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A Message from the IPA President

Abby Damsky Brown, PsyD, IPA President

From all of us at the IPA, I want to wish you and your families a very happy and healthy New Year.

As I started to work on this article, I began to think back to early 2021 when I developed the theme of the most recent convention: Looking Ahead: A Focus on Transformation. I remember feeling both hope and curiosity about what the 2021 convention would look like. I wondered how the theme would take shape and how the virtual format would impact this experience for our attendees. Now that the convention is over, and I have received your feedback, I feel a great deal of gratitude and pride. I heard from several of you that you appreciated the intentionality we put into creating continuity the theme of transformation across programming. I owe a great deal of gratitude to our presenters who poured their hearts and expertise into their presentations, and truly made the theme of transformation come alive. I want to thank all of you for attending and I hope you found it to be meaningful, educational and, I hope, transformational. I am so grateful to the Convention Planning Committee, the

Continuing Education Committee, IPA Executive Director Marsha Karey, and all of those who participated in making our second virtual convention a major success.

For those who were unable to

join us, you missed engaging programming on topics ranging from antiracism, the APA Equity, Diversity, and Inclusion Framework, becoming an Upstander, and white privilege. The convention also highlighted transformations including psychologist perspectives and graduate student training during the pandemic, family leave, and postpartum PTSD, among many

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other informative and engaging programs. Our keynote speaker, Dr. Kumea Shorter-Gooden discussed strategies how to be an antiracist psychologist and explored why this is critical to the work we do. It was exciting to hear how meaningful this program was to many of you.

During our Annual All Association Meeting, held virtually during the convention, I highlighted some of the work IPA has been doing. I reported how IPA is doing well and going strong, with stable and increasing membership numbers and strong financial footing. I spoke to the number of legislative efforts the IPA participated in over the last year, including HB 3308, the telehealth bill that was signed into law which allows providers and consumers to continue to engage in much needed telehealth services. We advocated for the successful passage of HB2595, which requires health plans to cover medically necessary mental health and addiction care. Additionally, I expressed gratitude for the work of the Legislative and Health Care Reimbursement Committees, for their tireless advocacy on behalf of legislative and health care issues impacting our profession. I also welcomed our new Director of Professional Affairs, Dr. Susan O'Grady, to IPA leadership, as well as newly elected Council Chairs, including Drs. Christina Biederman and Kimberly Baker, who will be leading the IPA Women's Section, and Dr. Laura Pappa, the Chair of the Early Career Psychologist Section.

During the convention I was also happy to present a number of IPA awards. It was my honor to present the 2021 IPA Distinguished Psychologist Award to our very own Immediate

IMPORTANT

Change to IPA's Late Dues Grace Period

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

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

Past President Dr. Daniel Brewer. Dr. Brewer has made significant contributions to our association, particularly during his presidential term, in guiding the IPA during a global pandemic and transition to virtual operations. He successfully developed and implemented our very first virtual convention, which was one of our most financially successful conventions to date.

It was also my pleasure to present three Presidential Recognition Awards to very well deserving and dedicated IPA leaders including Dr. Laura Faynor-Ciha, a past IPA President and current APA Representative, who successfully developed the IPA's Leadership Development Program, which welcomed its second cohort in late Summer 2021; Dr. Erin Alexander, our current Chair of the Section on Ethnic Minority Affairs, member of the Legislative Committee, and highly active in presenting at a number of IPA workshops and webinars; and Dr. Margo Jacquot, our current Secretary, member of the Legislative Committee, past Women's Section Chair and Treasurer, and active presenter for several IPA workshops and webinars.

It was my honor to present the 2021 Illinois Psychological Association Legislator of the Year Awards, to Representative Deb Conroy of Villa Park and Senator Laura Fine of Glenview. These legislators, through their sponsorship and support, facilitated passage of numerous bills including a Telehealth bill, a recoupment bill that limits insurance companies from recovering payments from providers to 12 months or less, and a bill that clarifies medical necessity for mental health services. Given their busy professional and personal schedules, we were especially grateful that Representative Conroy and Senator Fine were able to attend the Legislative Program at the IPA Convention to receive their awards.

Now that the convention is over and a new year is upon us, the IPA Elections process will begin this February. We hope you will consider participating in leadership by seeking nomination for open positions on the IPA Council of Representatives. Be on the lookout for more details on the IPA listserv and let us know if you have any questions about this process.

We thank you for your membership and support of IPA—the work we do would not be possible without the valued membership and support of all of you.

Illinois Psychological Association

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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 1904 Chicago, IL 60603 Voice: 312/372-7610 Fax: 312/372-6787

Deadline for the next issue: March 4, 2022

EDITOR Terrence J. Koller, PhD, ABPP

> ASSOCIATE EDITOR Mary Kay Pribyl, PhD

President-Elect Message

Derek Phillips, PsyD, MSCP, ABMP

Happy 2022! I hope the beginning of this new year has been refreshing and a good start to continued and new adventures. Speaking of "starts," I want to let you know that planning for the 2022 Convention is underway. IPA Executive Director, Marsha Karey, and I have begun to explore venues in the Skokie and Lisle areas for early November, in the hope that we are able to safely host an in-person event. There is still much uncertainty currently regarding what the status of the COVID-19 pandemic will be in November, but we are keeping all the options open for now. I am also working on an overarching theme and thinking through possible keynote speakers for the Convention. It is easy to see, especially within the context of the pandemic, just how important mental health is to overall health and, more specifically, how much psychologists contribute to society with our science and various treatment tools. I am hopeful that the Convention can provide opportunities for all of us to remain current in our knowledge base and training to ensure we can continue our important work for both individuals and societies as the world continues to endure such hardship.

IPA Meeting Schedule

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

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

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

IPA All Association Annual Meeting will be held at the 2022 Convention of the Illinois Psychological Association. Date and time to be announced.

With the new year also comes time for nominations and elections for positions on the IPA Council Representatives. Nominations begin o n February 1st and end on March 1st, 2022. Open positions



include President-Elect. Treasurer. IPAGS Chair-Elect. Behavioral Medicine Neuropsychology Section Chair, Military Section Chair, Women's Issues Section Chair, 2 Metropolitan Region Representatives, North Region Representative, and South Region Representative. Please consider nominating a colleague or self-nominating for one of these important roles. Elections will occur in May 2022 and positions begin on July 1st, 2022. Please be on the lookout on the IPA listserv for more details!

Additionally, IPA President Brown and I, as well as newly appointed Diversity Delegate, Dr. Sharon Khurana, will be attending the APA Services, Inc. (APASI) Practice Leadership Conference (PLC) in March to learn from and collaborate with other state leaders and to lobby Members of Congress on matters important to psychologists across the nation. It is especially critical that psychologists maintain our voice on Capitol Hill, as we saw the benefits of our and others' lobbying pay off with the passage of legislation by Congress at the end of 2021 that prevented massive reimbursement cuts for all Medicare providers.

Please feel free to contact me with ideas about topics that would be meaningful to you and valuable to your practice for the 2022 Convention. I look forward to learning more and getting to know more of you in the second half of my year as President-Elect!

Message from the Executive Director

Marsha Karey, Executive Director

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

Despite these challenges, IPA Council members, consisting of various Committees and Sections continue to volunteer their time to work on important issues and provide vital information to our members. I admire their dedication, compassion, and commitment to the profession of psychology.

Throughout 2021 IPA continued to effectively serve our members. We were involved in passing important legislation and provided relevant information via the member listserv, email announcements, the newsletter, and webinars.

We held our Annual Convention virtually again for the second year. I would like to take this opportunity to thank Dr. Abby Brown and the convention planning committee for their input in the early planning stages and all those who assisted me to make the convention come together. Based on the overwhelmingly favorable feedback we received, the virtual convention was highly successful and provided excellent learning opportunities by means of the online format. It was a pleasure to work with Dr. Brown who met the challenge of presenting the convention in an online format and took on new and different demands. I want to extend my appreciation to the IPA Continuing Education Committee, Drs. O'Grady and Behrendt who also took on additional roles again this year. They participated in online practice sessions with presenters and were program moderators for many of the convention sessions; this was a major time commitment and I thank you! I also want to thank all the convention presenters and co-presenters for their extra time commitment due to the online format. As always there are lots of behind-the-scenes tasks to make any convention come together. I would like to extend my gratitude to Dr. Terry Koller for his support and to the IPA Graduate Student Interns: Zino Ukulu and Jaclyn Psenka for their assistance with pre-and post-convention tasks. If you attended this year, please complete the online convention evaluation survey sent out by Dr Susan O'Grady. This will help us plan for the 2022 convention.

IPA President Elect, Dr. Derek Phillips and I, are already discussing plans for the 2022 Convention. As you can image it is difficult to make any concrete plans due to the pandemic that continues to evolve, thus



making it challenging to finalize a format and date.

Save the date, **Friday**, **June 10**th for a live Trust Risk Management webinar, **Sequence X**: **Perplexing Problems in Psychological Practice**. Please see additional information in this newsletter. Future IPA webinars for 2022 are in the planning stages and will be announced soon.

The APA Practice Leadership Conference (PLC) is being held in person from March 3 to 6, 2022 in Washington DC. Because of Covid, APA has reduced the number of attendees. IPA will be well represented by our President Dr. Abby Brown and President Elect Dr. Derek Phillips, as well our APA Ethnic-Minority Committee Liaison, Dr. Erin Alexander as well as Dr. Sharon Knurana, IPA's Section on Ethnic Minority Affair's Associate Chair who was selected by APA through a nomination process. The PLC conference serves to both support state leaders and to train attendees to lobby on the Hill for issues of importance to psychologists and the people we serve. The Advocacy Summit and Hill Day visits will take place virtually this year March 27-28th.

2021 has been another roller coaster of a year! I am hopeful that the challenges that lie ahead will be lessened and that the new year provides peace and good health for all of us. Thank you for being a member. Your membership in IPA is valued and appreciated! Please feel free to contact me if I can be of service to you.

mkarey@illinoispsychology.org

Legislative Liaison Report

Terrence Koller, PhD, ABPP, IPA Legislative Liaison

Upcoming legislative session dates

Below is a list of dates for the second year of this legislative session. Please note that this is a shorter session than usual. As a result, any legislative activity must happen quickly, but we are not certain that anything that is controversial will be heard. Factors contributing to a less active session include COVID restrictions imposed on advocates entering the Capitol as well as the fact that 2022 is a mid-term and gubernatorial election year. Legislators will need to spend time campaigning and certainly do not want to alienate constituents with controversial bills.

2022 General Assembly Calendar

January 2022-12 session days:

- Tuesday-Thursday, Jan. 4-6
- Tuesday-Thursday, Jan. 11-13 (Friday, Jan. 14 is deadline for LRB requests)
- Tuesday-Thursday, Jan. 18-20
- House only Tuesday-Thursday, Jan. 25-27 (Friday, Jan. 28 is deadline for bill introductions)

February 2022-14 session days:

- Tuesday-Thursday, Feb. 1-3 (Wednesday, Feb. 2 is Gov's State of the State/ budget address)
- Senate only Tuesday, Feb. 8-10 (Thursday, Feb. 10 is deadline for Senate committee action)
- Tuesday-Friday, Feb. 15-18 (Friday, Feb. 18 is deadline for House committee action)
- Tuesday-Friday, Feb. 22-25 (Friday, Feb. 25 is Senate 3rd Reading deadline)

March 2022-20 session days:

- House only Tuesday-Friday, March 1-4 (Friday, March 4 is House 3rd Reading deadline)
- Monday-Friday, March 7-11; House only meets on Monday and Friday, both on Tuesday-Thursday
- House only Tuesday-Thursday, March 15-17
- Tuesday-Friday, March 22-25 (Friday, March 25 is deadline for committee action on other chamber bills)
- Monday-Thursday, March 28-March 31 (Friday, April 1 is 3rd Reading deadline for other chamber bills)

April 2022-8 session days:

- Friday-Friday, April 1-8
- Friday, April 1 is 3rd Reading deadline for other chamber bills
- Friday, April 8 is scheduled adjournment

Mandatory Continuing Education Update

As you know, during each 2-year licensing period clinical psychologists are required to earn 24 continuing education credits. Three of these credits must be in ethics and 6 of the 24 must be completed in person. You are also required to take one sexual harassment prevention training workshop before you renew. Our renewal date is October 1, 2022. I'll take each of these issues one at a time.

Ethics Requirement

For those of you who still need three hours of ethics, the IPA will be offering a full day Trust Insurance sponsored Risk Management program on June 10, 2022. This program will meet your ethics requirement as well as give you a 15 percent discount on your insurance for 2 consecutive years if you are insured by the Trust. There is an ad about this workshop in this newsletter and more information will be distributed later as details get ironed out. This workshop will be presented in Webinar format.

Sexual Harassment Prevention Training

The IPA is currently working to put together a workshop that will cover this requirement. In addition a workshop covering Child Abuse Reporting Training must be taken every three years if you are mandated by the Child Abuse Reporting Act to report child abuse or neglect (https://www2.illinois.gov/dcfs/safekids/reporting/Pages/index.aspx).

In-person Continuing Education Requirement

As many of you know, the in-person continuing education requirement was waived for the 2018-2020 licensing period due to COVID. We are working with the Clinical Psychologist Licensing Board and the Acting Secretary of the Illinois Department of Financial and Professional Regulation to see if this requirement can be waived for this licensing period. We were told that there is support to

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HOME | HEALTH | HOPE













Illinois Letter on Parity

October 27, 2021

The Honorable Richard J. Durbin U.S. Senate 711 Hart Senate Office Building Washington, DC 20510 Dear Senator Durbin,

We write to request your support to ensure the inclusion of a critical provision that will increase access to life-saving mental health and addiction services in the Senate's Build Back Better Act. The House Education and Labor Committee has already included this provision (Section 21005) that will provide the U.S. Department of Labor (USDOL) the ability to assess civil monetary penalties for violations of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), the landmark law that requires equal coverage of mental health and addiction care. The Committee also included \$195 million over five years for the Employee Benefits Security Administration (EBSA) for enforcement. The Senate must now follow suit.

Providing USDOL this authority would close a significant gap in the Employee Retirement Income Security Act (ERISA), which does not allow USDOL to levy penalties against health insurers, plan sponsors, and administrators for parity violations. The absence of this authority means USDOL lacks a powerful tool to deter parity violations before they lead to Americans being denied coverage for mental health and addiction services they need. The ability to deter violations is essential, because USDOL has only 1 investigator for every 12,500 plans to monitor compliance and identify violations after they have occurred.¹

The crisis facing Illinois and our country couldn't be more urgent. Survey after survey show deep negative impacts from the COVID-19 pandemic on our nation's mental health², while new shocking data from the CDC shows that overdose deaths surged 30 percent in 2020.³ Even before the pandemic, inequities in health plans' coverage of mental health and substance use disorder treatment, including low reimbursement and grossly inadequate networks, had grown in recent years.⁴

Providing USDOL this critical power has had bipartisan support in the past. President Obama's Mental Health and Substance Use Disorders Parity Task Force strongly recommended it⁵, as did President Trump's Commission on Combating Drug Addiction and the Opioid Crisis.⁶ It was also recently a recommendation of the Bipartisan Policy Center's Behavioral Health Integration Task Force.⁷

We hope you will support this vital step toward ending coverage discrimination that prevents individuals living with mental health and addiction from receiving the care they need.

Sincerely,

Marvin Lindsey

MSW, CADC Chief Executive Officer Community Behavioral Healthcare Association of IL (CBHA)

Gerald DeLoss

Chief Executive Officer, Illinois Association for Behavioral Health

Steve Weinstein, M.D.
President, Illinois Psychiatric Society

Abigail D. Brun, Psyl) Abigail D. Brown, Psyl)

President, Illinois Psychological Association

Richard C. Anderson, M.D.

Chair, Board of Trustees Illinois State Medical Society

Mark Heyrman

Chair, Public Policy Committee Mental Health America of Illinois Chelsea Laliberte

Co-Founder & Advocacy Strategist Live4Lali

2 -12

James Burns

Interim Executive Director The Kennedy

Mark Ishaug Mark Ishaug

Chief Executive Officer Thresholds

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HELP THE IPA LEGISLATIVE EFFORT BY BECOMING A LEGISLATIVE ADVOCATE*

TIRED OF TRYING TO FIGURE OUT YOUR LEGISLATIVE DISTRICT FROM YOUR VOTER REGISTRATION CARD?

We'll make it easy.

Email your Voter Registration Card. We'll put you on the list.
You'll be the first to know what's
happening so you can Make the Future.

IPA email: tkoller@illinoispsychology.org

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

Illinois Letter on Parity Continued from page 6

- U.S. Government Accountability Office, "State and Federal Oversight of Compliance with Parity Requirements Varies, December 2019, https://www.gao.gov/assets/gao-20-150.pdf
- Audrey Kearney, Liz Hamel, and Mollyann Brodie, "Mental Health Impact of the COVID-19 Pandemic, Kaiser Family Foundation, April 14, 2021, https://www.kff.org/coronavirus-covid-19/poll-finding/mental-health-impact-of-the-covid-19-pandemic/
- CDC, "Drug Overdose Deaths in the U.S. Up 30% in 2020," July 14, 2021, https://www.cdc.gov/nchs/pressroom/
- Steve Melek, Stoddard Davenport, and T.J. Gray, "Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement," Milliman, November 19, 2019, https://assets.milliman.com/ektron/Addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-provider-reimbursement.pdf

- Final Report of The Mental Health & Substance Use Disorder Parity Task Force, October 2016, https://www.hhs.gov/sites/default/files/mental-health-substance-use-disorder-parity-task-force-final-report.PDF
- Recommendation 35 of The President's Commission on Combating Drug Addiction and the Opioid Crisis, November 2017, https://facesandvoicesofrecovery.org/ wp-content/uploads/2019/06/Final-Report-The-Presidents-Commission-on-Combatting-Drug-Addiction-and-The-Opioid-Crisis.pdf
- 7 Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration, Bipartisan Policy Center's Behavioral Health Integration Task Force, March 2021, https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/03/BPC Behavioral-Health-Integration-report R03.pdf. nchs press releases/2021/20210714.htm

IPA HealthCare Reimbursement Committee Report

IPA Health Care Reimbursement Committee (HCRC)

Lynda Behrendt PsyD, RN (Chair), Neil Pliskin, PhD. ABPP-CN, Theresa M. Schultz, PhD MBA, Jeremy Bidwell, Ph.D., MSCP, and Susan O'Grady, PsyD, IPA Director of Professional Affairs

Calling Medicare Providers! A Medicare "story" for our consideration and action:

We begin our story in the Fall of 2021, when a significant modification (that is a 3.75% reduction) in Medicare reimbursement rates was approved. Specifically, on November 2, 2021, the Centers for Medicare and Medicaid Services (CMS) issued the final rule on the Calendar Year (CY) 2022 Medicare Physician Fee Schedule (MFPS). This schedule specifies payment policies, payment rates, and other provisions for services health professionals, including psychologists. Thus, the MFPS details how services offered by psychologists and other healthcare providers are to be delivered and reimbursed in 2022. Following are some of the key points of interest to psychologists.

The plot thickens...A Lower Conversion Factor (CF) Proposed for 2022

In its ongoing advocacy work*, APA urged CMS to work with Congress to avoid a 3.75% cut to the 2022 Conversion Factor (CF). The CF is a specific figure that is multiplied by each service's Relative Value Units (RVUs) to determine its reimbursement amount.

And thickens yet again...So, what exactly are RVUs???

RVUs are the fundamental components of the Resource-Based Relative Value Scale (RBRVS), which is a scale introduced in the early 1990s as a uniform way for CMS and private payers to determine reimbursement rates for healthcare professionals. It's important to note that the introduction of RVUs reshaped how healthcare payments were calculated for both the MPFS and commercial fee schedules.

RVUs are used to "valuate" medical, mental health, and other healthcare services. But it's important to know that RVUs don't assign a dollar (reimbursement) amount to each healthcare service or procedure. Rather,

RVUs reflect formulaic calculations intended to define the specific value of each service or procedure offered, considering such factors as the type of service provided, the cost of services by geographic location, and the professional resources, skills, and time required to provide the service to a patient. Thus (as aforementioned), RVUs ultimately inform compensation for healthcare providers when the CF (dollar amount assigned per RVU) is applied to the total RVU. Yup, it's complicated.

What could have happened (but didn't)!

Under CMS's final rule, the 2022 CF was to be \$33.59 or 3.75% lower than the current CF of \$34.89. Why 3.75%? This reduction was intended to match CMS's loss of 3.75% in additional funding from Congress for this calendar year (ending on December 31, 2021). That's on the heels of the -3.3% reduction for the previous calendar year! These payment cuts stem directly from CMS's current legal requirement to maintain a neutral budget from one year to the next.

Here is a link to an article on the CMS Final Rule and the impact on psychologists. https://www.apaservices.org/practice/clinic/telehealth-coverage-access

Stephen R. Gillaspy, PhD, Senior Director, Health & Health Care Financing of the American Psychological Association Practice Directorate, recently commented on the Medicare Final Rule.

We appreciate your outreach and concern about the new in-person visit requirement for Medicare coverage of telehealth services. APA shares your concern that this new requirement, which is currently set to take effect after the COVID-19 public health emergency (PHE) expires, will only serve to limit access to telehealth services and will have an outsized impact on individuals and communities that have long struggled to access mental health services. CMS's work

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HealthCare Reimbursement Committee Report Continued from page 8

involving the 2022 Medicare physician fee schedule goes on as scheduled. That includes having to implement Medicare requirements established by Congress such as the in-person visit no more than 6 months prior to beginning telehealth services. See the 1/15/2021 edition of Practice Update for **Key Medicare** changes for 2021 (apaservices.org). APA stated in our comments to CMS on the proposed rule that we believed this was unnecessary and could make it more difficult for some patients to receive services. We did. however, understand that CMS was doing what it was legally obligated to do (i.e., implement the changes Congress already put in place by statute).

We do not see further outreach to CMS as a plausible tactic to removing this requirement. Because Congress created the requirement, APA's efforts to remove it will focus on Capitol Hill. In its frequent contacts to Hill offices, APA continues to call for the repeal of this provision through the Telemental Health Care Access Act (S. 2061/H.R. 4058). APA also continues to call for the repeal of this provision in conjunction with an array of other mental health organizations through the Mental Health Liaison Group (MHLG). APA welcomes any insights or stories you may have on how the in-person service requirement will affect your practice and limit your patients' access to care. Please let us know if you have any information that you would like us to share with Hill offices, as stories like these are a critical means of highlighting the need for legislation, such as S. 2061/H.R. 4058, to eliminate unnecessary barriers to care like the in-person service requirement. If you have any information that you'd like us to share, please reach out to Andrew Strickland (astrickland@apa.org) who leads our work in the federal legislative telehealth space.

There are multiple issues/questions regarding aspects of providing audio-only and telehealth services after the end of the PHE, which were not answered by CMS in the Final Rule. Please know we are working to address these issues/ questions and are actively engaging with CMS.

Also, we have been receiving member questions regarding the Final Rule and we plan to provide additional information to address these questions in the near future.

Advocacy to the rescue!

*APA and many state associations (including IPA) worked together (in both 2019 and 2020), calling on CMS to waive budget neutrality because of the devastating effect it would have on psychologists and other health professionals. These efforts have continued throughout 2021. Without additional congressional action before the end of 2021, the CY 2022 MPFS would have stood. Dr. Gillaspy's communication (APA Advocacy Action Alert dated December 7th, 2021) described APA's recent advocacy efforts and urged us/all psychologists to appeal to our congressional representatives to oppose CMS's planned reduction in Medicare reimbursement rates in 2022.

And then just three (3) days later, the APA News Alert (dated December 10th, 2021) shared the good news that Congress passed legislation to defer Medicare reimbursement rates as a part of the Protecting Medicare and American Farmers from Sequester Cuts. As APA CEO Arthur C. Evans, Jr., PhD stated in the APA News Alert, "The job isn't done, but this is a good first step to addressing the crisis." {Note: This news alert also included important news about the passage of the Dr. Lorna Breen Health Care Provider Protection Act to address the mounting mental health needs of healthcare professionals}.

IPA's HCRC and Legislative Committee shared the full text of the APA News Alert with members via email (dated December 15th, 2021) on the IPA listserv, urging IPA members to continue to give voice to concerns, needs, and priorities for our profession and those whom we serve.

We echo this message herein. Your voice...our collective voices matter.

Source: https://www.ama-assn.org/system/files/2022-pfs-qpp-final-rule.pdf at https://www.ama-assn.org/system/files/2022-pfs-qpp-final-rule.pdf at https://www.ama-assn.org/system/files/2022-pfs-qpp-final-rule.pdf at https://www.ama-assn.org/practice-management/medicare-medicaid/medicare-physician-payment-schedules

IPA Elections Committee Report

Rachael Sytsma, PsyD, Chair, IPA Elections Committee

IPA Nominations OPEN February 1st and CLOSE March 1st

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

Please ensure your email address and membership status are up-to-date with the IPA Central Office before the Nominations begin. You can make updates by logging-on to your IPA Account online at, www.illinoispsychology.org or contacting Marsha Karey, IPA Executive Director, at 312/372-7610 ext.201. Anyone joining IPA after the nomination ballots are mailed will not be able to obtain a ballot but will be mailed a final election ballot when that process begins in May. Elections will open May 1 and close June 1.

Instructions for IPA Nominations:

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

Note: You must be a member of the section or regional position for which you are voting. If your membership is out of date, you will not be eligible to vote. Please ensure your IPA and Section membership are up to date if you wish to be able to nominate or vote in this election. Marsha Karey, IPA Executive Director, can update your information. The Elections Committee cannot update your membership information for you.

Nominations will begin in February of 2022 for the following positions:

Position	# of positions	Term
President Elect	One	One year
IPA Treasurer	One	Three years
IPAGS Chair Elect	One	One year
Behavioral Medicine & Neuropsychology Section Chair	One	Two years
Military Section Chair	One	Two years
Women's Issues Section Chair	One	Two years
North Region Representative	One	Two years
South Region Representative	One	Two years
Metropolitan Region Representative	Two	Two years

For more information about each section go to: https://illinoispsychology.org/sections

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



Adler University is dedicated to training socially responsible practitioners, creating real change in our communities, and advancing social justice. We believe that responsible practitioners must do more than address mental health and well-being at the individual level — we need to create an environment for wellness by advocating for a more just society.

Adler University offers graduate degree programs in psychology, counseling, and public leadership:

ONLINE

Ph.D. in Industrial and Organizational Psychology

M.A. in Industrial and Organizational Psychology

Ph.D. in Organizational Leadership

M.A. in Organizational Leadership

M.A. in Psychology: Specialization in Military Psychology

M.A. in Psychology

M.A. in Counseling: Specialization in Clinical Mental Health Counseling

Master of Public Administration

CHICAGO CAMPUS

PSYCHOLOGY

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Report from the Behavioral Medicine and Neuropsychology (BM&N) Section

Kathy Borchardt, PsyD, Section Chair

This year, our section made several contributions to the successful IPA Convention in November. Dr. Patricia Pimental and Dr. Kathy Borchardt presented the most up-to-date information at the time regarding research on the effects of COVID-19 and Long-COVID (aka PASC or Post-Viral Syndrome) on cognitive and emotional functioning. Please see the related article in this newsletter.

In addition, a student panel from the BM&N section presented a very cohesive and informative session on Student Preparation for Specialty-Track Training in Rehabilitation Psychology and Neuropsychology. Amanda Wisinger, Corinne Guilday, Jonathan Tsen, Morgan Ferris-Johnston, and Brian Cerny spoke of the subspecialties, the board certification and specialty training requirements for these areas of interest, training and internship opportunities, as well as their own experiences navigating education and training in the

two subspecialties. A video recording of the symposium will be made available on the IPAGS section of the IPA website in the near future.

Lastly, the BM&N Section sponsored scholarships of \$250 each to three students for their poster submissions relating to behavioral medicine and/or neuropsychology. Congratulations to Jacqueline Moncivais for her poster titled Acculturation's Influence on Latine Parents' Help-Seeking Behaviors in Assessment and Treatment of the Child Diagnosed with ADHD: a research proposal; Ka Yin Phoebe Tse, Anureet Gill, Wanging Wendy Wu, Justyna Piszczor, Mackenze Jones, and Janina Kamm for The use of Tele Neuropsychology during the transformative era of COVID-19; and Elizabeth Kaydanosvky for Health Coaching as an Integrated Intervention Option for Attention-Deficit/Hyperactivity Disorder. Congratulations to these winners of the poster submissions.





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COVID-19 AND POST-ACUTE SEQUALAE:

Neuropsychological/Neuropsychiatric Symptoms and Innovative Rehabilitation Approaches

SUMMARY OF PRESENTATION AT THE 2021 IPA CONVENTION

Kathy Borchardt, PsyD, Behavioral Medicine and Neuropsychology Section Chair

During the IPA convention, Dr. Patricia Pimental and Dr. Kathy Borchardt presented the latest research regarding SARS-CoV-2 (COVID-19) and the Long-COVID syndrome on cognition and mental health. Long-COVID is also known in the neuropsychology community as Post-Acute Sequalae of SARS-CoV-2. There have been considerations in collaborative research consortiums that Long-COVID and PASC are actually subsets of an umbrella post-viral syndrome, under which an increasing number of scientists and medical practitioners are classifying other inflammatory-associated chronic conditions and autoimmune disorders with Long-COVID similarities such as Lyme Disease and myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS).

Dr. Pimental noted that the clinical presentation of a Post-COVID disorder can vary from mild common cold-like symptoms (81%) to severe disease (14%), with a small subset (5%) progressing to critical disease that may include severe acute respiratory distress syndrome, respiratory failure, septic shock, and/or multisystem organ dysfunction. She referenced a Northwestern study that discovered 85% of the patients reported at least 4 neurologic symptoms, the most frequent included: brain fog, headache, numbness/tingling, disorders of taste and smell, muscle pain, dizziness, generalized pain, blurred vision, and tinnitus. Both Drs. Pimental and Borchardt reported that the most frequent "non-neurological" symptoms included fatigue, depression and anxiety, insomnia, variations of heart rate and blood pressure, GI symptoms, and headaches. The most common cognitive dysfunctions reported, according to Dr. Borchardt, are slowed cognitive processing speed, deficits in memory encoding and learning new information, impaired memory recall, and a generalized "brain fog". Depression and anxiety have been shown to occur in 35-70% of COVID long-haulers, depending on the study undertaken.

In addition, several studies from around the world have documented a surge in sleep disorders related to the COVID-19 pandemic. Causes have been attributed to the virus's mechanisms of action on the brain and body, as well as to disruptions to the circadian rhythms caused by changes in work schedules, work environments, exercise regimens, social support access, screen time, and irregular mealtimes.

There has been new evidence to suggest that the COVID-19 virus damages the blood-brain barrier, and that entry into the brain may primarily occur via the olfactory system. Newonset changes in olfactory sensation (anosmia or hyposmia) and taste (ageusia) are a clinical feature of SARS-CoV-2. Dr. Pimental presented a single case study authored by her and Drs. A. Ciapanelli and E. Vora detailing and linking recovery of anosmia and ageusia within the backdrop of a delayed sudden-onset panic and depression. Their study included COVID-19 antibody laboratory testing at two data points within the recovery period. Dr. Pimental spoke of the need for more studies linking COVID-19 and PASC anosmia and ageusia with suddenonset neuropsychiatric symptoms.

Dr. Borchardt added that per the World Health Organization, the symptoms of Long-COVID are presumed to have an impact on everyday functioning. The symptoms may be newonset following initial recovery from an acute Covid-19 episode, or persist from the initial illness, with symptoms fluctuating or relapsing over time. A University of Oxford, National Institute for Health Research, and Oxford Health Biomedical Research Centre study of 270,000 people recovering from COVID in the US reported that 37% suffered at least one Long-COVID symptom diagnosed 3-6 months after infection. More than 200 symptoms were identified spanning 10 of the body's organ systems, and a third of the symptoms continued

Continued on page 14

Neuropsychological/Neuropsychiatric Symptoms...

Continued from page 13

to affect patients for at least six months. Several studies on Long-COVID symptoms found they were more frequent in those who had been hospitalized. These patients were more likely to suffer cognitive problems such as brain fog and fatigue. Another Aug 2021 study out of the University of Oxford London found that the thickness of gray matter in frontal and temporal lobes was reduced in the COVID-19 group study, and the loss of this brain volume was present even when infections was not severe enough to require hospitalization.

Other key takeaways form the IPA Long-COVID/ PASC presentation are that there are likely to be tens of thousands of post-COVID patients suffering in silence, unsure that their symptoms are connected to Covid-19!! As treatment providers, we need to be incorporating questions within our intakes asking about whether the patient has had or suspected a COVID-19 occurrence, as well as inquiring about potential symptoms of Long-COVID. It is also important for neuropsychologists in particular to be mindful that some of the presenting symptoms of brain injuries or other causes of cognitive dysfunction for which we are conducting the testing could actually be attributed to or exacerbated by a post-COVID Disorder. Similarly, those of us treating cognitive dysfunction through cognitive rehabilitation should be mindful of exacerbation of cognitive symptoms should a patient contract COVID-19 during the course of treatment, and adjust our treatment approaches accordingly.

There are several pop-up clinics and research centers in the Chicago area with teams set up to treat COVID long-haulers. Regarding the cognitive dysfunction of Long-COVID and other post-viral syndromes, it makes sense to start with a thorough neuropsychological evaluation followed by traditional approaches to cognitive rehabilitation. These include exercises to improve mental stamina, concentration, processing speed, and memory, as well as strategies to maximize and preserve mental stamina that include flare identification and prevention along with activity pacing and Supportive, adjustment, and/or planning. trauma psychotherapy could also be included to address the adverse effect of COVID-19 contraction and Long-COVID symptoms on the individual and family. Treatment of associated sleep disorders through cognitivebehavioral therapy should also considered. It is also important to address the development of academic accommodations for students and work-related accommodations reasonable for affected workers. The identification and treatment of the cognitive dysfunction and emotional trauma associated with COVID-19 and Long-COVID is still an evolving science. One upside to this or any pandemic is we have a large patient pool available at one time with a known cause that can potentially lead to the generalizability of understanding of the postviral disease process and the development of a standardized treatment and care plan.

Legislative Liaison Report... Continued from page 5

do this but it will take another Emergency Rule, which cannot be issued until 150 or fewer days before our licenses renew. We don't expect to hear anything until after April 1, 2022. We'll let our members know as soon as we hear something.

Implementation of laws passed last year

A number of laws both state and federal were passed last year. The IPA has a strong network of individuals working to understand these laws and to communicate to our members what we learn. This network includes our lobbyists, HealthCare Reimbursement Committee members, Legislative Liaison and our new Director of Professional Affairs. We are carefully watching the Telehealth Act and are also working to gain some clarification about the federal "No Surprises Act" (https://www.cms.gov/nosurprises).

Stay tuned.

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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APA Council of Representatives Passes Historic Resolution

Laura Faynor-Ciha, PhD, IPA Representative to the APA Council of Representatives

APA held its most recent Council of Representatives (CoR) meeting October 28-30 in hybrid, with about half of the members attending via zoom and the other half attending in person, masked, with daily temperature checks. It proved to be a success and a great deal of work was accomplished.

The first accomplishment was the unanimous, historic and emotional passage of the Resolution on Race: APA's Ongoing Efforts to Dismantle Racism: A) Apology to People of Color for the Role of the American Psychological Association in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in the US and B) Resolution on the Role of Psychology and the American Psychological Association in Dismantling Systemic Racism Against People of Color in the US. This is monumental in that it is the first time APA and Psychology have come together to systematically and intentionally examine its role in racism.

Acommonly asked question is, "What is APA apologizing for?" Some examples are the history of the founding of APA, in 1892, by a group of all white men who utilized scientific methods and inquiry that perpetuated systemic racism, promotion of standardized psychological and intellectual assessment instruments that were normed on all white samples in which cultural bias was imbedded, and people of color being historically excluded or marginalized in leadership within Psychology, to name a few.

APA is committed to going beyond an apology and has plans to take action in making change within the APA and across Psychology.

The Health Equity Resolution was also passed. This resolution is the beginning of APA's focused work targeting race and ethnicity as the main drivers of health inequity and is making recommendations from APA President Jennifer Kelly's Health Equity Task Force as a mover of change in health equity.

An amendment was passed re: an Association Rule to Amend the APA Bylaws in which pro and con explanatory statements will be included in all future votes on issues by the membership. A new business item (NBI) passed creating lifetime term limits of 12 years for any elected representative to CoR. This was a lengthy and painful discussion addressing the contributions of those long serving members of CoR who felt minimized by the passage of this NBI.

APA CoR demonstrated its ability to be nimble in the timely passage of an APA Resolution in support of the CDC's announcement adding mental health issues as a risk factor for COVID and prioritizing those with mental health issues for COVID vaccines.

President Jennifer Kelly presented two Presidential Citations: Dr. Jessica Henderson Daniel was presented with a lifetime achievement award and Dr. Anthony Puente was awarded the prestigious Raymond Fowler Award for his contributions to APA and Psychology.

The next APA CoR meeting is scheduled for February 25-27, 2022.

Report from the Social Responsibility Section

Holly Houston, PhD and Bruce Bonecutter, PhD, Co-chairs

The Social Responsibility Section (SRS) has been busy this quarter. Our new SRS listserv is up and running and we plan to continue to post issues specific to SRS members on it as well as to continue our general SRS postings on the main IPA listserv. Our graduate student mentee, Monica Zabinski, has been hard at work archiving specific SRS postings in preparation to share them on the IPA website for future reference. We are also organizing a compendium of additional SRS resources for the membership, which will be placed on the IPA website.

Along with the Women's Section, SRS members attended the Woman's March for Reproductive Freedom at Daley Plaza on October 2. While the march could have been better organized, it was well-attended by a cross section of diverse people opposing the Texas anti-abortion laws.

Our Co-Chair, Dr. Bruce Bonecutter, organized

and led the presentation Bystander to Upstander training Update 2021 at our annual IPA convention. Upstander training is an evidencesupported approach designed to provide ways to act and support someone who is being bullied or attacked due to racism, sexual, AAPI, or LGBTQ harassment, cyber bullying, fat shaming, etc. We highly recommend these trainings which can be brought to a variety of venues (office settings, private practices, schools, family and friend groups) with programs targeted to specific age groups. Get more information and newsletter updates about upcoming trainings at **IHOLLABACK.ORG**.

We have begun planning next year's SRS events which, due to the continuation of the pandemic, will not likely be in-person just yet. We encourage you to provide suggestions for SRS trainings, events or topics. Please submit them at Dr. Holly Houston's email below. Dr. Bonecutter is retiring from his long and prosperous tenure at IPA and will not be co-Chair for the 2022-2023 year. If anyone has an interest in working with Dr. Houston as co-chair of SRS, please contact either Dr. Houston or Dr. Bonecutter.

We hope you had an enjoyable holiday season in recognition of a variety of December holidays-Hanukkah (11/28-12/6), Rohatsu (12/8), Winter Solstice 12/21, Christmas (12/25), and Kwanzaa (12/26-1/1). ■

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Report from the Women's Issues Section

Kim Baker PsyD and Christina Biederman, PsyD, ABAP, Co-Chairs

Hello! We would like to introduce ourselves as the incoming Co-Chairs of the Women's Issues Section, and to invite you to join us. We will also be having a virtual Meet and Greet on Tuesday, February 1, 2022 at 8 PM (registration info below). We are interested in hearing from you about how this Section might best serve the needs of both women psychologists and those who care about women in the communities we serve.

While we hope to be responsive to your needs, we are working to create a Section that:

- Disseminates resources about the science and practice of women's mental health. In doing so, we hope to increase awareness of the gender disparities that exist for women of all races, cultural backgrounds, sexual orientations, immigration statuses, and socio-economic experiences.
- Promotes networking and collaboration across IPA among those interested in learning about and advocating for policies and practices supporting women's mental health.
- Identifies and addresses issues affecting women psychologists.
- Circulates and hosts continuing education opportunities that promote learning about the challenges women face and the unique resources and resiliency they bring to those demands.

Our actions are guided by the following core values and commitments:

 Recognition of the diversity inherent across women's experiences, including diversity in gender identity and expression.



The Women's March for Reproductive Rights was attended by members of the IPA Women's Issues and Social Responsibility Sections.

- Respect for the pluralism in approaches to clinical practice, psychotherapeutic orientation, scholarship, training, and research.
- Commitment to respectful, constructive, ethical, and caring relationships in clinical practice, training, ongoing professional development, and professional collegial relations.

If these goals and ideals speak to you, join us! Anyone interested in our mission, regardless of gender/gender identity is welcome, though membership in IPA is required. To join, contact: Marsha Karey, IPA Executive Director, at 312/372-7610, x201 or mkarey@ illinoispsychology.org

We imagine this as a collective endeavor, so member or not, please feel free to send trainings, resources, ideas, and networking opportunities our way. We're happy to collate and disseminate information of interest. We also hope you'll join us on February 1. You can register for the link at: https://us02web.zoom.us/meeting/register/tZ0sc-6srzwrHNduKiaLKzWyNJhRt1cXSPqb

Kim Baker, Psy.D. **DrKim@KBPsychology.com**

Christina Biedermann, Psy.D., ABAP drbiedermann@northsidechicagopsychology.com



Kim Baker



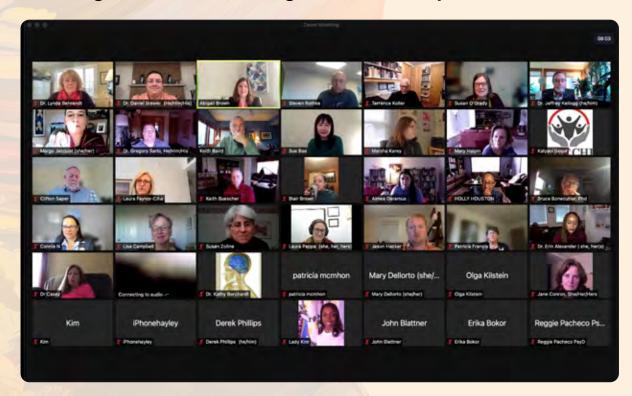
Christina Biedermann



Christina Biedermann and colleagues and students form Adler University attended The Women's March for Reproductive Rights.

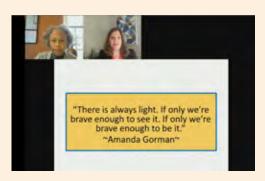
2021 Virtual IPA Annual Convention

Once again our annual meeting was held virtually and well attended.





Dr. Abigail Brown presented the Illinois Distinguished Psychologist award to IPA Past-President, Dr. Daniel Brewer.



Convention Keynote: How to Show Up as an Anti-racist Psychologist & Why We're Compelled to



Dr. Kumea Shorter-Gooden presented an important program on anti-racism.



Dr. Margo Jacquot was awarded a certificate of appreciation for her contributions to the IPA.

Dr. Abigail Brown opened the program by introducing the convention Keynote Speaker Dr. Kumea Shorter-Gooden.



11/13/2021 9:00 AM CST

Legislative update: Telehealth and victories and future legislative goals



Dr. Steven Rothke presenting at the Legislative Committee update.



A leadership workshop was presented by Drs. Fahad Khan, Sue Bae and Laura Faynor-Ciha.



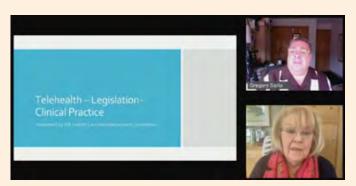
IPA Executive Director (left) and IPA President, Dr. Abigail Brown (right) with the 2021 IPA Illinois Distinguished Psychologist Award winner, Dr Daniel Brewer.



Dr. Erin Alexander was awarded a certificate of appreciation for her contributions to the IPA.



Dr. Abigail Brown presented the 2021 Presidential Recognition Award to Dr. Laura Faynor-Ciha for her contributions to the IPA.



Drs Gregory Sarlo and Lynda Behrendt presented an update on Telehealth legislation.



IPA President, Abby Brown, PsyD, presented the IPA's Legislator of the Year award to Representative Deb Conroy and Senator Laura Fine during the Legislative Update program.

The Impact of Mentoring

Lisa Page, PsyD, Chair Organizational and Business Consulting Psychology Section

Many years ago, I took my first corporate job. It was exciting, it was challenging, and it was a little scary. Oh, the things I learned that I didn't know.

Years later as I am developing a mentoring program in my current consulting position, I can't help but reflect on my own mentoring experience "growing up" in my career. I started off as an Intern at corporate headquarters in the airline industry and the internship turned into a full-time job a year later. Although I had more experience by that time, there was still a lot to learn. I requested a mentor to have someone to bounce ideas against and to help me learn more about the "ropes" of the corporate culture.

I was paired up with Yvette Bowden, the Director of Diversity at the time, who was a corporate attorney by training. She wanted to hire me for a position in her department, but I chose to remain in the department where I had interned. It was an informal relationship mostly, in that our mentoring relationship was not part of a larger program and it did not have much structure or clear purpose. We would meet once a week and she would answer my questions and she was a great coach to guide me through challenging or "political" situations. I will never forget how I thought it odd that she recommended that I read the book, "The Four Agreements" by Don Miguel Ruiz.

Many years later I have recommended "the Four Agreements" to countless numbers of people with whom I have worked, both in clinical and organizational settings. In brief, the book is short, and I also forewarn people that it is a bit "hokey" in that the author talks at the beginning

Continued on page 23

Clients Considering Divorce in 2021?

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The Impact of Mentoring... Continued from page 22

about how we each "live in our own dream." However, the four agreements themselves have been life-changing and invaluable to me and had a very positive impact on many other people's lives. I believe it is a book that every middle schooler should read to help them learn to navigate tough relationships, as it teaches people tools such as how to not take things personally, not to be so hard on yourself, and not to make assumptions, which proves to be invaluable in interpersonal relationships.

In addition to my moderately formal mentoring relationship, I had two additional mentors. One was Cynthia Starz, my first manager who hired me, for whom I had a great amount of respect. She was a married mom of three boys who was working a corporate position and just completed her Master's degree at night. Not only was I astonished at all she had on her plate, but she focused on the facts, kept emotions out of most everything, handled tasks with stride—or at least that's how it looked. She was a brilliant woman who was on top of everything and never missed a beat.

She was my direct manager for only a year or so, but she was such an outstanding role model to me that her impact would last forever. Years later when we hadn't spoken in a long time, and I had moved out of state, I'm told that she learned of my mother's death while in an executive meeting (she had been promoted several times since she was my boss) she got up and excused herself to come to my mother's funeral. That touched me so deeply, that I'm not sure my words of gratitude would ever fully convey my appreciation of her gesture.

My third mentor in that position was Deborah Bethea Berkley. I worked in a small group of people who were both senior to me and tenured in their careers. Deborah took me under her wing to really help me learn the job and taught me everything she knew. She was so generous in sharing her knowledge and vast experience with me that I learned far more than I could have in earning an additional degree.

Deborah and I were very different people. She was an African American woman from the South, from a deeply religious background. She was super bright and knowledgeable. She was an only child raised in a military family in Bethesda, MD whose roots were far deeper in the south.

I am a Caucasian woman in the North who is far more spiritual than religious and lives a life sometimes over-ruled by her ADD. I had much to learn, starting with greater self-discipline. Deborah never bluntly told me to "pull it together" or made me feel stupid for silly errors. She taught me instead by asking challenging questions to get me to think more on my own and by role modeling exemplary corporate behavior.

We had a relationship of mutual respect. Where Deborah was disciplined and structured, I was a little impulsive and adventurous. When my plans to visit a friend in Florida fell through a day or two before my trip, I went off to Paris instead. One can do that when they have flight benefits. This was almost unfathomable to Deborah, but she saw me as very brave at the same time. I have a sense of adventure that makes me willing to try things or do things that go beyond some people's natural "life" bubble. We complemented each other so well in her wanting to follow some of my adventure, while teaching me to rein myself in a bit at the same time.

As I have looked back in recent years, all three of these ladies were much more than mentors to me. They were three strong, courageous, female role models who shaped who I am today. On a trip earlier this summer, I went to visit Deborah's grave site where I had not been since her passing in 2007. While on this trip and amidst Deborah's essence once again, I received a phone call for a job that I had been searching for but did not know existed. I'm pretty sure Deborah is still watching over me and guiding me today, through this new role where I have yet another very strong, female role model to follow.



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Save the Date:

The Trust Risk Management Workshop

FRIDAY, JUNE 10, 2022

Sequence X: Perplexing Problems in Psychological Practice: Decision Science, Ethics & Risk Management

Presented by Dr. Leisl Bryant

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Dr. Bryant is a licensed New Hampshire and Massachusetts-based clinical and forensic psychologist, with board certification in Forensic Psychology by the American Board of Professional Psychology. She received her B.A. from the University of West Florida, her M.A. and Ph.D. in clinical psychology from Duquesne University and completed a forensic postdoctoral fellowship at the University of Massachusetts Medical School Law and Psychiatry Program.

Working in both criminal and civil arenas, Dr. Bryant has maintained a private practice in clinical and forensic psychology for nearly two decades and has provided psychological services in a variety of forensic and therapeutic settings.

Dr. Bryant is a Fellow with the American Academy of Forensic Psychology, and formerly served as President and Executive Director of the New Hampshire Psychological Association (NHPA). She also served on the NHPA Ethics Committee for over ten years, received the Margaret M. Riggs Award for Distinguished Contribution to Psychology in the State of New Hampshire, and was awarded the Karl F. Heiser APA Presidential Award for Advocacy. Dr. Bryant brings extensive experience in forensic, clinical, and ethical consultation, academic instruction, and professional presentation to her role on the risk management team.

Workshop Description

For over two decades, The Trust has worked to educate and support psychologists in improving their risk management skills and strategies by providing live workshops, webinars, risk management consultation and expanding resources. The 10th workshop in our Sequence series will continue to emphasize more applied, integrated and strategic methods to help you protect yourself from adverse disciplinary and legal actions and stay grounded in ethical principles and practices. The Trust Risk Management Consultants have culled subject matter from some 80,000 consultations provided to date to focus this workshop on problems practitioners often encounter. Topics will include how decision science can inform clinical and ethical decision-making; interjurisdictional practice challenges and navigating the PSYPACT era; complexities in structuring and conducting supervision; managing technology and privacy concerns in practice; and handling subpoenas.

More information to come as details are confirmed





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

Type of Service: (Check all that apply).

Solo or Group Practice:	Hospital-based Program:	Agency:
Psychiatry	Inpatient	Individual Outpatient
Psychology	Partial Hospital	Group Outpatient
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Counseling	Aftercare	EAP
Coaching	Impaired Professionals Program	Peer Assistance Groups
EAP	Self-Help Groups	Extended Care
Other	Other	Other
Specialties: (Check all that ap	oply).	
Adolescents ; Adults (18 & ov	rer); (ACOA); Anger Management I	ssues; Anxiety/OCD
Attention Deficit Hyperactivity	Disorder (ADHD); Autism-Spectrum	Disorders; Axis II Dx;
Chemical/Substance Dependen	ncy and Alcoholism; Children; Co	odependency;
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Grief/Loss; Group Therapy	; Internet Addiction; Intervention	Services; Self-Injury
LGBT Concerns; Medication	on Management; Men's Issues; N	lood Disorders;
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Smoking Cessation; Trauma	a; Veteran's Issues; Women's Issu	es;
Others:		
·	one or two paragraphs in length, about	

Email form to clifton.saper@alexian.net

about your experience, background, and philosophy of treatment.

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

Mail form to: Illinois Psychological Association,

67 East Madison St. Suite 1904, Chicago, IL 60603

See the following page for a Healthy Lifestyle Assessment.

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

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

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

I=Nev	er 2=Rarely	3=Sometimes	4=Often	5=Very Often
1.	I am happy.			
2.	I am preoccupied with more	than one person [help].		
3.	I get satisfaction from being a			
4.	I feel connected to others.	. 131 1		
5.	I jump or am startled by unex	xpected sounds.		
6.	I feel invigorated after worki	•		
 7.	I find it difficult to separate m		as a [helper].	
2. 3. 4. 5. 6. 7.	I am not as productive at wo [help].	rk because I am losing sleep	over traumatic exp	eriences of a person I
9.	I think that I might have been	affected by the traumatic st	ress of those I [helt	o].
9. 10.	I feel trapped by my job as a	[helper].		
<u> </u>	Because of my [helping], I ha	ve felt "on edge" about vario	ous things.	
12.	I like my work as a [helper].			
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23.	I feel depressed because of the	ne traumatic experiences of	the people I [help].	
14.	I feel as though I am experier	ncing the trauma of someone	l have [helped].	
15.	I have beliefs that sustain me.	•		
16.	I am pleased with how I am a	ble to keep up with [helping]	techniques and pro	otocols.
17.	I am the person I always wan	ted to be.		
18.	My work makes me feel satis	fied.		
19.	I feel worn out because of m	y work as a [helþer].		
20.	I have happy thoughts and fee	elings about those I [help] an	d how I could help	them.
21.	I feel overwhelmed because i		endless.	
22.	I believe I can make a differer	nce through my work.		
	I avoid certain activities or single people I [help].	tuations because they remin	d me of frightening	experiences of the
24.	I am proud of what I can do	to [help].		
25.	As a result of my [helping], I l	have intrusive, frightening the	oughts.	
26.	I feel "bogged down" by the s	system.		
27.	I have thoughts that I am a "s	uccess" as a [helper].		
28.	I can't recall important parts	of my work with trauma vic	tims.	
24. 25. 26. 27. 28. 29.	I am a very caring person.			
30.	I am happy that I chose to do	this work.		

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

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

Compassion Satisfaction _____

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

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

Burnout_____

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

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

Secondary Traumatic Stress_____

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

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

Continued on page 32

Healthy Lifestyle Assessment Continued from page 31

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

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

Compassion Satisfaction Scale

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

3.	
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12.	
16.	
18.	
24.	
27.	

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•	00	ıı	

30.

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

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

*I.	=	
*4.	 =	
8.		
10.		
*15.	=	
*1 7 .	=	
19.		
21.		
26.		
*29.	_ =	

		_		
Т	o t	al	:	
-	_	-	•	

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

Secondary Traumatic Stress Scale

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

۷.	
5.	
7.	
_	
11.	
14.	
~ ~	
25.	
28	

Total:	
--------	--

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

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- 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

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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

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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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 1904
Chicago, Illinois 60603

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

Numbers You Should Have

Illinois Psychological Association 67 East Madison Street, Suite 1904 Chicago, Illinois 60603

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

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

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