

March 2017



Indiana  
Psychological  
Association

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## PRESIDENT'S COLUMN

Welcome to a new year with IPA! A new year is often a time of renewal, an opportunity to set goals and priorities, and implement changes. So far, 2017 is shaping up to be an interesting year politically, with potentially significant changes that could impact the practice of psychology and the clients we serve. Every psychologist should be thinking about how these changes impact our mission to "advance psychology as a science, as a profession, and as a means of promoting public welfare." As such, this year may demand increased advocacy and action on many issues. IPA leadership (Sarah Landsberger, Ph.D., President; Melissa Butler, Ph.D., President-Elect; Sean Samuels, Psy.D., Government Advocacy Chair; and Tabitha Arnett, CAE, IPA Executive Director) recently met with legislators on Capitol Hill to advocate for the needs of Indiana psychologists and the people we serve.

The theme of the March 2017 issue of *The Indiana Psychologist* is disaster relief. Certainly, psychologists have an important role in assisting patients, families, and communities through times of disaster. Given the scientific evidence on climate change and the potential for more droughts, floods, and other types of disasters, having psychologists on the ground with proper disaster relief training is essential. This issue provides information on available resources for disaster relief training, as well as a peek into the work of psychologists helping on the front lines of disasters. IPA's own Pamela Reed, Psy.D., serves as the Indiana Coordinator for the APA Disaster Resource Network (DRN), a program provided by the APA Practice Directorate linking 2,500 volunteer psychologists with expertise in disaster relief to areas in need.

Although not everyone can provide disaster relief onsite, all psychologists can play a role in disaster prevention and response through advocacy, research, and promoting new legislation based on scientific evidence. Understanding and tracking disaster-related events, knowing how to best promote resilience and recovery, training and supporting disaster personnel, and educating our communities are just a few areas where psychologists can have great impact on disaster relief from "behind the scenes." As the voice of psychology in Indiana, IPA members play a significant role in

promoting and disseminating evidence-based psychological research into policy decisions.

Each of us has a professional and individual role to play in advocating for social justice, environmental safety and sustainability, and improved education and healthcare for all the people of Indiana and beyond. Each of these individual actions can lead to a positive wave of change to minimize or prevent many types of future disasters (e.g., climate-related, ecological, health-related) and contribute to the health and welfare of all people. Joining and participating in local organizations such as IPA is one way to take your individual voice and multiply it tenfold. Thank you all for returning as members of IPA for another year. I encourage you to get more involved in IPA as we advocate for psychologists and all the children, adults, and families we serve. We have committees that do innovative work in all areas including government advocacy, practice, science and education, and more. We are always looking for passionate people who want to get their "hands dirty" either on the front lines of disasters or "back stage" supporting the work of psychology and creating the science that is its foundation. Please contact us at [info@indianapsychology.org](mailto:info@indianapsychology.org) for more information on how to get involved.

Wishing you all a happy and productive 2017!

### IPA PRESIDENT



Sarah  
Landsberger,  
Ph.D., HSP  
IPA President

***"All psychologists can play a role in disaster prevention and response through advocacy, research, and promoting new legislation based on scientific evidence."***

# WHAT WE DO ON A CALL-OUT

Sharon Bowman, Ph.D., HSPP, ABPP, LMHC



Some of you may know me through one of my various professional roles – Ball State faculty member, Muncie-area private practitioner, member of the Indiana State Psychology Board – but you may not know one of my other, favorite,

community service activities. Since 1996, I have been a disaster mental health (DMH) counselor for the American Red Cross. I'm also a DMH course instructor (always looking for a way to tie my skills together!). As a long-time champion for getting more licensed people trained for this work, I know the biggest question is "What do you DO when called out?" Allow me to take this opportunity to provide a brief example of how we do this work.

In late August 2016, Kokomo, IN, was hit by a tornado. The national media repeatedly ran a video of the collapsing Starbucks, but there was more to see; random areas were filled with toppled trees, debris, overturned vehicles, and displaced rooftops. Over the next two weeks, various mental health professionals (including my graduate students) volunteered their time to assist. We participated in several activities: traveling with one of the Red Cross distribution trucks as they surveyed affected neighborhoods providing meals and cleaning kits; or riding with

a Red Cross volunteer as they assessed immediate needs of shelter, food, and medical essentials for individuals and families. Some volunteers remained in the service center where they chatted with shelter residents and their children, helped confused or angry survivors find needed resources, served meals, and even celebrated the birthday of a five-year-old shelter resident. **The time it takes to listen to a survivor, to briefly assess his or her mental state, and possibly to advocate or empower him or her in the moment, can be invaluable in their recovery.**

While we were there for the displaced residents of Kokomo, we also helped Red Cross volunteers manage their own self-care when needed. In some cases, volunteers may also be survivors; they may be residents of the affected community and dealing with damage to their own homes. In other cases, non-local volunteers may be homesick or stressed in other ways. Sometimes a mental health counselor's skills at conflict resolution are exactly what the situation calls for.

We do not provide therapy or counseling; there is no time for that work, nor is it appropriate for a variety of reasons. Instead, we provide a listening ear to hear a story being retold, offer support in navigating the system, and provide essential resources and materials (including necessities for displaced pets). If you can be flexible, creative, and collaborative, you will find satisfaction in participating in the next disaster call. I hope you will join us.

# DISASTER RESPONSE IN INDIANA

Jan Eglan, Ph.D., HSPP, ABPP



It seems like a day doesn't pass without news of a disaster occurring somewhere in the United States or in the world. Disasters can be caused by weather (e.g., hurricanes, tornados or straight line winds, floods, monsoons), natural events (e.g., earthquakes, sink

holes, mudslides, forest fires, extremes in heat or cold, oil or gas explosions), or humans (e.g., terrorism, school shootings, car crashes with multiple deaths). In Indiana, there have been several notable disasters such as the 1965 Palm Sunday tornados in northern Indiana, the explosion at the Indiana State Fairgrounds and meat packing plant in Terre Haute, the 2015 tornados in southern Indiana, and most recently, the 2016 tornados in Kokomo.

**Decades ago, victims didn't have the resources we do today; now we call upon volunteer psychologists from Indiana to use their specialized training to aid recovery efforts.** For example, within 24 hours after the 9/11 World Trade Center attack, psychologists from Terre Haute were summoned to Ground Zero; other IPA members have been sum-

moned to Haiti and other places around the globe. There is also a team of specially trained responders from Indiana with rescue dogs that are called to find victims of building collapses, earthquakes and other traumatic events. It can be a challenging, heart-wrenching experience, but the work of these disaster response teams is crucial in helping survivors in admittedly difficult and sometimes dangerous circumstances on short notice.

Becoming part of a disaster response team takes more than a psychology license. Specialized training is required, and those with other advanced or special skills (e.g., multilingual, a second specialty, licensed ham radio operator, certified Red Cross skills) are useful. Professionals with certification in disaster relief have valuable expertise to help survivors and first responders cope with what some have called "the worst day of your life" events.

If you are interested in becoming part of a disaster response team, first watch the video, "Disaster Mental Health: Introduction" (<http://tinyurl.com/DMHintro>) which provides an overview of the Red Cross disaster response services. If you feel called to serve, assisting the Red Cross in mental health disaster response, please explore these resources and contact a formal organization to complete your disaster relief training.

## Important Resources for Psychologists Interested in Mental Health Disaster Response

Local Contact - Indiana Coordinator for the APA Disaster Resource Network	Pamela Reed, Psy.D.
APA Disaster Resource Network	<a href="http://www.apa.org/practice/programs/drn/">http://www.apa.org/practice/programs/drn/</a>
Indiana Disaster Center	<a href="http://www.disastercenter.com/indiana/indiana.htm">http://www.disastercenter.com/indiana/indiana.htm</a>
Disaster Preparedness	<a href="http://www.ready.gov">http://www.ready.gov</a>
Emergency Management magazine	<a href="http://www.emergencymgmt.com">http://www.emergencymgmt.com</a>
FEMA Crisis Counseling Assistance & Training Program	<a href="https://www.fema.gov/recovery-directorate/crisis-counseling-assistance-training-program">https://www.fema.gov/recovery-directorate/crisis-counseling-assistance-training-program</a>
What psychologists do on disaster relief operations	<a href="http://www.apa.org/helpcenter/disaster-site.aspx">http://www.apa.org/helpcenter/disaster-site.aspx</a>

# PSYCHOLOGICAL FIRST AID: AN IMPORTANT TOOL IF DISASTER STRIKES

Sudden and catastrophic events, especially those with serious injury, are highly stressful. Such events can be small scale, such as an armed robbery at a gas station or a farming accident; they can also be large scale, like the 2011 Indiana State Fair stage collapse. Helping people manage their reactions to these events can have a significant impact on future mental health.

Psychological First Aid (PFA) was first coined by Thorne (1952) when he wrote about equipping clinicians to deal with “the large variety of situations which could properly be designated as acute psychological emergencies” (p. 210). The National Child Traumatic Stress Network, the World Health Organization, and the American Red Cross utilize PFA as an intervention model. According to the World Health Organization Field Guide, PFA rests on five key principles: promoting a sense of safety, promoting calm, promoting senses of self-efficacy and community-efficacy, promoting connectedness, and instilling hope. Relatedly, PFA involves intervention themes of providing practical care and support that does not intrude; assessing basic needs and concerns (e.g., water or information); listening to people but not pressuring them to talk; comforting and calming people; helping people connect with needed services and social supports; and protecting people from further harm (Vernberg et al., 2008). PFA can be employed by trained lay persons or individuals from disciplines other than mental health. It is not formal therapy, and it does not involve debriefing, in which survivors/witnesses are actively encouraged to talk about their experience.

The National Child Traumatic Stress Network has manualized PFA in

## References:

- Allen, B., Brymer, M. J., Steinberg, A. M., Vernberg, E. M., Jacobs, A., Speier, A. H., Pynoos, R. S. (2010). Perceptions of psychological first aid among providers responding to Hurricanes Gustav and Ike. *Journal of Traumatic Stress, 23*(4), 509-513.
- Everly, G. S. (2015). *Assisting Individuals in Crisis: Core Course*. Elllicott City, MD: International Critical Incident Stress Foundation, Inc.

their ongoing effort to assist individuals and also in an effort to improve the capacity for efficacy research.

Allen et al. (2010) described a quantitative study involving 50 participants who were trained PFA responders for Hurricanes Gustav and Ike. PFA provider perceptions were methodically assessed and analyzed. Despite study limitations, researchers found “the perceived utility of PFA was high” (Allen et al., 2010, p. 512) and not seen as harmful to the hurricane survivors.

Of course, there are other models of crisis management that might be implemented by psychologists, other helping professionals, or trained lay persons. A well-known model is Critical Incident Stress Management (CISM; Everly, 2015), which involves a debriefing technique when appropriate. My work setting, University of Indianapolis, has a Crisis Response Team, on which each member has been fully trained in CISM.

One cannot expect a given community, organization, or client population to be immune from disaster, whether by human agency or natural hazard. Those of us who routinely have a responsibility to care for the mental and emotional health of others are often intrinsically motivated to help, or asked to help, when such events strike. Indiana psychologists may be advised to consider what F.C. Thorne (1952) long ago posited, “Ideally, every clinician should be as adept at first aid measures as he [sic] is with depth therapy” (p. 211).

- Thorne, F. C. (1952). Psychological first aid, Editorial. *Journal of Clinical Psychology, 8*(2), 210-211.
- Vernberg, E. M., Steinberg, A. M., Jacobs, A., Brymer, M. J., Watson, P. J., Osofsky, J. D. . . . Ruzek, J. I. (2008). Innovations in disaster mental health: Psychological first aid. *Professional Psychology: Research and Practice, 39*(4), 381-388.
- World Health Organization. (2011). *Psychological first aid: Guide for field workers*. Geneva, Switzerland: WHO Press.



Tammie Dones,  
Ph.D., HSPP

# IPA LEADERSHIP GOES TO WASHINGTON



Dr. Sean Samuels recognized for 5 years as a Federal Advocacy Coordinator (FAC) for the state of Indiana. Presenting the award is David Hill, PhD, Federal Advocacy Field Team.

several days in Washington, D.C., for the APA-PO/APA Practice Leadership Conference (PLC) where we learned about threats and opportunities to the profession and advocated for Indiana psychologists on Capitol Hill.

My first two days were spent with Executive Directors (EDs) during the

The future of psychological practice and mental healthcare is “all the buzz” at both the state and national level. Education and grassroots lobbying are key to the state psychological association’s involvement in ensuring positive change for the future of psychological practice.

As such, the Indiana Psychological Association (IPA) leadership spent several



IPA leadership with APA President-elect Dr. Antonio Puente [L to R: Tabitha Arnett, Dr. Sarah Landsberger, Dr. Melissa Butler, Dr. Sean Samuels, Dr. Antonio Puente, Dr. Stewart Cooper (IPA member & APA Board of Directors), and Doug Walter, JD (APAPO)]

Council of Executives of State and Provincial Psychological Associations (CESPPA) Annual Meeting. We shared best practices and met with a number of APA and APAPO leaders. The EDs discussed our associations’ greatest challenges, learned about APA’s CE sponsorship updates, shared membership recruitment/retention ideas, discussed social justice issues, learned about licensing requirement changes across the country, and most importantly (in my opinion) learned about the Affordable Care Act (ACA) repeal/replacement changes.

For the next four days, I was joined by IPA leadership, including President Sarah Landsberger, President-elect Melissa Butler, and Federal Advocacy Coordinator Sean Samuels. IPA was presented with the Division 31 “Early Career Psychologist Initiative” award (including a \$750 grant) for the association’s work on ECP initiatives (see Press Release on the IPA website for details). This recognition is much deserved by Dr. Ashleigh Woods, Chair of the ECP Subcommittee, for



Tabitha Arnett,  
MSED, CAE,  
IPA Executive  
Director

Continued on the next page



*Division 31 recognized IPA for "Early Career Psychologist Initiative." [L to R: Tabitha Arnett, Dr. Linda Knauss (President, APA Division 31), Dr. Sean Samuels, Dr. Sarah Landsberger, and Dr. Melissa Butler.]*

great strides in IPA's ECP initiative over the past year, and Dr. Tanya Farman, Chair of Practice Committee, for connecting and promoting the ECP initiative with the Practice Committee. I am proud to work with such a large group of dedicated and committed psychologists who lead IPA with a focus on its mission.

Finally, IPA's leadership spent a day on Capitol Hill visiting ALL nine US Repre-

sentatives' offices and two Senators' offices. This busy day on the Hill happened to be the morning after the ACA replacement bill was released; perfect timing to urge our Representatives and Senators to discuss issues related to mental health and the critical role Psychologists have in the care of millions of Americans across the country.



*IPA leadership meets with Senator Todd Young (L to R: Tabitha Arnett, Dr. Melissa Butler, Sen. Todd Young, Dr. Sarah Landsberger, Dr. Sean Samuels, and Dr. Stewart Cooper)*

# LOAN REPAYMENT ASSISTANCE MAY BE AVAILABLE FOR YOU!

**APPLY BY MAY 1ST**



The Indiana Family and Social Services Administration's (FSSA) Division of Mental Health and Addiction (DMHA) recently opened the 2017 application cycle for the Loan Repayment Assistance Program for Mental Health and Addiction Professionals.

Psychiatrists, addiction psychiatrists, psychologists, psychiatric nurses (including psychiatric nurse practitioners), addiction counselors and mental health professionals are eligible to apply for loan repayment assistance. The program will award up to 25% of the awardee's student loan debt, not to exceed \$25,000 per year, for up to four years. An evaluation tool will be used by a selection committee to determine eligibility and the award amount.

Applicants must meet the following eligibility requirements to be considered for this program:

- A recipient must be licensed or on a licensure track.
- A recipient must be:
  - o An Indiana resident accepting a new position in Indiana, or
  - o A non-Indiana resident, who is not currently practicing and has not practiced in Indiana for 3 years before applying for the program. These applicants must also be moving to Indiana to establish a new practice.
- A recipient must be employed full-time, which is a minimum of 30 hours per week.
- A recipient must not be in default on repayment of any federal student loans.

Applications are due by **May 1, 2017** and are available at <http://www.in.gov/fssa/dmha/2892.htm>.

For more information, go to <http://tinyurl.com/DMHAlloanrepay> or direct your questions to DMHA by calling 317-232-7800 or emailing [DmhaHB1360@fssa.in.gov](mailto:DmhaHB1360@fssa.in.gov).

# THE HISTORY OF DISASTER MENTAL HEALTH RELIEF IN INDIANA

I fell into the specialty of crisis intervention in the late 1980's after graduating with my master's degree from Indiana University-Bloomington. My first professional job was a crisis counselor in the emergency department at (the former) Wishard Hospital in Indianapolis. It was the most frenetic and stressful job I've had, but how I loved those four years. During that time, I was invited to join what was then called the Indiana Crisis Intervention Association. One of the leaders was Indianapolis-based psychologist Don Hartsough, Ph.D., HSPP, a recognized expert in disaster mental health.

Don became a mentor and encouraged me to become more involved in local, state, and national crisis intervention teams. Although mental health stigma soared and the state budget for mental health and addiction treatment suffered, Indiana's disaster relief structure was intact. The forward thinking of Indiana's Division of Mental Health and Addiction (DMHA) secured a position dedicated to disaster mental health. The person who held that position for many years, Reverend Drew Klatte, named the program Operation Aftermath. Drew organized a series of teams throughout the state that would respond to requests for mental health intervention after a natural or man-made disaster (such as floods, the Indiana State Fair stage collapse, the Henryville tornados, and even in preparation for Super Bowl XLVI).

With Rev. Klatte's encouragement, many of us master's-prepared counselors and psychologists received training in Critical Incident Stress Management (CISM), Psychological First Aid, Disaster Mortuary Response, American Red Cross Disaster Mental Health, and Mental Health First Aid. Around 2010 or 2011, teams that were originally organized by county were integrated with the Indiana Department of Homeland Security's system of 10 state districts. Each district had a local leader who reported to Drew and maintained the team's training, readiness, call schedule, and identifying information (including state-

sued shirts, jackets, and badges).

Unfortunately, Rev. Klatte's passing in 2014 stalled efforts to maintain the infrastructure and momentum of Indiana's disaster relief system. Crisis intervention teams continued to provide support and resources (including the recent opioid crisis in Scott County, and the southern Indiana poultry quarantine and euthanasia of over 400,000 chickens), but it wasn't until 2016 that DMHA assigned Michael Ross, LCSW, to oversee our new era of disaster response efforts.

**The current disaster mental health system focuses on prevention and resilience efforts in addition to response interventions.** Indiana's new teams, called Resilience and Emotional Support Teams (or REST Teams), will be a group of trained responders who can be quickly mobilized to provide onsite disaster mental health services with goals to reduce or avoid losses from hazards, assure prompt assistance to victims, and achieve rapid and effective recovery. Nationally, behavioral health is seen as an integral component of public health efforts according to Blanch, Shern, and Steverman (2014), Johns Hopkins School of Medicine and their models of disaster response/management, and National Academies Press in their release, *Healthy, Resilient, and Sustainable Communities after Disasters* (2015).

In 2017 DMHA's new program, Hoosier Hope Initiative, will partner with psychologist and UCLA Medical Center professor Merritt ("Chip") Schreiber, Ph.D., to use his system for behavioral health disaster response called Psychological Simple Triage and Rapid Treatment (or PsySTART). Indiana will be the first state in the nation to utilize the full complement of the PsySTART service portfolio.

Kimble Richardson, M.S., LMHC, LCSW, LMFT, LCAC



## Interested in Becoming a Team Member?

Register for SERV-IN ([www.serv-in.org](http://www.serv-in.org)).

**The State Emergency Registry of Volunteers for Indiana is an electronic registration system and database of local, regional and statewide volunteers who want to assist our public health and healthcare systems during an event or disaster. SERV-IN is comprised of medical and non-medical volunteers to respond to emergencies within the community and/or state.**

**Questions? Contact Kimble Richardson at [krichardson@ecommunity.com](mailto:krichardson@ecommunity.com)**



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# LESSONS LEARNED AS A KATRINA VOLUNTEER

On August 29, 2005, one of the most devastating hurricanes to hit the Gulf Coast in our nation's history made landfall. Along with everyone else, I was horrified and deeply saddened as I watched the news unfold. I wanted to help despite my concerns about leaving the security of my family and daily life. I had little knowledge of what volunteering would really entail. Thus began my education in disaster relief. I hope my personal lessons below will be of value in your own volunteer crisis work.

- **Don't expect that your mental health degree is the most critical part of Disaster Mental Health work.** In fact, it is insufficient. I needed disaster relief training. Ironically, I had recently taken Red Cross Disaster Mental Health Training out of personal interest. Much of what we were asked to do was focused on meeting basic needs. Passing out food and water, providing information, listening, or just coloring or drawing pictures with children in our shelter while parents got much needed rest.
- **Patience and flexibility are essential.** I was told I could be deployed to Louisiana, Mississippi, or Alabama immediately or within a week to ten days. My job was to be flexible. We received our assignments every morning and they could change after a few hours if we were needed elsewhere. At first, my team was in Baton Rouge. Next, it was New Orleans. Flexibility allowed us to be utilized where we were most needed.
- **Maintain personal boundaries and know your limits.** It is enticing in disaster situations for individuals to "go the extra mile." We witnessed volunteers who burned-out after going beyond their limits to help as many people as possible. Take care of yourself.

Getting adequate sleep, food, and hydration will keep you from becoming a burden rather than a help.

- **Keep a reflection journal.** Process things at day's end and include 1-2 things that you are grateful for (e.g., connecting with someone, being asked to join a family prayer circle, or making a child smile).
- **Contact family, friends, and others in your support network regularly.** It is stressful and unsettling to be in an unfamiliar and devastated area. Reconnecting often with loved ones helps keep you grounded in your own life back home.
- **Know your surroundings and stay alert to developing news.** In New Orleans, I didn't have a good sense of our lodgings in relation to the breached levees. Regular Red Cross update meetings alerted us to Hurricane Rita's anticipated arrival (3 weeks after Katrina had landed). Given a choice of flying out of Louis Armstrong New Orleans International Airport (closed to all commercial travel) or evacuating to Baton Rouge, I ultimately chose to go home. Almost 12 years later, I am still learning and still involved in disaster relief. I developed the University of Indianapolis' Crisis Response Team utilizing the skills of Kimble Richardson (a contributor to this newsletter) as a lead-trainer in Critical Incident Stress Management (CISM). If you are interested in attending a CISM training hosted by University of Indianapolis, please contact [kmiller@uindy.edu](mailto:kmiller@uindy.edu).



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## CALL FOR PRESENTERS - FALL CONFERENCE & ANNUAL MEETING • NOVEMBER 3-4, 2017

The **Indiana Psychological Association (IPA)** is excited to be holding its annual Fall Conference on Friday, November 3rd, and Saturday, November 4th, 2017 at the Embassy Suites North in Indianapolis.

We are inviting psychologists to submit a proposal for 90-minute presentations at this year's conference on a variety of psychology topics. Proposals should include the following:

- Name of presenter(s)
- Practice location
- Title of proposed presentation
- A 250- to 500-word summary of proposed presentation
- 3 Learning objectives
- Curriculum Vitae (including a list of previous presentations given)
- A brief statement about the speakers' qualifications and expertise to present on the topic

Submissions should be forwarded to Jill Fodstad, 2017 Fall Conference Committee Chair at [jfodstad@iupui.edu](mailto:jfodstad@iupui.edu). **Submissions are due by Friday, April 7.** Those whose proposals are chosen will receive free registration for the day of their presentation during the Fall Conference. The Fall Conference Committee plans to notify interested presenters about their submissions at the end of April 2017.

Please feel free to forward this email to your colleagues. We look forward to seeing you at the conference!

Sincerely, 2017 Fall Conference Committee:  
Jill Fodstad • Hillary Blake • Courtney Johnson • Maura Rouse

# SAVE THE DATE

## 2017 Ethics Workshop

Co-sponsored by *The Trust*

**Valparaiso University  
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**8:30 am - 4:00 pm Central Time**

**7:45 am Registration**



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## 2017 Fall Conference and Annual Meeting

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(317) 257-7449

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