

**BOARD OF COUNSELING  
REGULATORY COMMITTEE MEETING  
Thursday, January 26, 2017 – 1:00 p.m.  
Second Floor – Perimeter Center, Board Room 1**

- 1:00 p.m.**      **Call to Order – Charles Gressard, Ph.D., LPC, LMFT, LSATP, Chairperson**
- Ordering of the Agenda**
- Approval of Minutes\***
- Public Comment**
- Old Business**
- **Continue to Review and Discussion Changes to CSAC Regulations**
    - **Standards of Practice**
- New Business**
- **American Association of State Counseling Boards(AASCB) Portability Plan**
  - **Licensed Marriage and Family Therapist (LMFT) Regulations discussion**
    - **Residency hour clarification**
    - **Endorsement clinical practice clarification**
- 4:00 p.m.**      **Adjourn**

# **Approval of Minutes**

## **November 3, 2016**

**VIRGINIA BOARD OF COUNSELING  
REGULATORY COMMITTEE MEETING  
DRAFT MINUTES  
Thursday, November 3, 2016**

The Regulatory Committee of the Virginia Board of Counseling ("Board") convened at 1:11 p.m. on Thursday, November 3, 2016 at the Department of Health Professions, 9960 Mayland Drive, Richmond, Virginia. Dr. Charles Gressard called the meeting to order.

**COMMITTEE CHAIRPERSON:** Charles Gressard, Ph.D., LPC, LMFT, LSATP, Chairperson

**COMMITTEE MEMBERS PRESENT:** Johnston Brendel, Ed.D., LPC, LMFT  
Kevin Doyle, Ed.D., LPC, LSATP  
Danielle Hunt, LPC

**COMMITTEE MEMBERS ABSENT:** Cinda Caiella, LMFT  
Vivian Sanchez-Jones, Citizen Member

**STAFF PRESENT:** Tracey Arrington-Edmonds, Licensing Specialist  
Jaime Hoyle, Esq., Executive Director  
Charlotte Lenart, Licensing Manager  
Elaine Yeatts, Senior Policy Analyst

**ORDERING OF THE AGENDA:**

A motion was made to approve the agenda as presented; it was seconded and passed unanimously.

**APPROVAL OF MINUTES:**

A motion was made to approve the minutes of the August 19, 2016 meeting; it was seconded and passed unanimously.

**PUBLIC COMMENT:**

Dr. Gressard welcomed the Board members, staff, and public. The public in attendance were Jennie Carter, April Hess, and Cathy Smith from Southwest Virginia Community College (SWCC), and they commented the curriculum offered for the Certification of Substance Abuse Counselors (CSAC) and Certification of Substance Abuse Counseling Assistants (CSAC-A).

On behalf of SWCC, the attendees requested that the Board of Counseling consider the SWCC academic program (Substance Abuse Rehabilitation Counselor) when revising the current regulations. They provided information to support the need for an educational program primarily as a public safety concern.

**DISCUSSION:**

**I. Old Business:**

- **Continue to Review and Discuss Changes to CSAC and CSAC-A Regulations:** The Committee members and staff reviewed and discussed the CSAC-A changes recommended by the Subcommittee.

The majority of the changes were to mirror the CSAC sections of the regulations with lessor requirements. The committee will review the standards of practice at the next meeting.

## II. New Business:

- **Supervisor Summit:** The summit was well-attended, and staff has received positive feedback. The date to hold another supervisor summit can be discussed at a later date. In the interim, a couple of questions raised by attendees include:
  - What constitutes a direct supervision hour? The consensus of the committee members was for the purpose of direct supervision 60 minutes equals one hour.
  - How do licensees handle DMAS compliance issues? The committee noted that these types of questions unfortunately came up often during the Summit. However, the Board does not comment on DMAS regulations.
- **CSAC Curriculum Discussion:** Dr. Doyle suggested to the representatives from SWCC a revision to the name of their Substance Abuse Rehabilitation Counselor program to omit the word "Rehabilitation" because the Board of Counseling has a Certification of Rehabilitation Providers (CRP) credential that may cause confusion. The Committee Members reviewed the curriculum information submitted by SWCC and generally agreed with the educational courses required to obtain the certification, but the Board of Counseling cannot confirm that applicants that complete the program would automatically meet the Board of Counseling requirements, as outlined in the regulations.
- **Clarification regarding clinical experience for supervisors:** Staff sought the committee's assistance to determine whether a licensee teaching in a graduate or higher degree academic counseling program setting (including providing supervision to students during the internship/practicum) meets the supervisory qualifications for clinical experience. Dr. Doyle made a motion to approve post-licensure professional teaching in a professional academic counseling program setting as clinical experience. Dr. Brendel seconded the motion, and it passed unanimously.
- **Guidance Document Review:**
  - Guidance Document 115-1.3 Guidance on Meeting Degree Program Requirements for Professional Counseling Licensure: A review was completed and the suggestion made to retire the document due to it is no longer being viable. The effective revised regulations dated August 24, 2016 addressed and revised the educational requirements. A motion was made to retire the document. The motion was seconded, and passed unanimously.
  - Guidance Document 115-1.7 Guidance for Applicants from Programs that do not Meet Degree Program Requirements of 18VAC115-20-49: A review was completed and the suggestion made to remove the document due to it is no longer being viable. The effective revised regulations dated August 24, 2016 addressed and revised the educational/program requirements. A motion was made to remove the document. The motion was seconded and passed unanimously.
  - Guidance Document 115-6 Coursework Requirement Necessary to Begin Supervision for Licensed Professional Counselor: A review was completed and the suggestion was made not to change or remove the document, as it is still viable. The Committee Members concluded that there is no need to create a similar guidance document at this time for the Marriage and Family Therapy or Substance Abuse Treatment Practitioners licenses.

- Guidance Document 115-4.3 Direct Client Contact Hours in an Internship that can be Applied Towards the Residency: A review was completed and the suggestion was made to specify a *maximum* number of face-to-face hours in excess of 240 hours required in an internship that can be counted towards the 2,000 direct client contact hours required for the residency to be up to 120 hours. A motion was made to revise the document to include the maximum number of hours that could be accepted toward the face-to-face residency hour as up to 120 hours in excess of the required 240 hours. The motion was seconded, and passed unanimously.
- Bylaws Review: Ms. Hoyle brought to the attention of the Committee the need to revise and update the Bylaws. She discussed some possible changes that are consistent with other Boards under the Department of Health Professions. Ms. Hoyle will draft the bylaws and send it to the Committee for review in advance of the next Regulatory Committee meeting.
- NEXT MEETING: Scheduled for January 26, 2017 at 1:00 p.m.

**ADJOURNMENT:**

The meeting was adjourned at 5:10 p.m.

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Charles Gressard, Ph.D., LPC, LMFT, LSATP  
Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jaime Hoyle, J.D.  
Executive Director

\_\_\_\_\_  
Date

# **Review and Discussion of CSAC and CSAC-A Standards of Practice Regulations**

18VAC115-30-130. (Repealed.)

## **Part V. Standards of Practice; Disciplinary Actions; Reinstatement.**

### **18VAC115-30-140. Standards of practice.**

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Persons certified by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.
  2. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.
  3. Practice only within the competency area for which they are qualified by training or experience.
  4. Report to the board known or suspected violations of the laws and regulations governing the practice of certified substance abuse counselors or certified substance abuse counseling assistants.
  5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services.
  6. Disclose counseling records to others only in accordance with the requirements of state and federal statutes and regulations, including, but not limited to §32.1-127.1:03 (Patient Health Records Privacy Act), 2.2-3704 (Virginia Freedom of Information Act), and 54.1-2400.1 (Mental Health Service Providers; Duty to Protect Third Parties; Immunity) of the Code of Virginia; 42 USC §290dd-2 (Confidentiality of Drug and Alcohol Treatment Records); and 42 CFR Part 2 (Alcohol and Drug Abuse Patient Records and Regulations).
  7. Not engage in dual relationships with clients, former clients, supervisees and supervisors that are harmful to the client's or supervisee's well being, or which would impair the substance abuse counselor's, substance abuse counseling assistant's or supervisor's objectivity and professional judgment, or increase the risk of client or supervisee exploitation. This prohibition includes, but is not limited to, such activities as counseling close friends, former sexual partners, employees or relatives; or engaging in business relationships with clients.
- Engaging in sexual intimacies with current clients or supervisees is strictly prohibited. For at least five years after cessation or termination of professional services, certified substance abuse counselors and certified substance abuse counseling assistants shall not engage in sexual intimacies with a client or those included in collateral therapeutic services. Since sexual or romantic relationships are potentially exploitative, certified substance abuse counselors and certified substance abuse counseling assistants shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of or participation in sexual behavior or involvement

with a certified substance abuse counselor or certified substance abuse counseling assistants does not change the nature of the conduct nor lift the regulatory prohibition.

8. Recognize conflicts of interest and inform all parties of obligations, responsibilities and loyalties to third parties.

**18VAC115-30-150. Grounds for revocation, suspension, restriction or denial of certificate; petition for rehearing.**

In accordance with §54.1-2400(7) of the Code of Virginia, the board may revoke, suspend, restrict or decline to issue or renew a certificate based upon the following conduct:

1. Conviction of a felony or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of substance abuse counseling, or any provision of this chapter;

2. Procuring a certificate by fraud or misrepresentation;

3. Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public; or if one is unable to practice substance abuse counseling with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;

4. Negligence in professional conduct or nonconformance with the standards of practice outlined in 18VAC115-30-140; or

5. Performance of functions outside the board-certified area of competency.

**18VAC115-30-160. Reinstatement following disciplinary action.**

A. Any person whose certificate has been suspended or denied renewal by the board under the provisions of 18VAC115-30-150 may, two years subsequent to such board action, submit a new application for reinstatement of certification. Any person whose certificate has been revoked by the board under the provisions of 18VAC115-30-150 may, three years subsequent to such board action, submit a new application to the board for certification to the board.

B. The board in its discretion may, after a hearing, grant the reinstatement sought in subsection A of this section.

C. The applicant for reinstatement, if approved, shall be certified upon payment of the appropriate fee applicable at the time of reinstatement.



# **AASCB Portability Plan**

**From:** Deneen Pennington [mailto:dpennington@aascb.org]  
**Sent:** Thursday, November 03, 2016 3:33 PM  
**To:** [info@aascb.org](mailto:info@aascb.org)  
**Cc:** [smeyerle@aascb.org](mailto:smeyerle@aascb.org)  
**Subject:** Request for Information from AASCB State Boards - Please Respond by November 23, 2016

On August 17<sup>th</sup>, 2015, the AASCB Executive Committee sent a letter to all Member Boards encouraging adoption of a five (5) year portability plan to help Member Boards streamline their processes for out-of-state applicants and to encourage consistency and commonality amongst states. By January of 2016, over a dozen Member Boards reported either *already* having a policy or regulation similar to AASCB's plan or that they were *actively moving toward adoption* of the AASCB portability plan.

*AASCB Portability Plan:*

***A fully-licensed counselor, who is licensed at the highest level of licensure available in his or her state, and who is in good standing with his or her licensure board, with no disciplinary record, and who has been in active practice for a minimum of five years post-receipt of licensure, and who has taken and passed the NCE or the NCMHCE, shall be eligible for licensure in a state to which he or she is establishing residence. The state to which the licensed counselor is moving may require a jurisprudence examination based on the rules and statutes of said state. An applicant who meets these criteria will be accepted for licensure without further review of education, supervision and experiential hours.***

**At this time, the AASCB Executive Committee kindly requests feedback from each Member Board regarding the status of adoption of the AASCB portability plan. Our goal is to ensure we are serving Member Boards and providing all resources and support needed. Please answer the following questions by November 23, 2016; simply reply back to this e-mail:**

(1) What Member Board do you represent?

(2) Has your Board adopted the AASCB 5-Year Portability Plan?

If not...Are you planning to do so? How could AASCB help you in this process? What, if any, obstacles have you encountered?

If yes, please describe the process for adopting the AASCB portability plan in your state. Additionally, has your Board seen a reduction in administrative burdens related to out-of-state applicants as a result of adopting this plan?

(3) Other feedback? Please provide any additional feedback for the AASCB Executive Committee regarding the portability plan.

(4) Should the AASCB Executive Committee have follow up questions regarding your responses to this survey, to whom should we direct those inquiries? P

# **LMFT Regulations**

## **Discussion**

The Board staff would like clarification on the following sections of the Regulations Governing the Practice of Marriage and Family Therapy.

- **Regulations 18VAC115-50-40(B)(2)(a)** “Evidence of clinical practice as a marriage and family therapist for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical services in marriage and family therapy or clinical supervision of marriage and family services;”
- **Regulations 18VAC115-50-60(B)(2)** “The residency shall include documentation of at least 2,000 hours of clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.”