

Celebrating 90 Years of Psychology in Illinois:

A legacy of impact, a future of possibility

Message from the IPA President

Margo Jacquot, PsyD

In 1987 I sat at a table with Marcia Knudtson, the head of social work at Forest Hospital. I had worked on a unit for about 18 months and was contemplating what was next. Being a psych tech was not, in fact, my life's dream. Marcia, I asked, *should I go to graduate school for social work or should I become a psychologist?* Given that I'm currently president of IPA, the punch line, her answer, is obvious. The why may not be. Here's what she said: *Get the doctorate. Become a psychologist. Having a doctorate in psychology will allow you to have more options. You can be in more positions of leadership, you'll have more influence in the field, and you'll likely make more money.*

Marcia went on to say that psychologists will be the leaders in change. Change in what? What did she know that I had no line of sight to? Even without knowing those answers, her argument was compelling enough for me. Decades later, I see just how right she was.



I took Marcia's advice, and when I entered graduate school that fall, I certainly wasn't thinking about where psychology would be nearly 40 years later. I knew I wanted to help people. I wanted to make a living. I didn't think about the importance of licensure and decades of legislative efforts to protect the field and those we serve. But looking back now, I realize just how much of the profession's evolution I have had the privilege of witnessing!

What has changed, you might ask? In 1987 Illinois was still operating under a psychologist registration law. That's right, registration. There was no licensure. Our legitimacy in the eyes of the state was equivalent to that of nail technicians (no offense, they just don't

Continued on page 2

In This Issue

- 1 President's Message
- 4 IPA Immediate Past-President
- 6 Report from the Academic Section
- 8 APA August Council Meeting Highlights
- 13 Message from the Clinical Practice Section
- 14 Election Committee Update
- 16 Report from the Legislative Liaison
- 18 Obituary: Bruce Eldon Bennett, PhD
- 19 IPA Leadership Development Program Congratulations
- 19 IPA Leadership Opportunity
- 21 Message from the IPA Health Care Reimbursement Committee
- 24 Report from the Metropolitan Area Representatives
- 25 IPA Fall Social Event
- 27 Report from the PSYPACT Committee
- 28 Report from the Social Responsibility Section
- 29 Fellow's Application
- 31 IPA's Book Club
- 32 Classifieds
- 33 New IPA Members
- 34 Numbers You Should Have
- 35 IPA Directory

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PSYCHOLOGY UNBOUND

THINKING FREELY. ACTING BOLDLY. SHAPING LEADERS.

OCTOBER 22-23, 2026

REGISTER

HOTEL

President's Message

Continued from page 1

likely have student loans). Psychologists were working to establish their place as independent healthcare professionals. We were arguing that psychology was science, not just a fluff profession. Medicare did not yet recognize psychologists for independent psychotherapy reimbursement. Managed care was only beginning to reshape how mental healthcare would be delivered and paid for. There was no telehealth, no electronic health record, no social media, no prescribing psychologists, and artificial intelligence belonged in science fiction, not in conversations about clinical practice. So very much has changed!

That perspective makes me think a bit differently about IPA's 90th anniversary. The profession we inherited was built by psychologists who were willing to imagine something different from what existed at the time. They saw limitations in how psychology was recognized, how psychologists were allowed to practice, how services were reimbursed, and who had access to care. And they believed we could do better! Some of the things they fought for probably seemed unlikely, perhaps even impossible.

What strikes me is that much of the work they did was not only for themselves. They were building a profession that the psychologists

who came after them would inherit. Many of the opportunities, protections, and rights we rely on today exist because people before us were willing to spend their time advocating for something they believed psychology could become, for themselves and for others.

Clearly those changes were not inevitable. Someone had to recognize the need for and possibility of change. Someone had to raise the issue, make the argument, advocate, organize others, sit through meetings, talk with legislators and policymakers, challenge the status quo, and keep going when change was slow. Whew! Who has time for that?

Like anything, progress in our profession has always required people who were willing to participate in creating it. As a result, we needed to, and continue to need to find the time, the energy and the grit required to get things done. We are now the psychologists standing at that same point for the generations that will follow us.

The challenges are different, but the responsibility is very much the same. We are practicing at a time when healthcare is changing rapidly. Artificial intelligence is becoming part

Continued on page 3

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.

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President's Message

Continued from page 2

of clinical practice and healthcare delivery. Some of that makes our lives easier, while some of it can and should scare the heck out of us. Independent practice is changing. Large healthcare organizations and technology companies are playing a greater role in behavioral health. Reimbursement continues to be a challenge. We are struggling with access to care and workforce shortages while, at the same time, the need for psychological services continues to grow. We need psychologists who will thoughtfully address and appropriately challenge what doesn't make sense for us or those we serve. We need psychologists who will think outside the box and will advocate for what we may have never thought was needed, let alone possible.

There are also opportunities in front of us that we may not yet fully recognize. Maybe Marcia was right again! *Psychologists* can have a larger role in integrated healthcare, prevention, leadership, consultation, technology, public policy, and new models of delivering care. We can continue to expand where psychological knowledge is used and who benefits from it. None of that is guaranteed.

The decisions being made today about healthcare, technology, reimbursement, training, and access will shape what it means to be a psychologist ten, twenty or forty years from now. Just as importantly, they will shape the care available to the people and communities we serve. *That is why an organization like IPA continues to matter! Membership and participation matter!* Individually each of us can do important work. Collectively, we have a much greater

opportunity to influence the environment in which that work takes place. We can make sure psychology has a voice when decisions are being made. Don't you want that?

We can protect what is essential about our profession while also being willing to question what needs to change. I marvel at how psychologists are agents of change, but we're also human, and often as humans we don't like change. And psychology will continue to change! The field of mental health will continue to change. The question is, will we simply respond to what comes next, or *will we help shape it!* I hope it's the latter.

As we celebrate 90 years of IPA, I hope we do both! I hope we honor the psychologists whose work created the profession we inherited and recognize that the next chapter, and the responsibility and privilege of shaping it belongs to us. What we advocate for, what we protect, what we are willing to rethink, and whether we choose to participate will help determine what kind of profession we have, as well as what the next generation inherits. I want future generations to feel about the field of psychology the way Marcia Knudtson and I, and hopefully all of you do as well. There are so very many possibilities!

Please join me on October 22nd and 23rd in Lisle for IPA's 90th anniversary Convention: **Thinking Freely, Acting Boldly, Shaping Leaders**. *IPA needs you!* We need your voice and your wisdom, your commitment and your grit to help shape what is next. You matter in psychology and you matter in IPA. *You belong here!* Help us create the next 40 years for psychology! ■

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.

You Belong in IPA: Bring a Friend, Grow Our Community

Kristina Pecora, PsyD, MPP, IPA Immediate Past-President

What makes an association strong? Its members, and the connections members make with one another!

As we move into the next few months, IPA is launching several new **member incentives designed to help us grow our community by inviting colleagues and friends to become part of IPA.** And this initiative fits perfectly with President Margo Jacquot's theme for the year: **You Belong in IPA.**

We want to make it easier and more rewarding for you to introduce someone to the professional community, resources, advocacy, education, and connections that IPA offers.

Bring a colleague. Grow IPA. Get rewarded.

Here's how it works:

- **Refer a colleague who becomes an IPA member → receive 25% off one continuing education program (restrictions apply).**
 - Know someone who has been thinking about joining IPA? Invite them to become a member. When your referral joins, you'll receive a **25% discount on one continuing education program** as our thank-you. Some restrictions apply



- **Bring a friend who registers for the Convention and becomes a new member → receive 30% off one continuing education program (restrictions apply).**

- Convention is one of the best opportunities to experience IPA firsthand. Bring a colleague or friend with you to Convention, introduce them to the IPA community, and if they become a new member, **you'll receive 30% off one continuing education program.**

We want to hear from you! What would motivate you to bring in a new member? Reach out to me at pecorakristina@gmail.com with ideas, incentives, and things that would entice you to participate as a member who welcomes more members to IPA.

Because belonging starts with an invitation

Membership growth isn't just about numbers. It's about making sure psychologists across Illinois know that there is a professional community where they can connect, learn, advocate, and contribute. Sometimes, all it takes is one person saying, "You should come with me."

So, over the next few months, look around your professional circle. Who is the colleague who has never joined? The friend who would benefit from getting more connected? The early-career psychologist looking for community? The seasoned psychologist who has been meaning to get involved?

Invite them. Bring them along. Help them discover IPA. Because when you bring someone into IPA, you aren't just adding a member. You're helping someone find where they belong.

You belong in IPA. And there's room for your colleagues, too. ■

ALL ASSOCIATION MEETING

**IPA's Annual All Association Meeting
will be held during the
2026 IPA Annual Convention on
Thursday, October 22, 2026 at 8AM.**

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Report from the Academic Section

Jenine Chiles, PsyD, Chair

Hello Academic Section!

I hope everyone's fall semester is off to a great start. There is a lot going on in higher education this year. I am still looking for section members who would like to work on developing programming for the coming year. I would like to survey our section about what kinds of speakers and discussion groups you would like to see. There are a lot of challenges currently with the limitations on federal borrowing, the decrease in international students, and the attacks on DEI from the federal government. On top of that, we are all grappling with AI and the impact in the classroom, training, and clinical practice. I know some of you have developed expertise in this area and may have a lot to share with the rest of us, so please reach out if that's you!

APA has proposed the model licensing act for master's in clinical psychology, and they have started talking about changes to doctoral education. Division 31 sponsored a panel of high-level APA folks, including one running for president, and they proposed some major changes for the doctorate degree. IPA has already been looking at the master's licensing, and we are taking a stance against it for our state. I think it would be beneficial for those of us in doctoral programs to begin discussing the needs for the future workforce and whether we are currently meeting that demand or not. I look forward to meeting with you at the IPA Conference next month. I think this new academic and student track is an exciting development. I can't wait to see the posters our students will be presenting also. Thanks for all the work you do for this next generation of psychologists! ■



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APA August Council Meeting Highlights

Laura Faynor-Ciha, PhD, APA Council Representative

**I CHANGED
THIS WORDING
THINKING IT WAS
REFERRING TO
THE LETTER.
YES?**

The American Psychological Association Council held its August meeting in person August 4-5, 2026 in Washington, DC. To the left is a meeting summary provided by APA. Of note is a proposed bylaws amendment, approved by Council, 155 to 4 with 3 abstentions, that will be sent to the full APA membership for a vote in order to be adopted. It is an amendment to APA Bylaws Article IV, Section 3, that would raise the threshold from a 25% yes vote to a yes 50% vote for Council to have a role call vote on any given item. This is vote in which individual Council



IPA colleagues gather for dinner at the APA Convention, as is tradition, in Washington, DC.

members' names go "on the record" along with how they voted. Please be on the lookout for an email from APA, if you are an APA member, that will contain a ballot to vote on this item that is of importance to the functioning of Council.

Finally, this was my final APA Council meeting as the IPA's APA Representative after serving the maximum, two consecutive three-year terms. It has been an honor and a privilege to represent Illinois psychologists in this role, and a highlight of my professional life. Thank you for your support over these past six years!

In January, 2027, I will pass the baton to the capable hands of Dr. Jessica Punzo and wish her all the best as she embarks on this new journey on APA Council. ■



Sharon Khurana, PsyD, accepting the IPA Outstanding State, Provincial and Territorial Psychological Association from APA Division 31 and the National Register at the APA Annual Convention.

Continued on page 9

APA August Council Meeting Highlights

Continued from page 8



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

August 2026 Council Meeting Highlights

The American Psychological Association's Council of Representatives met Aug. 4-5 in Washington, D.C.

The Council of Representatives (Council) is the legislative body of APA and is the ultimate policymaking body for the association. Council policies and APA's Council-approved Strategic Plan guide the work of the Association. See highlights from the past year: [When Psychology Shows Up](#)

Highlights of the actions of Council at this meeting follow.

PROPOSED ETHNIC PSYCHOLOGICAL ASSOCIATION AFFILIATION WITH THE ASSOCIATION OF JEWISH PSYCHOLOGISTS

In June, the APA Board of Directors endorsed the proposal by the Association of Jewish Psychologists (AJP) to establish a formal affiliation with the APA Council of Representatives. Today, that request by AJP to affiliate with APA as an Ethnic Psychological Association was referred (108-53 with 3 abstentions) to a Council task force that will collaborate with AJP on the next steps in the process. Together they will develop a recommendation to address the agreed upon goal of Jewish representation on Council for consideration at the February 2027 Council meeting. The path to recognition by Council as an Ethnic Psychological Association has historically been a multi-year process for groups that make that request.

"Jewish psychologists are a critical and valuable part of our Council and our community," said Dr. Williams. "APA is committed to our Jewish members and to confronting antisemitism. We are already working to implement the concrete reforms the APA Board of Directors approved in June — including strengthening oversight, accountability, and member safety. These actions — and our continued commitment to eradicating antisemitism — are now and remain high priorities for the association. We will work diligently in the coming months to continue to advance this process and promote full inclusion of our Jewish members."

HUMAN RIGHTS AND WELL-BEING

RESOLUTION ON THE PSYCHOLOGICAL IMPACT OF IMMIGRATION-RELATED ENFORCEMENT, DETENTION, FORCED DEPORTATION, AND PERSECUTION

By a vote of 157-4 with 1 abstention, Council approved a resolution affirming the psychological and developmental harms associated with immigration enforcement, detention, family separation, and deportation.

The [*Resolution on the Psychological and Developmental Impacts of Immigration-Related Enforcement, Detention, and Forced Deportation*](#), which is grounded in established psychological science and builds directly on previous APA policy, includes recommendations focused on clinical practice, workforce training, research investment, and advocacy for humane, evidence-informed immigration governance.

Continued on page 10

APA August Council Meeting Highlights

Continued from page 9

AMERICAN PSYCHOLOGICAL ASSOCIATION

SECLUSION AND RESTRAINT IN PSYCHIATRIC SETTINGS

Council voted 153-8 with 4 abstentions to adopt a policy and position statement calling for the reduction of seclusion and restraint in psychiatric and other care settings. The policy cites scientific evidence showing that seclusion and restraint lack an evidence base, cause significant harm, and are used disproportionately against people of color. It calls for advocacy at the state and federal level, better data collection, and expanded training in evidence-based alternatives, with a goal of measurable statistical reductions within five to seven years and further reductions within 10 to 15 years.

ADDRESSING HEALTH ACROSS SEX AND GENDER

ELIMINATING GENDER-BASED VIOLENCE AGAINST WOMEN AND MARGINALIZED POPULATIONS

Recognizing that gender-based violence, particularly intimate partner violence, is a persistent public health concern, Council adopted a [Resolution to Prioritize the Elimination of Gender-Based Violence Against Women and Marginalized Populations](#) by a vote of 157-5, with one abstention. The resolution highlights that existing reporting methods may undercount the true scope of sexual violence, particularly in especially high-risk populations, and advocates for increased visibility of resources on intimate partner violence in public spaces with the goal of creating safer communities. It also calls for the funding and reauthorizing of the Violence Against Women Act to strengthen federal structures for the safety of survivors of gender-based and/or intimate partner violence.

PRESIDENTIAL TASK FORCE REPORT ON WOMEN'S HEALTH AND WELL-BEING DURING MIDLIFE AND MENOPAUSE

Council voted to receive a report by an APA presidential task force seated by 2025 APA President Dr. Debra Kawahara on expanding women's access to evidence-based, comprehensive, and culturally responsive health care during midlife and menopause. The report includes a series of recommendations based on scientific research and clinical experience to improve understanding of women's health and well-being during midlife and menopause among key stakeholders such as policymakers, medical and behavioral health professionals, research funders, community organizations, and academic researchers, to ultimately improve systems of medical and mental health care.

The Council also voted to receive a report highlighting gaps in midlife and menopause research. The report recommendations include prioritization of further studies into mental health conditions that may be affected by the transition to menopause, rigorous trials of pharmacologic and behavioral treatments to improve mental health in midlife and menopausal women, and the positive aspects of midlife aging and menopause.

TASK FORCE ON VARIATIONS IN SEX CHARACTERISTICS

Council voted (158-3 with five abstentions) to receive a report from the APA Task Force on Variations in Sex Characteristics (VSC), which covers the psychology of individuals born with congenital differences in sex characteristics. The report is largely educational and provides guidance for psychologists working with this population.

2

Continued on page 11

APA August Council Meeting Highlights

Continued from page 10

AMERICAN PSYCHOLOGICAL ASSOCIATION

GUIDELINES FOR THE PRACTICE OF PSYCHOLOGY

RESOLUTION ON FAMILY CAREGIVERS

Council voted via unanimous consent to update a resolution on family caregivers to help psychologists address the complex, evolving needs of family caregivers within healthcare, community, and social service systems. The [2026 Resolution on Family Caregivers](#) encourages policies and clinical training that will help psychologists support the needs of family caregivers, calls for further research into caregivers' experiences, and expresses support for the development of a national dataset to monitor caregiving as a measure of public health.

EDUCATION AND TRAINING COMPETENCIES FOR PSYCHOLOGY PRACTICE IN PRIMARY-CARE

Council approved via unanimous consent updated guidelines to help educators and training programs prepare students and trainees to provide psychological services in primary care. Complementing other APA education and training guidelines, the updated [APA Guidelines for Education and Training Competencies for Doctoral-Level Psychology Practice in Primary Care Settings](#) highlight 20 competencies students and trainees should develop to successfully integrate behavioral health into a rapidly changing primary care setting.

DIAGNOSING INTELLECTUAL DISABILITY IN FORENSIC SETTINGS

Council voted unanimously to adopt the Professional Practice Guidelines for psychologists conducting intellectual disability evaluations in forensic settings, including capital cases — the first guidelines APA has issued on this topic. The [Professional Practice Guidelines for Intellectual Disability Evaluations in Forensic Settings](#) address competence, ethical practice, assessment methodology, and the interpretation of test results, including how to handle multiple IQ scores, cultural and linguistic factors, and the challenges of retrospective evaluation in adult defendants. They are grounded in established diagnostic standards from the DSM-5-TR and the American Association on Intellectual and Developmental Disabilities and are directly relevant to Supreme Court decisions on intellectual disability in capital cases.

PROPOSED INDUSTRIAL-ORGANIZATIONAL PSYCHOLOGY CERTIFICATION

By a vote of 86-68, with 6 abstentions, Council voted to refer a proposed endorsement by the Society for Industrial and Organizational Psychology of a professional certification for industrial-organizational psychology practice to the Board of Professional Affairs (BPA), the Board of Educational Affairs (BEA), and the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) for consideration and feedback.

Continued on page 12

APA August Council Meeting Highlights

Continued from page 11

AMERICAN PSYCHOLOGICAL ASSOCIATION

ADDITIONAL ACTIONS

UPDATES ON APA ACCREDITATION

Council was provided with an update on APA accreditation status, highlighting recent actions by the U.S. Department of Education relevant to APA as a federally recognized program accreditor, including negotiated rulemaking, advantages of federal recognition, and upcoming hearing on re-recognition.

EXPENDITURE

Council voted 157-4 with 2 abstentions, to approve unbudgeted expenditure exceeding \$3 million in legal fees and related costs for federal investigations provided that they receive quarterly reports related to such expenditure.

BYLAWS AMENDMENT

Council voted 155-4 with 3 abstentions to forward a vote to all members of APA on an amendment to APA Bylaws Article IV, Section 3 that would require a majority of members of Council to approve a roll call vote.

PRESIDENTIAL CITATIONS

APA President Wendi Williams, PhD, presented a presidential citation to Kensa Gunter, PsyD, for her exceptional leadership and sustained contributions to advancing mental health, well-being, and equity within psychology and professional sport.

Dr. Williams also presented posthumous presidential citations to Frank H. Farley, PhD, and Florence Denmark, PhD, in recognition of their extraordinary leadership, scholarship, and lifelong service to psychology.

Policies are in the process of being copy-edited before being posted online in the [Council Policy Manual](#). Links to the policies not yet posted will be added to this summary when available.

7:00 p.m. EDT, August 5, 2026

Message from the Clinical Practice Section

Samantha Chiariello, PsyD, Chair; Monika Sharma, PsyD, Associate Chair; and Lipika Jain, PsyD, Communications Officer/Psych Testing Coordinator

The CPS Officer Committee has been hard at work planning events and securing speakers for the IPA convention. We have invited Janet Orwig from PSYPACT to present on 10/22/26. Employment attorney, Lori Goldstein, will be presenting a CE seminar on 10/23/26 that will include information on contracts, compensation, and managing employees.

IPA Convention attendees will also enjoy continental breakfast on 10/22/26 and 10/23/26, compliments of the CPS. Section committee officers will be assisting with presentations and promoting CPS membership. Stop by our exhibit table, shared with the New Membership Committee and PSYPACT Committee. We look forward to meeting you!

We completed fall presentations (non-CE) for members on professional wills. The first edition of the quarterly newsletter was launched in July. The CPS newsletter introduces section officers and provides summaries of pertinent IPA information. It also features a member spotlight, resource corner, and links to join the CPS referral list.

If this is your first read about the CPS, we hope you will consider joining the Clinical Practice Section. Going forward, membership renewal will take place on a rolling basis, depending on which date you have renewed. Events, newsletters, and referral lists will only be accessible to section members. We hope more members will continue to join the CPS!

We are looking for another member who would like to volunteer for the position listed below. The Officer Committee Meetings will take place monthly, on the 2nd Tuesday of the month, from 9:00AM-10:00AM CST. Please email drchiariello@gmail.com if you are interested. We would love more members to be active on our committee!

Event Coordinator (1-2 Positions):

- The Event Coordinator(s) will assist with the logistics of planning both in-person and remote CPS events.

- Collaborate with other sections and IPA to host in-person and remote events.
- Attend scheduled meetings to work in collaboration with appointed officers who serve on the CPS Officer Committee.

Retiring/Retired Psychologists

Alice Bernstein leads a support group for retiring psychologists. If you are interested in participating, please email Alice directly at abernstein@chicagoanalysis.org. ■



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Election Committee Update

Eric Currence, PhD, Chair

As our newly elected representatives settle into their roles following the 2026 election, the Election Committee is already looking ahead! While preparation for the 2027 election cycle will not officially get underway until January, now is a great time to begin preparing for another smooth and successful election process.

The committee is also looking for **someone interested in getting involved and helping with**

the administration of the 2027 election. This is a great opportunity to learn more about the election process, contribute to the work of the organization, and help ensure that our elections continue to run efficiently and effectively.

Interested in participating? I'd love to hear from you! Please reach out to me at Eric.currence@currenceconsulting.com. ■

IPA Meeting Schedule

IPA Executive Committee Meetings will be held at noon on Fridays: October 16, November 20, and December 18, 2026 and January 22, February 19, March 19, April 16, May 21, and June 25, 2027.

IPA Council Meetings will be held at 9AM on Saturdays: January 23, April 17, and June 26, 2027.

IPA Legislative Committee Meetings will be held at 2PM on Fridays: October 16, November 20, and December 18, 2026 and January 22, February 19, March 19, April 16, May 21, and June 25, 2027.



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Report from the IPA Legislative Liaison

Terrence Koller, PhD, ABPP

We've had a very good legislative session. Our biggest win was HB1085, a bill that strengthens Parity requirements and gives a raise to providers who take certain types of insurance. Self-funded plans and plans that are out-of-state are not bound by this Illinois law. The law takes effect on January 1, 2027. In summary it:

1. Sets reimbursement rate floors for certain insurance plans
2. Prohibits denials of Behavioral Health/ Substance Use Disorder services received on the same day
3. Allows for supervision billing for a Mental Health trainee working under the supervision of a fully licensed provider
4. Allows applying providers to bill under fully licensed provider within the same group practice
5. Prohibits more frequent auditing of 60-minute therapy compared to 45-minute therapy
6. Streamlines the insurer-provider contracting process.

The legislators who passed this bill and our Coalition leader, Heather O'Donnell, JD conducted a webinar about this bill on September 25th. They pointed out that this law should make it easier to apply for in-network insurance panels. They noted that, because reimbursement rates might be higher, more providers might join networks giving people more access to mental health services. This webinar was specifically focused on the reimbursement clause in the law. This law requires that insurers pay providers 141.7% of their Medicare rate. To find out your Medicare rate, go to www.cms.gov. Once there you will have to dig around a bit to find your locale and then your provider category (psychologist). Multiply that reimbursement rate by 141.7%. You can search by CPT code. For example, enter 90834 in the *HCPCS Code* box. Under *MAC Option* you have to look for a *Specific Locality* and then find it in the *Specific MAC Locality* box. If you are in private practice you will look for the *Non-Facility Price*.

However, keep in mind that this law only applies to insurance plans written in Illinois. It also does not apply to:

- Excepted benefits (e.g., workers compensation, dental-only, hospital indemnity, Medigap, etc.)
- Medicaid or All-Kids
- Medicare
- Tricare
- Federal Employee Health Benefits Program
- **Any self-funded group health plan that is not for the employees of Illinois counties, municipalities, and school districts**
- Any group or blanket policy outside Illinois

This means that you will be responsible for checking the insurance of your clients to see if they HB1085 applies to them. No one seems to know the exact number or percentage of plans that are bound by this Act but the estimate is that about 50 to 60% will be. This law can only apply to insurance plans regulated by Illinois.

Here's another issue to consider. Beginning January 1, 2027 these higher rates apply. Keep in mind that an insurance company does not have to pay you this higher rate if your usual and customary fee, on the insurance form you submit, is lower than 141.7% of Medicare. That's why you should look up and do the math to see what you will be paid.

What does this mean for your client?

If there is a deductible and that deductible has a reasonable limit, your client will meet that deductible sooner because they may be paying more per session. However, if they have very high deductibles because you are out-of-network, they will be paying more and may never meet their deductible.

What will the insurance companies do in response to this bill?

We don't really know. One possibility is that they may audit you to make sure that your treatment and documentation meets the requirements of being in their network. Therefore, it is important to read the provider manuals of the insurance companies you bill. You can find these manuals by simply searching the name of the insurance company followed by the words *provider manual*. I searched *BlueCross BlueShield Illinois provider manual* and received this result:

Continued on page 17

Report from the IPA Legislative Liaison

Continued from page 16

<https://www.bcbsil.com/provider/standards/standard-requirements/manual>

I've attached the *Guidance on Implementation of HB 1085* sent by the Illinois Department of Insurance written to insurance companies. This

implementation of this bill will be an ongoing process. Our legislators have vowed to stay on top of this and we, at the Illinois Psychological Association, will update you whenever we learn something new.

Stay tuned. ■



Illinois Department of Insurance

JB PRITZKER
Governor

ANN GILLESPIE
Director

TO: All Companies Writing Accident and Health Insurance; Self-funded Counties, Municipalities, and School Districts; Health Care Preferred Provider Program Administrators; Third Party Administrators; and Other Contracted Third Parties

FROM: Ann Gillespie, Director *AGE*

DATE: September 11, 2026

RE: Company Bulletin 2026-12 Guidance on Implementation of HB 1085

This bulletin clarifies provisions of 215 ILCS 5/370c.4, which was added by HB 1085 and ultimately enacted as [Public Act 104-0446](#). Although the legislation nominally became law effective June 1, 2026, Section 370c.4 of the Illinois Insurance Code only imposes requirements on insurers and contracted third parties in relation to group or individual policies amended, delivered, issued, or renewed on or after January 1, 2027.

Section 370c.4 establishes requirements related to the administration of coverage for mental health and substance use disorder (MH/SUD) treatment in the areas of:

- Reimbursement rate floors for participating providers [Subsection (b)]
- Same-day services provided on an outpatient and inpatient basis by the same provider or facility [Subsection (c)]
- Services furnished by behavioral health trainees working under the supervision of a fully licensed provider [Subsection (d)]
- 60-minute psychotherapy sessions billed using Current Procedural Terminology (CPT) Code 90837 [Subsection (e)]
- Contracting and credentialing processes in applying to become a participating provider, as well as claims for MH/SUD services submitted after the contract takes effect [Subsection (f)]

To the extent Sections 370c and 370c.1 of the Illinois Insurance Code subsume prevention, screening, management, and diagnosis under the scope of “treatment” of MH/SUD conditions, the Department recognizes such services as within the scope of “treatment” under Section 370c.4, too.

For the sake of simplicity, this bulletin will consistently refer to the coverage document issued by an insurer to a policyholder as a “policy” or “plan” and the agreement signed by a provider or third party as a “contract.”

I. Policy and Plan Applicability

Section 370c.4 applies to group or individual policies written under Class 1(b) or 2(a) of 215 ILCS 5/4 that use any sort of health care preferred provider program under 215 ILCS 5/Art. XX 1/2, often referred

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(312) 814-2420



Obituary

Bruce Eldon Bennett, PhD

AUGUST 25, 1942 – SEPTEMBER 9, 2026

Bruce Eldon Bennett, PhD, 84, of The Villages, Florida, passed away peacefully on September 9, 2026, after a 17-year battle with Parkinson's disease.

Bruce was born on August 25, 1942, in Lansing, Michigan, to Ralph Cottle Bennett and Marie Natalie Ralston Bennett. He grew up in Columbus, Ohio, attended North High School, and earned his bachelor's degree from The Ohio State University. He later earned his master's degree and PhD in psychology from the Illinois Institute of Technology.

Bruce had a distinguished career as a psychologist, educator, author, and advocate for his profession. He began in private practice and became a leader in professional psychology at both the state and national levels. He later transitioned into insurance, eventually leading the nation's largest provider of professional liability coverage for psychologists.

He served as President and Executive Director of the Illinois Psychological Association and was recognized as a Distinguished Psychologist for his advocacy on behalf of psychologists and their patients. One of his proudest accomplishments was helping expand insurance coverage for psychological services in Illinois. He later continued that work nationally in Washington, D.C., including with U.S. Senator Daniel Inouye of Hawaii.

Bruce later served as President and CEO of the APA Insurance Trust in Washington, D.C., where his work focused on professional ethics, risk management, liability, and the legal responsibilities of psychologists. He was a frequent speaker at state psychological association conventions throughout the country and contributed to the revision of ethical standards for the profession. Bruce also authored and co-authored works on psychology, ethics, law, and professional risk.

Bruce also taught at Northwestern University, Rosary College, the Chicago Medical School, and the Evanston School of Nursing, and was a guest speaker at Loyola

University, the University of Utah, and Brigham Young University. His teaching reflected a career spent at the intersection of psychology, ethics, and law.

Bruce was married to his wife, Detra Tenenbaum Bennett, for 60 years. Together they raised two sons, Jason and Adam, and later welcomed four grandchildren.

He was a great listener and loyal friend who took a genuine interest in others and had a gift for making people feel known and important. He also had a wonderful sense of humor and loved making people laugh.

Bruce loved sports. He was a lifelong fan of Buckeye football and basketball, as well as the Chicago Bulls, Bears, and Cubs. He frequently attended games with his sons. He also loved playing basketball and was known for his defense and three-point shot.

Bruce loved working with his hands, fixing things, and understanding how they worked. One of his favorite projects was restoring a 1967 Austin-Healey.

Lakeside, Ohio, was one of Bruce's favorite places. His summer home on the shores of Lake Erie was part of a family tradition spanning five generations. He loved being on the water, especially boating with his children and grandchildren.

Bruce also loved traveling with Detra. In retirement, they traveled throughout the United States and to Europe, Egypt, China, Japan, Canada, and Mexico, sharing a love of new places, people, and experiences.

Bruce and Detra eventually moved to The Villages, Florida, where Bruce became active in the Parkinson's community and a certified Parkinson's trainer.

Bruce leaves behind his wife of 60 years, Detra; his sons, Jason (Rachel) and Adam (Jessica); and his grandchildren, Sydney, Gavin, Kate, and Jane.

Congratulations

*to the IPA Leadership Development Program
Cohort #5 for completion of their year!*

Wendy Baker, PsyD

Samantha Chiariello, PsyD

Natalie Dille, PsyD

Jamie McKay, PsyD

Amanda Ori, PsyD

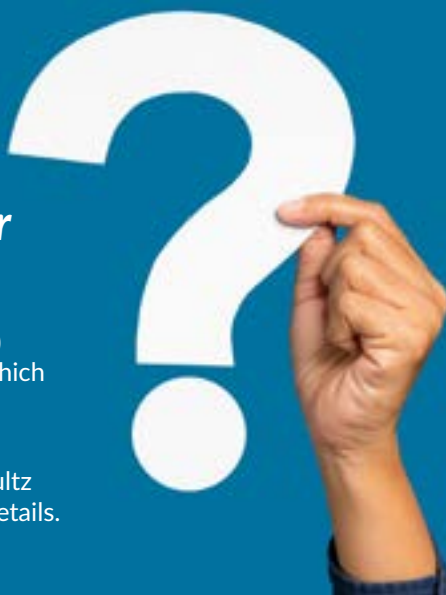
*We look forward to the implementation of their LDP project—
the IPA Website Subcommittee, and to their ongoing
and future leadership!*

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ARE YOU *curious
about how to enhance your
leadership skills?*

The IPA Leadership Development Program (LDP)
is now accepting applicants for its next cohort which
will begin January, 2027.

Please contact Laura Faynor-Ciha
(laura.faynorcihaphd@gmail.com) or Theresa Schultz
(theresaschultz@lodestonecenter.com) for more details.





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- Elaine Carey, Chicago Psy.D. graduate



IPA Health Care Reimbursement Committee (HCRC)

Heidi Shikora, PsyD & Abby Brown, PsyD, PMH-C (HCRC Co-Chairs);
Blair Brown, PsyD, Margo Jacquot, PsyD, CSADC, BCETS; Susan
O'Grady, PsyD; and Theresa M. Schultz PhD, MBA

Hello everyone! Our Fall 2026 Newsletter includes lots of information regarding the use of the CPT® 90785 Code that we hope will be helpful to you.

Unlocking the Mystery of the CPT® 90785 Code: What You Need to Know

Following is the information we have gathered to-date about the use of the Interactive Complexity CPT® 90785 Code, in response to recent queries and requests for additional information on our IPA ListServ. We have created this document based on what we have learned thus far. And we will, of course, keep you updated with any additional information that we learn.

Have you ever wondered when, why, or how to use the 90785 Interactive Complexity Code?

You're not alone! A mini survey conducted by Dr. Blair Brown in 2025 on the IPA listserv revealed that many clinicians have questions about its proper use, reimbursement eligibility, and potential audit risks. To help clarify, we took a deep dive into the data, gathering insights on how providers currently use the code, common concerns, and best practices for proper application.

First...What IS the Interactive Complexity 90785 code, and when can we use it?

The 90785 code is an add-on code used with certain psychiatric and psychotherapy services when specific complicating factors impact communication. According to the American Psychological Association (APA) and Centers for Medicare & Medicaid Services (CMS), appropriate use cases include:

- **Difficult communication dynamics** (e.g., emotionally dysregulated patients, children, individuals with cognitive impairments).
- **Third-party involvement**, such as interpreters, legal representatives, or child welfare workers.
- **High-risk situations requiring additional coordination** (e.g., crisis interventions).

Specifically, per APA Services, Inc., "During a psychotherapy session, specific communication

factors may arise that make it difficult to deliver a service or administer treatment to a patient. This type of scenario is known as interactive complexity, and there are specific CPT codes that psychologists should use when billing for these sessions.

Interactive complexity is typically present with patients who have third parties—such as parents, guardians, other family members, agencies, court officers, or schools—involved in their care. Difficult communication with discordant or emotional family members and trying to engage with young and verbally undeveloped or impaired patients are examples of the factors that can complicate service delivery.

When this happens, you may use CPT® code 90785, the designated add-on code to report interactive complexity, in conjunction with the appropriate psychotherapy service, to report to insurers about the services you've provided. You can pair the add-on code with diagnostic evaluation (90791, 90792) or psychotherapy treatment session (90832, 90833, 90834, 90836, 90837, 90838, 90853)." (www.apaservices.org).

Survey Insights: How Are Clinicians Using 90785?

We are delighted to share the highlights of this survey, as the guidelines for the use of 90785 have not changed. A total of **41 clinicians** participated in the survey—thank you for your engagement! Here's what we learned:

- **Patient Volume:** Most respondents indicated that they see more than **20 patients per week**.
- **Code Utilization:** **Half of respondents stated that they never use 90785**, while the other half use it selectively, depending on patient populations and specific scenarios.

Continued on page 22

IPA Health Care Reimbursement Committee (HCRC)

Continued from page 21

Common Considerations from Clinician Respondents

1. Caution and Audit Concerns

- Many providers hesitate to use the code due to fears of triggering audits or insurance recoupments.
- Unclear reimbursement guidelines and documentation requirements contribute to reluctance.

2. Typical Use Cases Reported. When billed, 90785 was most commonly used in:

- **Play therapy** (especially with young children).
- **Conflictual divorce cases** involving legal representatives or guardians.
- **Sessions requiring interpreters** or third-party involvement.
- **Complex family therapy sessions** with highly dysregulated members.
- **Collaboration with other professionals** (e.g., psychiatrists, case managers).

3. Insurance Reimbursement Uncertainty

- Some providers report successful reimbursement, while others find inconsistent coverage among different insurance carriers.

4. Lack of Clear Guidelines

- Many clinicians expressed frustration over ambiguous criteria and requested official guidance on appropriate usage.

5. Billing Preferences

- Some providers prefer to keep billing simple to avoid administrative burden and potential compliance issues.

6. Interest in Education

- Several clinicians are eager for further training regarding proper use and documentation best practices.

Important Notes Regarding the Use of the 90785 Code

- 90785 must be billed with a primary service (i.e., it cannot be a stand-alone code).

- Not all insurance carriers reimburse for 90785, so providers should verify coverage with payers.
- Documentation must clearly support the presence of interactive complexity based on established criteria.

Key Billing Considerations -- Suggested Dos & Don'ts

DO:

- Bill 90785 as an add-on code—it must be reported with an appropriate primary service and cannot be billed as a stand-alone code.
- Ensure that at least one complicating factor from the CPT® Manual is present to justify the use of the interactive complexity code.
- Reflect the additional time spent managing interactive complexity within the timed service code for psychotherapy.
- Use 90785 with group psychotherapy (90853) when interactive complexity applies to a specific patient, rather than the entire group.

DO NOT:

- Assume that 90785 applies to every session with a “difficult” patient—the session must meet specific criteria.
- Use 90785 in conjunction with the following codes:
 - Family psychotherapy (90846, 90847)
 - Psychotherapy for crisis (90839, 90840)
 - Psychological & Neuropsychological Testing (96130-96134, 96136-96139, 96146)
 - Adaptive behavior codes (97151-97158, 0362T, 0373T)
- Report 90785 solely for translation or interpretation services—this is to make sure that we are also in compliance with the ADA.
- Apply 90785 to all group psychotherapy patients (90853)—it should only be used for the specific individual experiencing interactive complexity.

Continued on page 23

IPA Health Care Reimbursement Committee (HCRC)

Continued from page 22

For a deeper dive into proper billing practices, check out these APA resources:

- [Interactive Complexity Code Guidance](#)
- [Psychotherapy Codes for Psychologists](#)

Final Thoughts

Thank you to those who participated in the survey, so that we might glean valuable information about the use of the Interactive Complexity CPT® 90785 Code.

Understanding and correctly applying the 90785 code can enhance billing accuracy, while ensuring compliance with payer guidelines. Though challenges still exist, and there is variability across insurance companies in terms of reimbursement, thoughtful documentation

and adherence to best practices can support appropriate use of this code.

If you have further questions or would like additional guidance, you can reach out to HCRC and/or review the APA's official recommendations for the use of this code.

An Additional Request

If you are curious about the use of other CPT® Codes, or if you have any requests for future newsletter topics, please let us know! Thank you.

We look forward to continuing our good work together, on behalf of health care reimbursement challenges and needs. Please don't hesitate to reach out directly to us at HCRC@illinoispsychology.org. We are here to be of help to you! ■



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Thank you!

IPA would like to thank Organizational Member,
The Chicago School of Professional Psychology.

Report from the Metropolitan Area Representatives

Gabriela Miniscalco, PsyD

IPA Socials

Our IPA Summer Social at The Dawson on July 9 was a success! Thank you to everyone who joined us for an evening of connection and community.

Now, get ready for our **Fall IPA Social!** Join your fellow IPA members at **The Addled Bunny in Evanston (1010 Church St.) on Thursday, November 19, from 5:00–8:00pm** for an evening of connection, networking, and socializing.

Please RSVP, as space is limited. Come meet new people, reconnect with familiar faces, and help us continue building a strong IPA community. We hope to see you there!

IPA Book Club

The IPA Book Club is going strong! Every other month, we highlight a book, chapter, or article written by an IPA member and invite the author to join us for the discussion. We love using Book Club as an opportunity to highlight the work and expertise of our own members!

Have a book suggestion or are you an IPA member interested in having your own work featured at an upcoming Book Club? Reach out to Gabby Miniscalco at drminiscalco@gmail.com. We would love to hear from you!

Upcoming Book Club Selections:

September 28, 2026

So, Your Kid Needs DBT: A Guide for Parents and Caregivers of Teens & Young Adults
by Lyvia Chriki (IPA Member)

October 26, 2026

Too Soon Old, Too Late Smart
by Gordon Livingston

November 30, 2026

The Grief Experience: Tools for Acceptance, Resilience, and Connection
Chapter 5 by Gabby Miniscalco (IPA Member)

Remember, it is okay if you have not finished the entire book or cannot attend for the entire meeting!

You are still welcome to join us for meaningful and engaging conversation while connecting and networking with fellow IPA members.

We are especially excited when our Book Club gives us an opportunity to feature the work of an IPA member and have the author join us for the discussion. These conversations offer a unique opportunity to learn directly from one another and celebrate the expertise within our IPA community.

Retirement & Retiring Panel at the IPA Convention

Cliff Saper, one of our IPA Metropolitan Region Representatives, is sponsoring an interactive panel discussion on retiring and retirement on Thursday afternoon of the IPA Convention.

Early Career Psychologists (ECPs) and students are especially encouraged to attend, learn from the experiences of colleagues across career stages, and *be there for a special surprise!*

The Therapy Players

The Therapy Players are kicking off their 14th year! The group first performed at the IPA Convention in 2012 and continues to bring psychology and comedy together.

Upcoming performances include **October 3 in Oak Park** and a **Sunday matinee on November 15 in Wicker Park.**

Help Create IPA Social Media Content at Convention!

Our **IPA Social Media Coordinators** continue to create engaging content and are always looking for ideas and participation from IPA members.

They will be at the **IPA Convention** and looking for members who would like to stop by, answer a prompt on camera, record a short video, share an idea for future content, or simply connect and chat.

Have an idea for something you would like to see featured on IPA's social media? ***Come find us at Convention and help us showcase the people who make up IPA!*** ■



Illinois Psychological Association Fall Social

Hosted by IPA'S Metro Reps



Thursday, November 19



5:00–8:00 p.m.



The Addled Bunny,
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IL 60201



Please RSVP to: (847)558-9102
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Join your fellow IPA members for an evening of connection, networking, and socializing. Come meet new people, reconnect with familiar faces, and help us continue building a strong IPA community!



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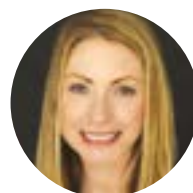
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Report from the PSYPACT Committee

Samantha Chiariello, PsyD, Chair; Lori Bolnick, PsyD; Carroll Cradock, PhD; and Eric Currence, PsyD

Our primary focus is to identify significant nuances among the practice guidelines in PSYPACT states and create a list of links to the varying mental health laws. Our committee is actively drafting this list. We hope that the first draft of our list for IL will be presented to council and published on the IPA website in early 2027.

We look forward to meeting Janet Orwig, PSYPACT Executive Director, at the IPA Convention. Janet will be at the PSYPACT exhibit table and present a CE seminar on 10/22/26. Stop by our exhibit table, shared with the Clinical Practice Section (CPS) and the New Membership Committee. We look forward to meeting you!

The committee has inquired with PSYPACT about allowing providers to use their APIT/TAP status as a credential, like National Register Psychologists may use HSPP as a named credential. We have also requested that PSYPACT reinstate the feature on their website to search for providers by home state so that we can more easily locate referrals. The committee is awaiting feedback from PSYPACT on these inquiries.

The Model Licensing Act (MLA) is APA's recommended guidance to the states about what psychology licensure should include for health service psychologists. The committee has updated Alex Siegel at ASPPB and Peter Oppenheimer at APA to confirm that the IPA PSYPACT Committee and the MLA Task Force are against interstate compacts for master's level practitioners in psychology. Our APA representatives and the MLA Task Force are also actively promoting our position on this matter.

We will continue to collaborate with PSYPACT and other state psychological associations on how we can achieve these goals. We are also collaborating with our state PSYPACT commissioner and IPA's legislative committee for current information related to PSYPACT.

If you are licensed in other states, we can use your help to gather information about state specific practices. The PSYPACT Committee meets at 9:00am on the first Tuesday of the month. If you are willing to join the committee, help provide guidance or connect us with other state psychological associations, please contact me at drchiariello@gmail.com. ■



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Report from the Social Responsibility Section

Holly Houston, PhD, Chair and Connie Natvig, PsyD, Associate Chair

The Social Responsibility Section (SRS) has focused its efforts on creating a seminar on colorism for this year's IPA convention and supporting the dissertation research by Midwestern psychology doctoral graduate student Saniya Khan, M.A. Our SRS Co-Chair, Dr. Connie Natvig, is also the dissertation chair for Ms. Khan's dissertation. Ms. Khan's research looks at how cultural expectations, cultural satisfaction, and gender impact depressive symptoms among South Asian American young adults. An integral part of South Indian American cultural is the preference for light skin or colorism. Our colorism seminar will focus on colorism from a global perspective with a focus on South Asian and American cultures. Dheeksha Rangiani, our SRS graduate student mentee extraordinaire, will participate in the seminar as will the Chair, Dr. Holly Houston.

Colorism is the systemic discrimination against individuals with darker skin tones, more often within the same racial or ethnic group. Unlike racism, which categorizes groups of people, colorism functions as a hierarchy based on skin tone. Rooted in colonialism, historical class structures, and white supremacy, this bias penalizes darker skin tones while rewarding lighter skin tones and is prevalent in modern societies. This systematic and systemic practice results in affording light-

skinned people with privilege in many life domains including mental and physical health outcomes, educational attainment, level of income, hiring practices and employment achievement, justice system treatment and more.

In India, colorism is intertwined with historical caste hierarchies—where dark skin was associated with outdoor manual labor—and British colonial rule. This preference remains prevalent in corporate hiring, media casting, and the matrimonial market, where fairness is frequently cited as a preferred attribute.

In the United States, colorism stems directly from slavery, which established a hierarchical preference for proximity to whiteness. Today, this manifests as measurable systemic disparities. Darker-skinned African Americans statistically experience harsher criminal sentencing, lower wages, discrimination in hiring and worse health outcomes.

The deeply ingrained bias of colorism has generated a multi-billion-dollar global skin-lightening industry. Millions of consumers utilize chemical creams, pills, and injectables to lighten their skin tone. Many over-the-counter bleaching products contain toxic levels of mercury, hydroquinone, and corticosteroids. Prolonged use can cause severe health risks, including irreversible skin damage, kidney failure, and increased cancer risks.

Global initiatives are actively working to mitigate the impact of colorism through policy and cultural shifts. Governments in nations like Rwanda, Ghana, and South Africa have banned or strictly regulated the import and sale of toxic skin-bleaching products.

Awareness campaigns have forced stricter standards on advertising, prompting beauty brands to expand skin tone ranges and reform marketing language.

Grassroots social media movements continue to challenge Eurocentric beauty standards, promoting diverse representation across institutional, corporate and entertainment sectors.

Please join us at the IPA convention on Thursday, October 22 from 1:30–2:30pm. to learn more about the sociocultural impact of colorism and its deep, psychological impact. ■



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

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

Name: _____

Mailing Address: _____

Email Address: _____

Phone(s): _____

IPA Membership Status: _____

Number of Years as an IPA Member: _____

Sections in which Membership is Held: _____

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

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

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

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

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

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

Each application should be accompanied by an application fee of \$100.

Checks should be made out to **Illinois Psychological Association** and mailed to:

Fellow Application
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67 East Madison Street, Suite 1904
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UPCOMING READS

September 28, 2026

So, Your Kid Needs DBT : A Guide for Parents and
Caregivers of Teens & Young Adults by: Lyvia Chriki
(IPA MEMBER)

October 26, 2026

Too Soon Old, Too Late Smart by: Gordon Livingston

November 30, 2026

The Grief Experience: Tools for Acceptance,
Resilience, and Connection by: Gabby Miniscalco
(Chapter 5) (IPA MEMBER)

**HELP THE IPA LEGISLATIVE EFFORT BY BECOMING
A LEGISLATIVE ADVOCATE***

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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.

Classifieds

OFFICE AVAILABILITY Lincolnwood, 2 yr. lease beginning Feb. 1, 2027

Five established, independent mental health practitioners seek additional individual tenants for a highly desirable 2nd floor suite. We are located in Lincolnwood at Touhy and Cicero, directly off Highway 94.

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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).

IMPORTANT

Change to IPA's Late Dues Grace Period

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

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

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IPA Web Site
www.illinoispsychology.org

**Illinois Department of Financial
 and Professional Regulation**

Clinical Psychology-Specific Page:
Licensure Requirements,
New Applications, and Complaints
Against Licensed Professionals.

<https://idfpr.illinois.gov/profs/psych.html>

Complaints against licensed
 professionals: 312/814-6910

IDFPR Web Site
www.idfpr.com

Abuse Reporting Hotlines

Child Abuse
 800/252-2873

<https://childabuse.illinois.gov/>

Senior Abuse
[https://ilaging.illinois.gov/protectionadvocacy/
 abuse.html](https://ilaging.illinois.gov/protectionadvocacy/abuse.html)

Chicago Department of Public Health

<https://www.chicago.gov/city/en/depts/cdph.html>

Behavioral Health-Specific Page
[https://www.chicago.gov/city/en/depts/
 cdph/provdrs/behavioral_health.html](https://www.chicago.gov/city/en/depts/cdph/provdrs/behavioral_health.html)

Medicare
Applications

www.ngsmedicare.com

American Psychological Association

800/374-2721

Web Page
www.apa.org

Medicaid Number Application

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

**American Board of Professional
 Psychology (ABPP)**

www.abpp.org
office@abpp.org
 919/537-8031

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