accreditation and must permit BCBSIL or its agent or representative to review such medical records and administrative records regarding BCBSIL members.

All covered services provided for and billed for BCBSIL members by the contracting provider must be performed by the contracting provider or under that provider's direct and personal supervision, except as otherwise authorized and communicated by BCBSIL. Direct personal supervision requires that a contracting provider be in the immediate vicinity to perform or to manage the procedure personally, if necessary, but does not require the contracting provider to be present in the therapy session.

Licensing requirements/supervision requirements are not directed by BCBSIL, but rather by the corresponding licensing bodies and/or professional organizations corresponding to the clinician's license.

Non-credentialed provider types [Licensed Social Workers (LSWs), Licensed Professional Counselors (LPCs)], may be added to a group, but will remain excluded from BCBSIL's Provider Finder. These providers can and should bill under their own rendering NPIs. Once fully licensed [Licensed Clinical Social Workers (LCSWs), Licensed Clinical Professional Counselors (LCPCs)], and upon completion of the credentialing process through the Council for Affordable Quality

Healthcare (CAQH[®]), LCSWs and LCPCs must be added to the group once more, as fully licensed clinicians, at which point they will be reflected as such in BCBSIL's Provider Finder. In summary,

Covered services rendered by the behavioral health trainee must be billed under the supervising licensed clinician's NPI number, in accordance with all other standard billing requirements.

Direct personal supervision is required, which means the supervising contracted provider must be available 100 percent of the time the behavioral health trainee is providing direct services, enabling the supervisor to provide direction and intervene in the event of an emergency.

Supervising providers may only supervise a maximum of four behavioral health trainees who are providing service¹ during the calendar year. Behavioral health trainees must receive the required minimum individual face-to-face supervision in compliance of Illinois state licensure requirements, specific to the trainee's level of licensure.

Supervisors and any behavioral health trainee should work within the same organization/system. However, BCBSIL may waive this

Continued on page 24

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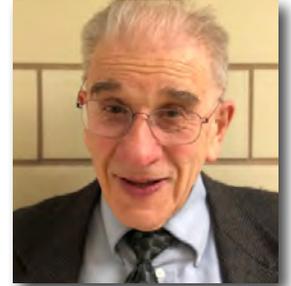
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Schizophrenia Patients Who Stay On Antipsychotic Medication Long Term Have Worse Outcomes

An interview with Marty Harrow, Ph.D., Professor Emeritus at the UIC, and past chair of psychology at Michael Reese Hospital and formerly professor at the University of Chicago and Associate Professor at Yale University

Interviewed by Stanley Selinger, Ph.D. and David Gottlieb, Ph.D.



CONTINUING EDUCATION ARTICLE: For IPA members who want 1 CE credit, please e-mail your quiz answers and your satisfaction survey responses with your name and degree to IPAcontinuing@aol.com. Also send \$15 to the IPA office to cover administrative costs, or call the IPA office with your credit/debit information. You will be e-mailed a CE certificate if you receive 80% or higher on the quiz.

Learning objectives:

As a result of reading this article you will be able to:

- Explain one outcome of the long-term use of anti-psychotic medications on the work performance of schizophrenia patients, according to Dr. Harrow's longitudinal study.
- Identify one finding from Dr. Harrow's study of the long-term effect of anti-psychotic medication on psychotic symptoms of schizophrenia patients.
- Explain one reason Dr. Harrow gives for why anti-psychotic medication has different effects long term versus short term for schizophrenia patients.

Could you describe the sample of people with schizophrenia that you have followed over the last twenty years?

Dr. Harrow: About 70% of the patients were admissions to Michael Reese Hospital and 30% were from the Illinois State Psychiatric Institute (ISPI). Patients were between 17 and 34 years old, and for about half of the patients it was their

first psychiatric admission. In the sample, only about 100 were diagnosed with schizophrenia. A lot were either depressed, some psychotic depressions, or bipolar, or anorexic. Altogether our sample was 350 to 400 patients.

At Michael Reese many of the patients were from middle class or upper-class backgrounds, and some were in psychodynamic therapy in addition to receiving medication. At ISPI, many were from poor backgrounds. All the schizophrenia patients were put on antipsychotic medication. We used up to date diagnostic instruments. All patients were extensively evaluated.

What did your studies show about the long-term work performance of schizophrenia patients taking antipsychotic medication versus those not on medication?

Dr. Harrow: For acute psychotic symptoms all were on medication and generally for the first year or two medication correlated with positive outcomes. The problem with antipsychotic medications, though, is that over the long term, they negatively impacted patients. All these medications reduce motivation for people to work, they tone down thinking, both sane thoughts and insane thoughts. When someone is acutely psychotic, it is good overall to be toned down a little.

Over the long term (that is after one or two years post acute psychotic episode) there are much poorer work outcomes for those still on antipsychotic medication. We evaluated people at 2, 4.5, 7.5, 10, 15, and 20 years post intake. At all those follow-ups, those on medication were not as fired up. Antipsychotic medication kills work incentive, and incentive is important for work success. At 20 years post intake, 85%

of schizophrenia patients not on antipsychotic medication at any of the follow up assessments were working half time or more. Only 26% of those always prescribed medication were working at the 20 year follow-up.

What do your studies show about the long-term incidence of psychotic symptoms of patients on antipsychotic medication versus those not on medication?

Dr. Harrow: Some people after one year refused to take their medication because it dulled them. Occasionally psychiatrists had taken patients off medication, but usually patients did it on their own. The group off medication did much better. We did not know that at first. Eventually, we realized those off medication had fewer symptoms. At the 20-year follow-up, 56% of schizophrenia patients on medication had psychotic activity, whereas 24% of those not medicated had psychotic symptoms.

Robert Whitaker was one of the first to write a book about psychiatric medication not helping people. We were one of the first to get results that verified that. For new, young psychotic patients, antipsychotic medications are quicker and easier, but you can treat without them, certainly in the long term. When patients leave the hospital, most were still a little psychotic. Most do not recover completely, but those not taking medication had fewer psychotic symptoms long term.

Why do you think those on medication had poorer results long term?

Dr. Harrow: Many of those on medication long term had more anxiety at intake, and lower cognitive functioning at the outset. So if there were significant deficits emotionally and cognitively at the outset, there were longer periods that those patients stayed on medication, and they had poorer outcomes.

But there is another answer as well. We statistically controlled for cognitive and emotional functioning at intake, and over time there were still negative effects for the long term use of antipsychotic medication. We think one reason is that long term use of medication creates supersensitive dopamine receptors. Animal studies show that to be true.

Your study is naturalistic without random assignment. Are there studies with random assignment, and what do they show?

Dr. Harrow: Most of the studies with random assignment only did it at the beginning, not at follow up. Only one study (Wunderink) in the Netherlands tried random assignment over years. It showed those schizophrenia patients taking antipsychotic medication at two years were doing better, but those taking medication at seven years follow-up were doing worse.

What would you advise clinicians working with schizophrenia patients, specifically how to determine whether a patient is a good candidate to go off their medication after recovery from acute illness?

Dr. Harrow: I would try it, because antipsychotic medication is a deadening thing. I'd give the medication at first. For one to two years it is okay to be on these medications. But after that I wouldn't push it.

Were the patients in your study in psychotherapy?

Dr. Harrow: Most were not in therapy, whether they were taking medication or not. Some supports are useful. In halfway houses, there are twenty people you eat with. That is better than being on the back wards in the old days.

Where do you see this research going?

Dr. Harrow: Most psychiatrists do not like our results, but I think our results will gradually catch on. Pharmaceutical companies sell many billion dollars worth of antipsychotic medications a year. NIH wants future studies to be independent of these companies. Another issue is that it is not so simple to withdraw a patient from antipsychotic medication. You have to do it gradually and monitor the patient more often for symptoms.

Are there other areas you would encourage researchers to study more?

Dr. Harrow: Psychiatry has not solved most major issues in the field. For example, anti-depressants are widely used. Most studies are done by drug companies. They selectively publish positive results. We know there is a placebo effect that is not always controlled for and we know that negative results usually do not get published. ■

Continued on page 22

Continuing Education... *Continued from page 21*

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Please email your answers to the quiz and to the satisfaction survey to IPAcontinuinged@aol.com.

CE Quiz

1. Dr. Harrow's studies show that schizophrenia patients not taking antipsychotic medication over many years following their initial hospitalization had better work performance than those taking medication.
true or false
2. Schizophrenia patients not taking medication at the 20 year follow-up had more psychotic symptoms than those still taking medication.
true or false
3. One factor that correlated with better work performance by schizophrenia patients in Dr. Harrow's studies was higher cognitive functioning at intake.
true or false
4. Dr. Harrow mentioned that one reason long term use of antipsychotic medication may harm patients is by causing the development of super sensitive dopamine receptors
true or false
5. Dr. Harrow's research used random assignment to antipsychotic medication at intake.
true or false

Complete the Satisfaction Survey on the next page

Satisfaction Survey

Please indicate your agreement/disagreement with the following statements by placing an "X" in the appropriate column. Give only one response for each statement.

- | | Agree | Neutral | Disagree |
|--|-------|---------|----------|
| 1. Content/Format/Learning | | | |
| a. I acquired new knowledge and/or skills. | _____ | _____ | _____ |
| b. Article provided valuable information that I plan to use in my teaching, research, and/or practice. | _____ | _____ | _____ |
| c. Teaching format/length was suitable to content. | _____ | _____ | _____ |
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| e. Overall, the article met or exceeded my expectations. | _____ | _____ | _____ |

- | | Agree | Neutral | Disagree |
|--|-------|---------|----------|
| 2. Were the objectives met? I am able to: | | | |
| a. explain one outcome of the long term use of anti-psychotic medications on the work performance of schizophrenia patients, according to Dr. Harrow's longitudinal study. | _____ | _____ | _____ |
| b. identify one finding from Dr. Harrow's study of the long term effect of anti-psychotic medication on psychotic symptoms of schizophrenia patients. | _____ | _____ | _____ |
| c. explain one reason Dr. Harrow gives for why anti-psychotic medication has different effects long term versus short term for schizophrenia patients. | _____ | _____ | _____ |

How much did you learn as a result of this CE article? 5 A great deal 4 3 Very little 2 1

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Report from the South Central Region

Anna Hickey, Ph.D., South Central Representative

Local Psychology Groups

The Central Illinois Psychological Society (CIPS) is taking our annual break over the summer months, and meetings will resume in September. If interested in attending a meeting or presenting to the group in the future, please contact the current CIPS president, Dr. Anna Hickey (anna.m.hickey@gmail.com).

IPA Spring Institute

The IPA Spring Institute, featuring Dr. David Carbonell, was hosted in Springfield at the Memorial Center for Learning and Innovation. We had a small group in attendance, but feedback was quite positive both about the speaker and the facility. We are looking forward to future opportunities to bring continuing education events to Central Illinois. ■

The fields are planted, and the crops are growing...

happy summer from the South Central Region!

Road to Relevance... *Continued from page 18*

element where necessary for programs reaching underserved populations.

Under no circumstances can the behavioral health trainee make direct payment to the supervisor for supervision while pursuing clinical hours for state licensure.

- If you have questions or need additional information, contact your BCBSIL Provider Network Consultant.
- CAQH is an independent third party not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs. CAQH is solely responsible for its products and services. ■

¹ This information is consistent with the Centers for Medicare & Medicaid Services (CMS) Medicare teaching rules prohibiting supervision of more than four residents at any given time, as referenced on page 8 of the *CMS Guidelines for Teaching Physicians, Interns, and Residents: MLN Booklet, March 2017, ICN 006347*.

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

IPA Meeting Schedule

IPA Executive Committee Meeting will be held at 3 PM on July 13, August 24, September 24, October 19, November 9, December 7, 2018 and January 25, February 15, March 15, April 26, May 17 and June 21, 2019.

IPA Council Meetings will be held at 9:30 AM on Saturday September 22, 2018, January 26, April 27 and June 22, 2019.

IPA Legislative Committee Meetings schedule will be set by the Chairs of the Committee on a month to month basis.

IPA All Association Annual Meeting will be held on October 26, 2018 at the 2018 Convention of the Illinois Psychological Association.



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IPA Colleague Assistance Resource Program

Cliff Saper, Ph.D. and Ellen Stone, Psy.D.

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

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

Dear Colleague,

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

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

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

Resource Provider/Program Profile

Date: _____ Name/Program: _____

Professional Credentials/certification: _____

Organization: _____

Primary Address: _____ Additional Locations: _____

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

Office Phone: _____ FAX: _____

Email: _____ Website: _____

Payment arrangements accepted: (Check all that apply).

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

Name all Health Insurances accepted: _____

Type of Service: (Check all that apply).

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

Specialties: (Check all that apply).

Adolescents ___; Adults (18 & over) ___; (ACOA) ___; Anger Management Issues ___; Anxiety/OCD ___
 Attention Deficit Hyperactivity Disorder (ADHD) ___; Autism-Spectrum Disorders ___; Axis II Dx ___;
 Chemical/Substance Dependency and Alcoholism ___; Children ___; Codependency ___;
 Compulsive Gambling/Spending ___; Divorce ___; Domestic Violence ___; Dual Diagnoses ___;
 Employee Assistance Counseling/Consulting ___; Eating Disorders ___; Family Therapy ___;
 Grief/Loss ___; Group Therapy ___; Internet Addiction ___; Intervention Services ___; Self-Injury ___
 LGBT Concerns ___; Medication Management ___; Men's Issues ___; Mood Disorders ___;
 Pain Management ___; Psychological Assessment ___; Sexual Issues/Disorders ___;
 Smoking Cessation ___; Trauma ___; Veteran's Issues ___; Women's Issues ___;
 Others: _____

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

Email form to clifton.saper@alexian.net

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

Mail form to:
 Illinois Psychological Association,
 67 East Madison St. Suite 1817, Chicago, IL 60603

See the following page for a Healthy Lifestyle Assessment.

Healthy Lifestyle Assessment

Sometimes our work becomes too important in our lives and our clients/patients or our students become our main source of social contact. Without our knowing it, we can find ourselves in a “closed system”^{1,5} contributing to diminished self awareness, susceptibility to boundary violations with our clients and feelings of “burnout.”

The following are some statements you can use to analyze your level of self-awareness and balance of work and life. If you come across a question that gives you an uneasy feeling, note it as something for further exploration. Develop an action plan as you would for a client/patient. Then make a commitment to revisit the item, say in 30 days to measure your progress. The greater number of low scores you indicate, the greater the need for concern.

PLEASE RATE THE FOLLOWING 1 = Strongly Disagree thru 5 = Strongly Agree	Rating	Action Steps	Follow Up Date
1. I have mostly healthy relationships with family, friends, and colleagues.	1 2 3 4 5		
2. I exercise regularly (at least 30 minutes/day, 5+ days/week).	1 2 3 4 5		
3. I do not smoke or use other substances as coping mechanisms.	1 2 3 4 5		
4. I eat 4-5 servings of fruits and vegetables per day.	1 2 3 4 5		
5. I maintain a healthy weight (below 24 BMI).	1 2 3 4 5		
6. I have adequate time for leisure and participating in activities I enjoy outside of work.	1 2 3 4 5		
7. I am comfortable with my religion/spirituality.	1 2 3 4 5		
8. I feel that I have of control over the future of my career.	1 2 3 4 5		
9. I stay current on the latest data and trends in my field.	1 2 3 4 5		
10. I feel in control of my behavior and emotions.	1 2 3 4 5		
11. I have sufficient support through a network of my peers.	1 2 3 4 5		
12. I believe that I maintain healthy boundaries with my clients/patients/students/Professors/Supervisors/peers.	1 2 3 4 5		
13. I feel adequately prepared to manage work challenges.	1 2 3 4 5		
14. I am comfortable in crisis situations.	1 2 3 4 5		
15. I have adequate support to deal with my own or a close family members' chronic illness.	1 2 3 4 5		
16. I have ample help with child/elder care.	1 2 3 4 5		
17. I am engaged in an appropriate amount and level of professional activities (so that I am not over/under-whelmed).	1 2 3 4 5		

PLEASE RATE THE FOLLOWING 1 = <i>Strongly Disagree</i> thru 5 = <i>Strongly Agree</i>	Rating	Action Steps	Follow Up Date
18. I receive adequate rest (6-9 hours per night).	1 2 3 4 5		
19. I am able to maintain my presence in my daily work rather than planning what I'll do after work or over the weekend.			
20. My schedule is well-balanced.	1 2 3 4 5		
21. I hold myself to an adequate amount of breaks.	1 2 3 4 5		
22. I recently said "no" to adding something to my plate.	1 2 3 4 5		
23. I plan less critical tasks (paperwork, returning phone calls) during the times of the day when I don't feel I work at my best.	1 2 3 4 5		
24. I am free of habits such as gambling, pornography, video games, or other compulsive distractions.	1 2 3 4 5		
25. I enjoy my work more than I am burdened by my career path.	1 2 3 4 5		
26. I have been able to take one or more days off from work to relax in the past 6 months.	1 2 3 4 5		
27. I am unbothered by my professional behavior. <i>For example:</i> I act ethically and in ways that I am proud of; I do not behave in any way that I feel I have to hide, cover up, or explain.	1 2 3 4 5		
28. I call in when I am sick.	1 2 3 4 5		
29. I have a trusted peer or mentor to provide me with honest feedback in case my personal life begins to interfere or affect my work (e.g., financial problems, conflict at home, love, personal or family illness).	1 2 3 4 5		
30. I self-disclose appropriately. That is, I disclose only the type and degree of information that is in the best interests of clients/patients/students/Professors/Supervisors/peers.	1 2 3 4 5		
31. I am able to let go of my work and not allow related concerns to interfere in social or personal activities. ^{2,6}	1 2 3 4 5		
32. I stop to eat lunch and not work while eating. ⁶	1 2 3 4 5		
33. I engage in regular positive experiences (e.g., reading the paper, taking a bubble bath, going for a walk, or spending time outdoors).	1 2 3 4 5		
34. I don't suffer from headaches, stomachaches muscle aches, or problems sleeping that have no medical explanation. ⁶	1 2 3 4 5		
35. I do not participate in excessive use of alcohol or illicit substances.	1 2 3 4 5		

Continued on page 30

Healthy Lifestyle Assessment *Continued from page 29*

PLEASE RATE THE FOLLOWING 1 = Strongly Disagree thru 5 = Strongly Agree	Rating	Action Steps	Follow Up Date
36. I seek nurturance from friends, family and loved ones outside of the school or office in order to minimize locking myself into a "closed system." ⁴	1 2 3 4 5		

Scoring:

- 160-200** Congratulations, you may be a good role model for your peers! Maybe you wish to offer a seminar on balance and self-care for the rest of us?
- 120-159** O.K. you're doing pretty well in most areas. You may want to take a look back over the questionnaire and identify some items that may need some attention.
- 80-119** Thank you for being honest. You are probably feeling pretty distressed and possibly overwhelmed. Would talking with a supervisor or other professional colleague be of help to set some self-care goals?
- 79 or below** Take care of yourself, there are quite a number of items that need addressing. Self-care is an option but a requirement in order to be successful in helping others as well as yourself.

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Criteria for Fellow status are:

1. Member of IPA for at least seven years
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Application for Nomination as a Fellow in the IPA Attach Additional Sheets for Supporting Information

Name: _____

Mailing Address: _____

Email Address: _____

Phone(s): _____

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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).

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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

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American Psychological Association

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Web Page
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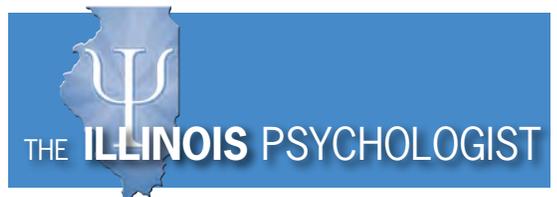
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