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**Call to Order – John Salay, LCSW, Board Chair**

- Welcome and Roll Call
- Mission of the Board
- Emergency Egress Procedures
- Adoption of Agenda

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**Approval of Minutes**

- Board Meeting – March 15, 2019\*

**Pages 4-7**

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**Public Comment**

*The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

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**Agency Director Report - David E. Brown, DC**

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**Chair Report – John Salay, LCSW**

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**Legislation and Regulatory Actions – Elaine Yeatts, DHP, Sr. Policy Analyst**

- Consideration of Public Comment on Guidance Document on Conversion Therapy **Pages 9-194**
- 2019 Legislative Report **Pages 195-199**
- Report on Regulatory Actions **Page 200**

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**Presentations**

- Virginia Mental Health Access Program (VMAP) ----- **Sandy Chung, MD, FAAP, FACHE**  
**Pages 202-222** President, Virginia Chapter AAP  
Medical Director, VMAP
- Association of Social Work Boards (ASWB) Exam Policies --- **Dwight Hymans, MSW, LCSW**  
Chief Operating Officer, ASWB  
**Lavina Harless, LCSW**  
Director of Examination Development, ASWB

**\*\*Reference \*\* ASWB Comparison of State Supervision Requirements (Pages 224-265)**  
**Condensed Version- Exam Requirement Focused (Pages 266- 274)**

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**Board Counsel Report – James Rutkowski, Assistant Attorney General**

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## Committee and Board Member Reports

- Board of Health Professions Report - **John Salay, LCSW**
  - Regulatory Committee Report - **Joseph Walsh, PhD, LCSW, Committee Chair**
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## Staff Reports

- Executive Director's Report - **Jaime Hoyle, JD, Executive Director** **Pages 276-286**
  - Discipline Report - **Jennifer Lang, Deputy Executive Director** **Pages 288-291**
  - Licensing Manager's Report - **Latasha Austin, Licensing Manager** **Pages 293-308**
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## Unfinished Business

- Discussion to Amend Code 32.1-127.1:03(F) (Health Records Privacy) to include clinical social workers\* **Pages 310-322**

*\*\*Previous public comment provide to the Board regarding this discussion attached (Pages 323-324*

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## New Business

- Discussion on Board of Social Work Bylaws **Pages 326-331**
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## Next Meeting - September 20, 2019

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## Meeting Adjournment

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This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3707(F).

Approval of  
Quarterly Full Board  
Meeting Minutes  
March 15, 2019

**THE VIRGINIA BOARD OF SOCIAL WORK**  
**FULL BOARD MEETING MINUTES**  
**Friday, March 15, 2019**

The Virginia Board of Social Work ("Board") meeting convened at 10:00 a.m. on Friday, March 15, 2019 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia in Board Room 1.

**PRESIDING OFFICER:** John Salay, L.C.S.W., Chair

**BOARD MEMBERS PRESENT:** Jamie Clancey, L.C.S.W. (*arrived at 10:20 am*)  
Michael Hayter, L.C.S.W., C.S.A.C.  
Gloria Manns, L.C.S.W.  
Dolores Paulson, L.C.S.W., Ph.D., Vice-Chair

**BOARD MEMBERS ABSENT:** Canek Aguirre, Citizen Member  
Angelia Allen, Citizen Member  
Maria Eugenia del Villar, L.C.S.W.  
Joseph Walsh, L.C.S.W., Ph.D.

**STAFF PRESENT:** Latasha Austin, Licensing Manager  
Christy Evans, Discipline Case Specialist  
Jaime Hoyle, Executive Director  
Jennifer Lang, Deputy Executive Director

**OTHERS PRESENT:** Elaine Yeatts, Senior Policy Analyst, Department of Health Professions  
David E. Brown, D.C., Director, Department of Health Professions  
Sandie Cotman, Administrative Specialist, Board of Counseling

**BOARD COUNSEL PRESENT:** Erin Barrett, Assistant Attorney General  
Allyson Tysinger, Senior Assistant Attorney General (*left meeting at 10:25am*)

**IN THE AUDIENCE:** Joseph G. Lynch, L.C.S.W.  
Debra A. Riggs, Executive Director, NASW-Virginia Chapter  
Scott Price, Alliance for a Progressive Virginia  
Casey Pick, The Trevor Project  
Deborah Hawkins, GLSEN  
Adam Trimmer, Born Perfect  
Paulette Trimmer  
Joseph Hetzler  
Craijetta E. Lewis, L.C.S.W.  
William Harp, Executive Director, Board of Medicine  
Jennifer Deschenes, Deputy Executive Director, Board of Medicine  
Diane Powers, Director of Communications, Department of Health Professions

**CALL TO ORDER:**

Mr. Salay called the meeting to order at 10:05 a.m. Board members, staff, and the public provided introductions.

**ROLL CALL/ESTABLISHMENT OF A QUORUM:**

Mr. Salay requested a roll call. Ms. Austin announced that four members of the Board were present. Not enough members were present at the roll call to establish a quorum. Mr. Salay proceeded with the mission statement, emergency egress, and public comment period to allow time for additional members to arrive.

**MISSION STATEMENT:**

Mr. Salay read the mission statement of the Department of Health Professions, which is also the mission statement of the Board.

**EMERGENCY EGRESS:**

Mr. Salay announced the Emergency Egress procedures.

**PUBLIC COMMENT:**

Mr. Lynch provided public comment (see copy of information provided), which included suggestions for updating the VA Code 32.1-127.1:03(F).

The following individuals provided public comment regarding Conversion Therapy:

- Scott Price
- Debra Riggs
- Adam Trimmer
- Paulette Trimmer
- Joseph Hetzler
- Casey Pick
- Deborah Hawkins

*Ms. Clancey arrived at the meeting at 10:20 a.m. With Ms. Clancey's arrival, Ms. Austin re-took roll call at 10:21a.m. With five members present, a quorum was established and the Full Board Meeting resumed as scheduled.*

**ADOPTION OF AGENDA:**

Upon a motion by Ms. Clancey, which was properly seconded by Dr. Paulson, the Board adopted the agenda. The motion passed unanimously, with no abstentions.

**APPROVAL OF MINUTES:**

Upon a motion by Ms. Clancey, which was properly seconded by Dr. Paulson, the meeting minutes from the Full Quarterly Board Meeting held on December 7, 2018 were approved as written. The motion passed unanimously, with no abstentions.

**AGENCY REPORT:**

Dr. Brown informed the Board that the agency is working on developing a more user-friendly website. The Board of Nursing will be the first Board to pilot the new website, which is set to roll-out in April 2019. Dr. Brown also updated the Board on the Board of Pharmacy's task with regulating the production and dispensing of Cannabidiol (CBD) and THC-A oil.

**LEGISLATION & REGULATORY ACTIONS:**

Ms. Yeatts informed the Board that a copy of the 2018 Bill on Conversion Therapy (House Bill 363/Senate Bill 245) was omitted from the Agenda Packet. A copy was made available to everyone at the meeting (see attached copy of information provided). Ms. Yeatts discussed and provided a copy of the Board of Social Work's Draft Guidance Document on the Practice of Conversion Therapy (see-attached draft).

Dr. Paulson moved, and Ms. Clancey properly seconded, to accept the Draft Guidance Document on the Practice of Conversion Therapy (Guidance Document 140-20) and post on Townhall for public comment. The motion passed unanimously, with no abstentions.

Dr. Paulson moved, and Ms. Clancey properly seconded, the Board adopt a Notice of Intended Regulatory Action (NOIRA) to amend the regulations to reflect that conversion therapy against minors is a violation of the standards of practice. The motion passed unanimously, with no abstentions.

Ms. Yeatts also provided the Board with an updated summary on the current status of legislative proposals approved for submission to the 2019 General Assembly by the Department of Health Professions.

Ms. Yeatts report included the current status of Regulatory Actions related to Social Work.

- The public comment period closed March 8, 2019 for the proposed regulatory action to increase the continuing education hours pertaining to ethics to a minimum of (6) for LCSWs and a minimum of (3) for LSWs. There was no public comment.
- House Bill 614 that proposed to change Licensed Social Workers (LSW) to Licensed Baccalaureate Social Workers (LBSW) and Licensed Masters of Social Work (LMSW) was Fast-Tracked and is still currently at the Governor's office.
- The proposed regulatory action to reduce the Continuing Education requirement for supervisors was Fast-Tracked and is currently at the Attorney General's Office.

#### **BOARD CHAIR REPORT:**

There was no report from Mr. Salay.

#### **EXECUTIVE DIRECTOR'S REPORT:**

Ms. Hoyle discussed the budget for the Board of Social Work. A copy of the report given was included in the agenda packet. Ms. Hoyle also informed the Board that the Department of Health Professions plans to move to paperless licenses and the Behavioral Science Boards will be the first Boards to pilot the paperless licenses. The Board will email all licensees in mid-April informing them that at renewal they will be receiving their final hard copy of their license. In the future, licensees will not receive another copy of their license, as the licenses will have no expiration date. The public should go to license look-up on the Department of Health Professions website to determine in real-time the status of any license.

Ms. Hoyle informed the Board that she and Ms. Austin gave a presentation in February to over 75 VCU School of Social Work Students on the Laws and Regulations Governing Social Work and the Social Work licensure process.

Upcoming Training's Board Members will be attending:

- ASWB New Board Member Training- Mr. Hayter will be attending
- ASWB 2019 Education Conference (April 11-13- Arlington, VA) – Ms. Clancey, Ms., Manns and Ms. del Villar will be attending.

#### **DEPUTY DIRECTOR'S REPORT:**

Ms. Lang reported on the disciplinary statistics for the Board of Social Work. A copy of the report given was included in the agenda packet.

Ms. Evans reported on the discipline audit of CEUs for the 2018 renewal period:

- Audited 107 Social Work licensees, of which 99 passed.

- 2 were short in hours,
- 5 were non-compliant; and,
- 3 failed to complete any hours of CE.
- Sent advisory letters to those licensees short in hours, and Ms. Evans automatically adds those individuals to the next year's audit.
- Prepared Consent Orders for those licensees who did not complete any Continuing Education.

**LICENSING MANAGER'S REPORT:**

Ms. Austin reported on the licensing and exam statistics for the Board of Social Work. A copy of the report given was included in the agenda packet.

**BOARD COUNSEL'S REPORT:**

There was no report from Board counsel.

**COMMITTEE REPORTS:**

- *Board of Health Professions Report*

There was no report from the Board of Health Professions.

- *Regulatory Committee Report*

Dr. Paulson provided a re-cap of the Regulatory Committee held on Thursday, March 14, 2019. Ms. Barrett added that the Attorney General's Office would need to research VA Code 32.1-127.1:03(F) (Health Privacy Code) to see if there will be any conflicts with HIPPA. The June Regulatory and Full Board meeting agendas will include the Health Privacy Code and address any advice from the Attorney General's office. Dr. Paulson also informed the Board that the ASWB would attend the next Full Board Meeting in June to discuss levels of licensure and the required exams.

**UNFINISHED BUSINESS:**

No unfinished business was discussed.

**NEW BUSINESS:**

Ms. Austin discussed with the Board proposed meeting dates for 2020. The following dates were confirmed as Board meeting dates for 2020:

- Friday, March 13, 2020
- Friday, June 5, 2020
- Friday, September 25, 2020
- Friday, December 4, 2020

**NEXT MEETING:**

Mr. Salay announced that the next quarterly scheduled full Board meeting would occur on June 14, 2019.

**ADJOURNMENT:**

Mr. Salay adjourned the meeting at 11:40 a.m.

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John Salay, L.C.S.W., Chair

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Jaime Hoyle, Executive Director



# Legislation and Regulatory Actions



## **Agenda Item: Board action on Guidance Document on Conversion Therapy**

### **Included in your agenda package are:**

Copy of the Guidance Document adopted on March 15, 2019

Summary of public comment

Copies of comments on the document

*Comments posted on the Virginia Regulatory Townhall may be viewed at*  
<http://townhall.virginia.gov/L/GDocForum.cfm?GDocForumID=12>

### **Board action:**

The Board needs to determine whether to: 1) retain the guidance document as published; or 2) revise the guidance document in response to public comment; or 3) withdraw the guidance document

Based on its decision, the Board will need to response to public comment

## Virginia Board of Social Work

### Guidance Document on the Practice of Conversion Therapy

For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the any gender.

"Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity in any direction.

In 18VAC140-20-150 of the Regulations Governing the Practice of Social Work, the Virginia Board of Social Work ("Board") has stated that: *"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. Regardless of the delivery method, whether in person, by telephone, or electronically, these standards shall apply to the practice of social work."*

In 18VAC140-20-160 (Grounds for disciplinary action or denial of issuance of a license or registration), it is stated that "(t)he board may refuse to admit an applicant to an examination; refuse to issue a license or registration to an applicant; or reprimand, impose a monetary penalty, place on probation, impose such terms as it may designate, suspend for a stated period of time or indefinitely, or revoke a license or registration for one or more of the following grounds:...

*3. Conducting one's practice in such a manner so as to make the practice a danger to the health and welfare of one's clients or to the public... "*

Many national behavioral health and medical associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts, especially with minors. Such statements have typically noted that conversion therapy has not been shown to be effective or safe. In its Position Statement on "Sexual Orientation Change Efforts ("SOCE") and Conversion Therapy," published in May 2015, the National Association of Social Workers (NASW) has stated that: "The practice of SOCE violates the very tenets of the social work profession as outlined in the NASW Code of Ethics."

In a similar statement regarding conversion/reparative therapy, the Virginia Chapter of NASW stated that "Conversion therapy has been discredited and highly criticized by all major medical, psychiatric, psychologic and professional mental health organizations, including the National Association of Social Workers. Data demonstrated that conversion therapy negatively impacts the mental health and self-esteem of the individual. The NASW Virginia strongly asserts its

stance against therapies and treatments designed to change sexual orientation or gender identity and against referring clients to practitioners or programs that claim to do so.”

Consistent with the established position of the NASW, the Board considers “conversion therapy” or “sexual orientation change efforts” (as defined above) to be services that have the potential to be a danger to clients, especially minors. Thus, under regulations governing practitioners licensed or registered by the Board, practicing conversion therapy/sexual orientation change efforts with minors could result in a finding of misconduct and disciplinary action against the licensee or registrant.

## Guidance Document 140-12, Practice of Conversion Therapy

### Board of Social Work

The Board submitted Guidance Document 140-12, Practice of Conversion Therapy, for publication in the *Register of Regulations* and posted it on the Virginia Regulatory Townhall with request for comment from 4/15/19 to 5/15/19. There were 726 comments posted on Townhall and an additional two comments received by email.

There were 455 comments in support of the Board's guidance document. Commenters noted that conversion therapy has no scientific basis, is not supported by any mental health professional organization, has shown to be ineffective, harmful, unethical, and destructive to individuals and families.

There were 273 comments in opposition to the Board's guidance document. Commenters noted any prohibition of practice is a violation of a social worker's freedom of religion and free speech. Patients should have the right to receive counseling for unwanted sexual feelings. Parents have a fundamental right to make decisions for their children. Additionally, commenters noted that the General Assembly has failed to take action on legislation prohibiting conversion therapy.

### Board response

The Code of Virginia (§ 2.2-4002.1. Guidance documents) provides:

*C. If a written comment is received during a public comment period asserting that the guidance document is contrary to state law or regulation, or that the document should not be exempted from the provisions of this chapter, the effective date of the guidance document by the agency shall be delayed for an additional 30-day period. During this additional period, the agency shall respond to any such comments in writing by certified mail to the commenter or by posting the response electronically in a manner consistent with the provisions for publication of comments on regulations provided in this chapter.*

**Therefore, the effective date of the guidance document will be “delayed for an additional 30-day period.” During that 30-day period, the Board will need to respond to comments in writing.**

The Board needs to determine whether to: 1) retain the guidance document as published; 2) revise the guidance document in response to comment; or 3) withdraw the guidance document.

Based on its decision, the Board will then need to discuss its response to comments.



Logged in as

Elaine J. Yeatts

Agency

**Department of Health Professions**

**Guidance Document Change: Consistent with the established position of the NASW, the Board considers “conversion therapy” or “sexual orientation change efforts” to be services that have the potential to be a danger to clients, especially minors. Thus, under regulations governing practitioners licensed or registered by the Board, practicing conversion therapy/sexual orientation change efforts with minors could result in a finding of misconduct and disciplinary action against the licensee or registrant.**

[Back to List of Comments](#)

**Commenter:** Jeff Caruso, Virginia Catholic Conference

5/1/19 10:54 am :

### **Oppose Guidance Document**

Dear Virginia Board of Social Work,

The Virginia Catholic Conference is the public policy agency representing Virginia's Catholic bishops and their two dioceses. The Conference urges the Board of Social Work to reject the draft “Guidance Document on the Practice of Conversion Therapy (140-20).” If implemented, 140-20 would usurp the primary and fundamental role of parents, violate First Amendment rights, and exceed regulatory authority.

### **Role of parents**

Healthcare decisions involving the mental and emotional health of children do not fit neatly into “one-size-fits-all” regulations. Parents are closest to their children’s challenges. They know their unique needs and are in the best position to identify solutions. Some young people may have attractions they desire to change or moderate. Others may simply desire counseling to live a chaste life compatible with their religious or personal values. In either instance, there should be options available for families to make informed decisions.

Just as parents must give consent for over-the-counter medications,[1] field trips, and extracurricular activities, they have the constitutional right to guide mental health care for their children.

*The child is not the mere creature of the State; those who nurture him and direct his destiny have the right, coupled with the high duty, to recognize and prepare him for additional obligations.[2]*

140-20 also violates the presumption of parental autonomy in Virginia. Code Sec. 1-240.1 provides that a parent has the fundamental right to make decisions concerning the upbringing, education and care of the parent’s child.

Families should also be free to make these decisions in private consultation with their child’s social worker.

### **First Amendment**

The First Amendment prohibits the government from favoring one viewpoint over another.

[T]he government has no power to restrict expression because of its message, its ideas, its subject matter or its content.... [T]he requirement that the government be content neutral in its regulation

of speech means that the government must be both viewpoint neutral and subject-matter neutral. The viewpoint-neutral requirement means that the government cannot regulate speech based on the ideology of the message.[3]

140-20 defines "conversion therapy" or "sexual orientation change efforts" as *any practice or treatment that seeks to change an individual's sexual orientation...or eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender*. Because it seeks, for example, to prohibit the provision of licensed services to help clients achieve alignment between their subjective sense of gender and their objective biological sex while permitting services to assist clients towards a subjective sense of gender at odds with their objective biological sex, it is neither content nor viewpoint neutral. In addition, 140-20 would allow those who provide services to assist clients in directing their attractions in one direction but not in the other direction.

Document 140-20, therefore, gives the Board sweeping authority to sanction social workers' speech and engage in unconstitutional viewpoint discrimination.

Under this proposed definition, a teenage child who wants to grow in chastity and self-control would not be able to receive professional counseling to help achieve that goal. Thus, in addition to infringing freedom of speech and parental rights, this expansive definition also poses the risk that families and children will lose the right to client self-determination (a core principle of the National Association of Social Workers Code of Ethics).[4]

As applied to faith-based, licensed social workers, 140-20 also would result in censorship of religious beliefs in violation of the First Amendment.

To comply with 140-20, these social workers must terminate or self-censor any conversation with a client that may tend toward reducing same-sex attraction, regardless of the client's or family's desire to seek counsel. Because of this, 140-20 would also impermissibly restrict a patient's First Amendment freedom to speak candidly about intimate concerns and to receive guidance from a licensed professional social worker.

Ethics rules should be enforced and frequently examined for effectiveness and uniformity across all professions. They should also not be applied in ways that are biased to favor certain viewpoints or to target others for sanction. At a minimum, speech must be protected.

Conversely, 140-20 sets a double standard. It does not, for example, sanction advocacy of dangerous treatments to accelerate "gender transition" among children, e.g., through irreversible surgery or hormonal treatments.

### **Exceeding regulatory authority**

For reasons such as those explained above, the General Assembly has rejected legislation to ban "conversion therapy." In 2016, the legislature rejected three such bills in committee: **(SB 262 and SB 267, Senators Surovell and Dance; and HB 427, Delegate Hope)** that would have prohibited "conversion therapy" on persons under 18 to change sexual orientation or gender identity.

Similarly in 2018, the General Assembly rejected two bills (**HB 363, Delegate Hope; SB 245 Senator Surovell**) which would have prohibited social workers from providing any treatment to those under 18 which would seek to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Nearly identical to 140-20, these bills were also defeated in committee.

Administrative agencies can adopt rules and policies to carry out duties delegated by the legislature. The rules and policies, however, should be consistent with statutory provisions.[5] The General Assembly has specifically and repeatedly rejected proposed "conversion therapy" bans. The Board does not have the authority to adopt 140-20 because doing so would circumvent the General Assembly's decisions in this matter.

Accordingly, the Virginia Catholic Conference urges the Board of Social Work to reject 140-20.

Sincerely,

Jeffrey F. Caruso  
Executive Director  
Virginia Catholic Conference

[1] [http://www.doe.virginia.gov/support/health\\_medical/medication/manual\\_training\\_admin-meds.pdf](http://www.doe.virginia.gov/support/health_medical/medication/manual_training_admin-meds.pdf)

[2] *Pierce v. Society of Sisters*, 268 U.S. 510 (1925). See also *Wisconsin v. Yoder* (1972).

[3] Erwin Chemerinsky, *Content Neutrality as a Central Problem of Freedom of Speech in the Supreme Court's Application*, Southern California Law Review, Vol. 74: 49, 51 (2000). Citing *Police Dep't. v. Moseley*, 408 U.S. 92, 95 (1972).

[4] Sec. 1.02 of the National Association of Social Workers Code of Ethics: *Self-Determination -- Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.*

[5] *Mobil Oil Exploration & Producing Southeast v. United Distrib. Cos.*, 498 U.S. 211 (U.S. 1991)

**Commenter:** EDDY ALIFF, Virginia Assembly of Independent Baptists

5/1/19 4:20 pm

#### **Opposition to current guidance documents on counseling same-sex attraction**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Christina Lenington

5/2/19 8:12 am

#### **Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would: 1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. 2. prevent parents from getting help for their child as they deem best. 3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

**Commenter:** Carol Aliff

5/2/19 8:13 am

#### **Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.

3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Brian Treacy

5/2/19 8:13 am

#### **Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Joseph Naylor

5/2/19 8:18 am

#### **I strongly oppose**

Comment Subject/title: Opposition to current guidance documents on counseling Comment: I oppose the suggested changes to the social workers regulations as these changes would: 1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. 2. prevent parents from getting help for their child as they deem best. 3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings Comment Subject/title: Opposition to current guidance documents on counseling Comment: I oppose the suggested changes to the social workers regulations as these changes would: 1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. 2. prevent parents from getting help for their child as they deem best. 3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Sandra Garren

5/2/19 8:24 am

#### **Opposition to current guidance Documents on Counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Roger D Counts

5/2/19 8:26 am

#### **Opposition to current guidance documents on counseling**

I oppose the suggessted changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.



2. prevent parents from getting help for their child as they deem best
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

**Commenter:** D K Cumbee

5/2/19 8:29 am

**I am strongly opposed!**

**I am strongly opposed!**

**Commenter:** Teresa Moore

5/2/19 8:37 am

**Opposition to current guidance documents on counseling**

**I strongly oppose the suggested changes to the social workers regulations as these changes would: 1) deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion, 2) prevent parents from getting help for their child as they deem best, and 3) deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.**

**Commenter:** Jessie Bennett

5/2/19 8:38 am

**I am opposed**

**Opposition to current guidance documents on counseling**

**I oppose the suggested changes to the social workers regulations as these changes would:**

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Howard Caldwell/Lighthouse Baptist Church

5/2/19 8:38 am

**Guidance Document on the Practice of Conversion Therapy**

**I am strongly opposed to the suggested changes to the social workers regulations as these changes would:**

- \* Deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
- \* Prevent parents from getting help for their child as they deem best.
- \* Deny patients with unwanted same sex attraction or gender confusion to get the desired counseling to overcome these feelings.

**Commenter:** Shahn Wilburn, pastor Riverview Baptist Church

5/2/19 8:40 am

**I am very much opposed to these proposed changes.**

**Commenter:** James Grandinetti

5/2/19 8:40 am

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. Deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. Prevent parents from getting help for their child as they deem best.
3. Deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Jerry Liebert

5/2/19 8:40 am

**Opposition to current guidance documents on counseling Comment: I oppose the suggested changes to**

**Commenter:** Nichols Baker

5/2/19 8:45 am

**I am very much opposed to the proposed guidance**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.
4. Would interfere with their free speech!!

Thank you for the ability to comment!!

**Commenter:** Church Security Institute

5/2/19 8:46 am

**Opposition to current guidance documents on counseling**

I would loike to stste that I oppose the suggested changes to the social workers regulations as these changes would: 1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. 2. prevent parents from getting help for their child as they deem best. 3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings your comments here. You are limited to approximately 3000 words.

**Commenter:** Jerry Liebert - Retired Varina Baptist Church

5/2/19 8:47 am

**Opposition to current guidance documents on counseling**

**Comment:**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** April Brown

5/2/19 8:54 am

**Guidance Document on the Practice of Conversion Therapy (125-9)**

Please please please do not pass this... do not take away MORE of our personal freedoms.

**Commenter:** David Bellomy

5/2/19 9:02 am

**Please read and consider my concerns**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Beatriz Steinman

5/2/19 9:06 am

**Opposition to current counseling changes**

I oppose the suggested changes to the social workers regulations as these changes would: 1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. 2. prevent parents from getting help for their child as they deem best. 3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Holly Zinn, Community Volunteer

5/2/19 9:18 am

**Opposition to current guidance documents on counseling**

As a community volunteer who advocates for children in Henrico County's Juvenile and Domestic Relations Court and works alongside DSS, I oppose the suggested changes to the social workers regulations as these changes would:

1. Deny patients with unwanted same-sex attraction or gender confusion to receive the necessary counseling they seek to overcome their feelings. Not all minors wish to have same-sex attraction or change their gender identity. If "conversion therapy" is banned, no one will be able to help these children.

2. Deny social workers their first-amendment right to free speech to help those who *want* counseling to overcome unwanted same-sex attraction or gender confusion. Good social workers are hard to find and retain considering their low wages, high stress, and never-ending caseloads. This ban would limit the potential pool of social workers.

3. Prevent parents/guardians from seeking the support services for their child as they deem best. This ban denies parents/guardians their God-given right to raise their children as they deem appropriate, and it fails to allow parents to act in the best interest of the child.

Thank you for your consideration.

**Commenter:** Colonial Baptist Church

5/2/19 9:18 am

**I strongly oppose!**

T

I oppose the suggested changes to the social workers regulations as these changes would:

1. Deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. Prevent parents from getting help for their child as they deem best.
3. Deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.
4. Would interfere with their free speech!!

Thank you for the ability to comment!

Joel Wegner, Associate Pastor To Youth & Music; Colonial Baptist Church

**Commenter:** Lakeside Baptist Church

5/2/19 9:40 am

**Oppose Changes to Counseling in Regards to Gender**

Dear Sirs: I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

Thanks for the Opportunity to Comment,

Carl Goodman, Senior Pastor

**Commenter:** VAIB

5/2/19 9:41 am

**I strongly oppose!**

I am an Registered Nurse and a parent to 4 children!

Please consider our first amendment rights to free speech! Consider the mental health of these UNHAPPY youth!

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** VALLEY VIEW BAPTIST CHURCH

5/2/19 9:41 am

**strongly oppose the guidance document on the practice of conversion therapy**

**Commenter:** Carrie Mohler

5/2/19 9:46 am

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

I am astounded that a state government we would want to put kids and adults in this dangerous position. Youth who suffer from Gender Dysphoria Syndrome are at a 50% more likely rate to attempt suicide and adults who suffer from Gender Dysphoria Syndrome are at a 41% more likely chance to commit suicide.

**Commenter:** Alton Cothron

5/2/19 9:49 am

**Oppose changes to counseling practices**

I strongly oppose the proposed changes to counseling practices because they will be destructive. Parents rights will be denied, counselees will become confused to the point of possible depression or suicide.

**Commenter:** Cary Borkert

5/2/19 9:51 am

**I strongly oppose the current guidance documents on counseling!!**

I oppose the suggested changes to the social workers regultions as these changes would :

1. Deny the social worker their freedom to help those how are that are seeking help with unwanted Same-sex attraction.
2. It would deny the right of an individual that has unwanted same-sex attraction from getting the help he so desires.
3. Pervents a parent from doing what they feel is best for their child

**Commenter:** Nicky Mays

5/2/19 10:04 am

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would: 1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. 2. prevent parents from getting help for their child as they deem best. 3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** milly

5/2/19 10:25 am

**Opposition**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Kevin VanGorder

5/2/19 10:51 am

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

spe over this text and enter your comments here.

Kevin VanGorder

**Commenter:** Charles and Betty Alvis

5/2/19 11:09 am

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. Deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. Prevent parents from getting help for their child as they deem best.

3. Deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

**Commenter:** Amy Charles

5/2/19 11:17 am

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Jennifer Konek

5/2/19 11:39 am

**I oppose restricting social worker's speech.**

I oppose the suggested changes to the social workers regulations as these changes would: 1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. 2. prevent parents from getting help for their child as they deem best. 3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings. Thank you very much.

**Commenter:** Beverly Bechtel

5/2/19 12:07 pm

**Social workers/ gender counseling**

Type over this text and Opposition to current guidance documents on counseling Comment: I oppose the suggested changes to the social workers regulations as these changes would: 1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. 2. prevent parents from getting help for their child as they deem best. 3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings your comments here. You are limited to approximately 3000 words.

**Commenter:** HUnter See

5/2/19 12:57 pm

**Strongly oppose**

I oppose this based on the following: It denies services desired by parents; it usurps parental rights; it violates social worker free speech and potentially life saving practices; and it contradicts the U.S. Constitution, Virginia Statutes, and will of Virginians and their elected representatives in the General Asembly, as well as the basic right of freedom of religion.

5/2/19 1:04 pm

**Commenter:** Jeannie Sollie

### **Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Fred Gray

5/2/19 1:37 pm

### **I oppose restricting social worker's speech**

You cannot take away a freedom that is provided by the Constitution.

It contradicts the U.S. Constitution, Virginia Statutes, and will of Virginians and their elected representatives in the General Assembly.

The U.S. Supreme Court recently rejected the state of California's claim that "professional speech" receives less First Amendment protection than ordinary speech, stating that: "This Court has not recognized 'professional speech' as a separate category of speech. Speech is not unprotected merely because it is uttered by 'professionals' (NIFLA v. Becerra).

**Commenter:** Josh Hetzler, Legislative Counsel for The Family Foundation of Virginia

5/2/19 2:08 pm

### **Unlawful Censorship of Speech**

I write to express The Family Foundation of Virginia's opposition to the Board of Social Work's proposed Guidance Document 140-20. Such guidance will not only cause numerous ethical and moral harms to professionals, as well as developmental harms to children, but it is at odds with the laws of Virginia and the Constitution of the United States.

As a general matter, the Virginia Code expressly provides that parents, not the government and its regulatory agencies, have a "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child." Va. Code § 1-240.1 However, the effect of this Guidance Document would unduly limit the right of parents to make decisions concerning the upbringing, education, and care of their child by preventing them from getting them the help they and their child need and desire.

Virginia's constitution declares that "the right to be free from any governmental discrimination upon the basis of religious conviction . . . shall not be abridged[.]" Constitution of Virginia, Article 1, Section 11 (Bill of Rights). This Guidance Document would directly discriminate against Christian, Jewish, and Muslim social work professionals who maintain, as a fundamental tenet of their faith, that human beings are created by God as either male or female and that human sexuality is only properly expressed between a man and a woman in the context of marriage. Such a conception of human sexuality reflects the historical, conventional, and orthodox views of these major faith traditions, and has transcended cultures and boundaries for millennia. Denying licensed social workers through this policy the ability to acknowledge this while acting in their professional capacity subjects them to "discrimination on the basis of religious conviction," and thus runs afoul of one of Virginia's most basic constitutional guarantees.



The Board's policy as expressed in this proposed Guidance Document would also be unconstitutional in light of the U.S. Constitution because it would infringe on the free speech rights of professional social workers by prohibiting them from speaking certain messages (or, if not strictly prohibiting it, then by significantly "chilling" their free speech). In 2018, the U.S. Supreme Court rejected the state of California's claim that so-called "professional speech" receives less First Amendment protection than ordinary speech, stating that: "This Court has not recognized 'professional speech' as a separate category of speech. Speech is not unprotected merely because it is uttered by 'professionals.'" National Institute of Family and Life Advocates (NIFLA) v. Becerra, 138 S. Ct. 2361, 2371-72 (2018).

The Supreme Court's opinion highlighted three cases – two of which involved state bans on so-called "conversion therapy" for minors – as being erroneously decided for holding that counseling was afforded less constitutional protection as a matter of free speech. As a result, the lower court cases upholding bans on "conversion therapy" were effectively overruled. Because this policy would have the effect of censoring the protected speech of social work professionals in Virginia, it would not likely survive a legal challenge. If this Board does go forward with such a violation of free speech, it should expect such a challenge.

Effectively prohibiting the practice of so-called "conversion therapy" among licensed social workers, as the draft Guidance Document defines that term, goes too far in its attempt to address the hypothetical concerns some have raised. (It is worth noting that no known complaint has ever been received by any of the health regulatory boards concerning "conversion therapy.") As the term is now over-broadly and vaguely defined, it "compels individuals to contradict their most deeply held beliefs, beliefs grounded in basic philosophical, ethical, or religious precepts, or all of these." NIFLA v. Becerra, 138 S. Ct. 2361, 2379 (Kennedy, J., concurring). That is something this Board may not do.

The Supreme Court in NIFLA cautioned that "when the government polices the content of professional speech, it can fail to 'preserve an uninhibited marketplace of ideas in which truth will ultimately prevail.'" Id. at 2374 (quoting McCullen v. Coakley, 134 S. Ct. 2518, 2529 (2014)). There are significant disagreements about the merit of therapies and methods which help a young person resolve, and in many cases by reversing their unwanted sexual attractions or gender confusion (read testimonies of many for whom this happened at <https://changedmovement.com/>). These disagreements should be settled in the marketplace of ideas and according to the wishes of the minor and his or her parents. The effect of this regulation, however, would only be to silence unpopular ideas and suppress information.

We urge this Board to heed the words of the U.S. Supreme Court when it observed that "the best test of truth is the power of the thought to get itself accepted in the competition of the market' and the people lose when the government is the one deciding which ideas should prevail." Id. at 2375 (quoting Abrams v. United States, 250 U.S. 616, 630 (1919) (Holmes, J., dissenting)).

**Commenter:** John Atchison

5/2/19 2:53 pm

### **Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. Deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. Prevent parents from getting help for their child as they deem best.
3. Deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Beckie Hibbard, ODACS

5/2/19 3:23 pm

### **I'm opposed to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. These are competent adults who serve the general public at critical times, when counsel is a vital first step to aiding any individual in crisis.
2. prevent parents from getting help for their child as they deem best. This approach allows the state to "assume custody" of a child and make life-changing decisions for that child rather than allow parents to respond to the child they know well and understand. Not every comment a child makes is reality; our youth struggle through many things in their minds, and simply need guidance. Who best to help them receive guidance than the parents, who know them best?
3. deny patients with unwanted same-sex attraction or gender confusion the ability to get the desired counseling to overcome these feelings. How cruel to counsel an individual to desire those UNWANTED feelings! Would you counsel someone with unwanted suicidal thoughts to embrace those thoughts? NO. Counseling should never be about promoting anyone's agenda. It must remain about helping the patient toward healing and recovery. To require a counselor to always provide one approach to a multitude of patients is to provide indoctrination, not counseling.
4. It contradicts the U.S. Constitution, Virginia Statutes, and will of Virginians and their elected representatives in the General Assembly. When the bureaucracy tries to override the citizens and their elected governing bodies, it is usurping its authority. This is clearly the work of a group with an agenda.

**Commenter:** Peggy Samuels

5/2/19 4:14 pm

### **Dangerous Ban on Biologically Affirming Counseling**

This usurps parents rights given by God Almighty, the Ultimate authority of us All; and that Includes the state of Virginia!

**Commenter:** Curtis Race

5/2/19 4:26 pm

### **Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

Social workers should be allowed to give help to people in the manner they need it and not what others decide for them. Parents should not be usurped in these matters. Patients should be allowed to have their desired counseling.

Please vote against this.

**Commenter:** Jean S Pauley

5/2/19 4:58 pm

### **Opposition to changes to social workers regulations**

Type over t                      Opposition to current guidance documents on counseling  
 Comment:

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Practical Educators Association

5/2/19 6:30 pm

### **Guidance Document on the Practice of Conversion Therapy**

This proposal to ban comprehensive counseling as outlined in the above mentioned document in order to promote the LGBT agenda by eliminating all non affirmative LGBT speech from the professional domain is attempting to trample on the Constitutional rights of all individuals who hold to traditional values in Virginia, and should be rejected.

#### **1. It denies services DESIRED by PATIENTS.**

Children and youth with unwanted same-sex attraction or gender confusion NEED Biologically Affirming Counseling that can help them potentially avoid permanent medical mutilation and sterilization, depression, and even suicide caused by maltreatment.

#### **2. It usurps PARENTAL RIGHTS.**

The Code of Virginia affirms parents' "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child." The new guidance would pave the way for court-ordered child abuse!

#### **3. It VIOLATES social worker free speech and potentially LIFE-SAVING PRACTICES.**

Again, the health and wellbeing of the child or youth would be endangered by a blanket ban on helpful counseling NEEDED by a counselor's patient. Today's Biologically Affirming Counseling is NOT "shock therapy" or any other outdated mode of treatment. The best science available proves gender identification and same-sex attraction are NOT IMMUTABLE and treating patients using false data is not just negligent, it's potentially life-threatening!

#### **4. It contradicts the U.S. Constitution, Virginia Statutes, and will of Virginians and their elected representatives in the General Assembly.**

Finally, The U.S. Supreme Court recently rejected the state of California's claim that "professional speech" receives less First Amendment protection than ordinary speech, stating that: "This Court has not recognized 'professional speech' as a separate category of speech. Speech is not unprotected merely because it is uttered by 'professionals' (NIFLA v. Becerra).

**Commenter:** Dr. Robert Downing

5/2/19 6:36 pm

### **Oppose the proposed "Guidance Document on the Practice of Conversion Therapy (125-9)"**

I oppose the proposed legislation based on the following:

1. It denies services DESIRED by PATIENTS.

Children and youth with unwanted same-sex attraction or gender confusion NEED Biologically Affirming Counseling that can help them potentially avoid permanent medical mutilation and sterilization, depression, and even suicide caused by maltreatment.

1. It usurps PARENTAL RIGHTS.

The Code of Virginia affirms parents' "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child." The new guidance would pave the way for court-ordered child abuse!

1. It VIOLATES social worker free speech and potentially LIFE-SAVING PRACTICES.

Again, the health and wellbeing of the child or youth would be endangered by a blanket ban on helpful counseling NEEDED by a counselor's patient. Today's Biologically Affirming Counseling is NOT "shock therapy" or any other outdated mode of treatment. The best science available proves gender identification and same-sex attraction are NOT IMMUTABLE and treating patients using false data is not just negligent, it's potentially life-threatening!

1. It contradicts the U.S. Constitution, Virginia Statutes, and will of Virginians and their elected representatives in the General Assembly.

**Commenter:** Jeff Vickers

5/2/19 7:51 pm

**I strongly oppose**

This goes against the very core of what the USA stands for and what our constitution is here to protect. That is the freedom for people to choose as a patient, parent, business owner, and professional in this case. Plain and simple, this would unduly impose other points of view and opinions on others at the expense of individual liberty.

I strongly oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

Thanks for the opportunity to express my opposition. I trust you prayerfully consider this points.

**Commenter:** Dennis Patterson

5/2/19 7:52 pm

**Biologically Affirming Counseling**

**Comment:**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Seth Haines

5/2/19 8:16 pm

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

- 1: Deny social workers their freedom to help those who desire counseling to overcome unwanted same-sex attraction or gender confusion.
2. Prevent parents from getting help for their child as they deem best.
3. Deny individuals with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings and desires.
4. It contradicts the US Constitution, Virginia Statutes, and the will of Virginians and their elected representatives in the Gernal Assembly.

**Commenter:** Ginger Carey

5/2/19 8:34 pm

**Oppose proposed Guidance Document on Practice of Conversion**

I would like to express my opposition to this document based on the following concerns:

1. It denies services that are desired by patients, as well as the freedom for social workers to help those patients.
2. It prevents parents from exercising their rights, according to Virginia's code, to make decisions for their children, as they see best.
3. It contradicts the will of many Virginians, including myself.

**Commenter:** Kathleen Dunkle

5/2/19 10:13 pm

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

Please all children to at least have a chance at counseling and allow parents to do what they deem best for their children. They know their children better than any government agency.

Thank you,

Kathleen Dunkle

**Commenter:** Debbie Williams

5/2/19 10:34 pm

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulation as these changes would deny Social Workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.

**Commenter:** Lolita T Delacruz

**5/3/19 3:47 am**

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers' regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Robert Cates

**5/3/19 5:40 am**

**Opposition to current guidance documents on counseling**

I

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Marsha Naylor

**5/3/19 6:49 am**

**I strongly oppose!**

This legislation would take away parental rights and withhold from adolescents the right to receive counseling to clarify their known gender.

**Commenter:** David Carroll

**5/3/19 8:26 am**

**I oppose this change!**

I oppose the suggested changes to the social workers regulations as these changes would:

1. Deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. Prevent parents from getting help for their child as they deem best.

3. Deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings over this text and enter your comments here.

**Commenter:** Heather Swindall

5/3/19 8:38 am

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** steven driscoll

5/3/19 8:41 am

**Guidance document**

I strongly oppose this document.

**Commenter:** Steven Driscoll

5/3/19 8:43 am

**I strongly oppose this document**

**Commenter:** Ed Anderson

5/3/19 9:25 am

**Opposition to current guidance documents on counseling**

**Comment:**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

Sincerely,

Ed Anderson

**Commenter:** Audy Anderson

5/3/19 9:28 am

**Opposition to current guidance documents on counseling**

Opposition to current guidance documents on counseling

**Comment:**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

Regards,

Audy Anderson

**Commenter:** Tammy S Scott

5/3/19 10:11 am

**oppose these guidance documents for counselline**

To Whom It May Concern,

As a Certified Pediatric RN in Virginia, I have grave concerns about these changes to regulations for social workers. I have seen the extensive psychological damage and suicide attempts related to gender confusion in my practice. Denying social workers the freedom to provide assistance to these children who may prefer their physiologic gender can cause significant psychologic injury. Many children have some issues with gender confusion that can be remedied with talk therapy and family counseling. If they would like to overcome or clarify those feelings, social workers should be allowed to help as the child or parent wishes. There is a wide body of evidence that suggests that we could be causing irreparable harm by insisting on some of the regulations you are proposing-- gender identification and same-sex attraction are NOT IMMUTABLE and treating patients using



false data is not just negligent, it's potentially life-threatening. Parents have the right to help their minor child and make decisions for them by law as well. Thank you for your consideration.

Tammy Scott RN, BSN, Certified Pediatric Nurse.

**Commenter:** Carolyn Hunter

5/3/19 10:17 am

### **Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

ver this text and enter your comments here. You are limited to approximately 3000 words.

**Commenter:** Mark & DeAnna Perkins

5/3/19 10:41 am

### **Voter Comments - Counseling**

**Comment Subject/title:** Opposition to current guidance documents on counseling

**Comment:**

I oppose the suggested changes to the social workers regulations as these changes would:

1. Deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. Prevent parents from getting help for their child as they deem best.
3. Deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

**Commenter:** James Bradley

5/3/19 11:37 am

### **I oppose this change to the counseling guidelines**

I oppose the suggested changes to the social workers regulations as these changes would deny social workers full freedom to help the young people they are counseling and prevent parents from getting help for their child as they deem best.

**Commenter:** Paul Robelen, Biblical Baptist Church

5/3/19 12:17 pm

### **I firmly oppose this change**

I firmly oppose preventing people from being able to receive biologically affirming counseling. Not only is it a unconstitutional limit on free speech, but it also usurps parents rights and forces people into a harmful lifestyle that they may not want. If someone with gender dysphoria wants help, they will instead be forced into bodily mutilation and sterilization. More and more people who followed this route years ago are expressing regret, and this is no time to force youth who aren't even old enough to make these decisions into irrevocable body and lifestyle changes.

**Commenter:** Dr. Stan Bennet

5/3/19 1:32 pm

**I stand firmly opposed to this Guidance document on practice of conversion therapy**

It denies potential services desired by patients; secondly, it usurps the parental rights; and lastly, violates the free speech of social workers.

**Commenter:** Sherrill badger

5/3/19 2:08 pm

**Opposition to current guidance documents on counseling**

I am strongly opposed to the suggested changes to the social workers regulations as these changes would: 1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. 2. prevent parents from getting help for their child as they deem best. 3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

**Commenter:** Jonathan Hynes

5/3/19 4:54 pm

**I oppose the suggested document**

I am strongly opposed on the following bases:

1. It denies services desired by patients
2. It prevents social workers from potentially life-saving practices
3. It violates social worker's free speech
4. It violates freedom of religion
5. It usurps parental rights affirmed by the Code of Virginia
6. It contradicts the U.S. Constitution

**Commenter:** SUSAN WOLFE

5/3/19 8:15 pm

**I STRONGLY OPPOSE THIS BILL**

**Commenter:** Laughon

5/3/19 8:31 pm

**I oppose this document**

**Commenter:** Bette Wampler

5/4/19 7:43 am

**Opposition to current guidance documents on counseling**

I oppose this change

**Commenter:** Joyce Blevins

5/4/19 8:23 am

**I firmly oppose current Guidance Document on the Practice of Conversion Therapy (125-9)**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Pastor George Warden Bible Church At Rockbridge

5/4/19 9:42 am

**My church and I strongly oppose this bill on gender confusion counseling**

**Commenter:** Marylynn Harvey

5/4/19 11:12 am

**I am opposed to proposed changes**

It usurps PARENTAL RIGHTS

The Code of Virginia affirms parents' "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child." The new guidance would pave the way for court-ordered child abuse!

Furthermore, It contradicts the U.S. Constitution, Virginia Statutes, and will of Virginians and their elected representatives in the General Assembly.

The U.S. Supreme Court recently rejected the state of California's claim that "professional speech" receives less First Amendment protection than ordinary speech, stating that: "This Court has not recognized 'professional speech' as a separate category of speech. Speech is not unprotected merely because it is uttered by 'professionals' (NIFLA v. Becerra).

I am strongly opposed to the proposed guideline changes.

**Commenter:** Jonathan Heishman

5/4/19 9:18 pm

**I oppose the suggested changes to the social workers regulations as these changes would:**

1. deny soc

**Commenter:** Daniel Martyn

5/5/19 2:50 pm

**Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

**Commenter:** Denise Peters

5/5/19 3:00 pm

#### **Oppose the guidance document about limiting counseling**

Please oppose the proposal to ban counselors from encouraging folk who come to them for help resisting same sex attraction. Such a ban would deny a person from the treatment he willingly seeks. It also interferes with a counselor's ability to do his job, which is to help an individual to live having inner peace.

**Commenter:** Susan Stanley

5/5/19 8:15 pm

#### **Opposition to current guidance documents on counseling**

I strongly oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

Susan Stanley

**Commenter:** Calvary Baptist Church

5/5/19 9:49 pm

#### **Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Hannah Taylor

5/6/19 10:16 am

**I oppose this proposition.**

I am gravely concerned about the consequences passing this resolution would have. This change would

1. Set a dangerous precedent that government can ban speech it does not agree with.
2. Deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

3. Keep parents from finding help for their struggling children as they deemed best. This would infringe on the Code of Virginia which affirms parents' "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child."

Commenter: Equality Virginia

5/6/19 4:13 pm

### Support for Guidance Document 140-12, on the Practice of Conversion Therapy

Dear Virginia Board of Social Work,

Equality Virginia is pleased to support **Guidance Document 140-12, on the Practice of Conversion Therapy**, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed social workers in Virginia. Equality Virginia is the leading advocacy organization in Virginia seeking equality for lesbian, gay, bisexual, and transgender people.

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers.[1] Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.[2] Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.[3]

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.

Virginia law already prohibits discredited and unsafe practices by licensed therapists.

This guidance would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The guidance will curb harmful practices known to produce

lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important guidance.

Sincerely,

Equality Virginia

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[1] 2011 CDC, "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12."

[2] Arnold H. Grossman & Anthony R. D'Augelli, "Transgender Youth and Life-Threatening Behaviors," 37(5) *Suicide Life Threat Behav.* 527 (2007).

[3] Caitlyn Ryan et al., "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," 123 *Pediatrics* 346 (2009).

**Commenter:** Carlton Wayne Kennedy Jr.

5/6/19 8:08 pm

### **Opposition to Current Guidance Documents on Counselling**

To whom it may concern: I oppose the current Guidance documents on counselling. It denies services desired by patients, it usurps parental rights, it violates social worker free speech and potentially life-saving practices, and it violates U.S. Constitution and Virginia Statutes and the will of Virginians and their elected representatives in the General Assembly. Thank you very much. Sincerely Yours Carlton W. Kennedy Jr.

**Commenter:** Keri Ann Kennedy

5/6/19 8:22 pm

### **Opposition to Current Guidance Documents on Counselling Changes**

Dear Sirs: I strongly oppose the suggested changes to the social workers regulations as these changes would deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion. It would prevent parents from getting help for their child as they deem best, it would deny patients with Unwanted same-sex attraction or gender confusion to get the desired counselling to overcome these unnatural feelings.

**Commenter:** Donald Blevins

5/6/19 8:46 pm

### **Opposition to current guidance documents on counseling**

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

**Commenter:** Russell Biber

5/6/19 8:52 pm

### **I oppose the changes being considered to the Biologically Affirming Counseling**

I oppose the changes being considered to Biologically Affirming Counseling on the grounds that these changes would:

1. Deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. Prevent parents from getting help for their child as they deem best.
3. Deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

Russell Biber

Brightwood, VA

"Righteousness exalteth a nation: but sin is a reproach to any people." Proverbs 14:34

**Commenter:** Lisa Fleming

5/7/19 7:28 am

### **Ban Conversion Therapy**

Do not allow people to use the fallacy of religion as an excuse to harm children.

**Commenter:** Larry Mendoza, State Director: American Atheists

5/7/19 9:21 am

### **I AND THE SECULAR COMMUNITY SUPPORT A BAN ON CONVERSION THERAPY**

Religious based homophobia cannot replace and must not replaces sound science. As the Virginia State Director for American Atheists AND as a step-father to a gay daughter, I oppose any and all legislation designed to destroy the pershonhood and individuality of anyone, especially when it comes to childrne. It is hard enough for these children because they are bullied, harrassed, or even worse. We need to support our children not teach them that who they are is wrong. That will cause trauma, which in turn will cause further damage and could even trigger mental illness. It is time that we ban the barbaric practice of conversion therapy which has shown to be detrimental and harmful to our youth.

If gender and sexual preference were a choice, I ask everyone, at which point did you choose to be straight and/or decide that your gender was the correct one? Because if it was indeed a choice, then it would follow that everyone who is straight and cis gendered, made a consciuos choice to be so and that means that any one could in fact be gay or transgendered, they just choose not to be. So I say this, let's stop with this religious based homophobia and let kids be kids with love and support and let's show them that they matter, that they are loved for who they are, not try to convince them that they are something they are not and bad or sinful if they just want to be themselves. That is TRAUMA and hurtful.

**Commenter:** Mary Gruber

5/7/19 9:28 am

### **Ban Conversion Therapy**

Conversion Therapy is not a scientific based therapy. It is cruel and unusual torture. It does more harm to the patient. Ban this awful practice.

5/7/19 9:52 am

**Commenter:** Silvia Park

**I support this Guidance Document**

Religious based homophobia cannot replace sound science. As a Virginia Assistant State Director for American Atheists AND as parent of a gay transgender son, I oppose all legislation designed to destroy the personhood and individuality of anyone, young people included. It is hard enough for these children because they are bullied, harassed, or even worse. We need to support our children not teach them that who they are is wrong. That will cause trauma, which in turn will cause further damage and could even trigger mental illness. It is time that we ban the barbaric practice of conversion therapy which has shown to be detrimental and harmful to our youth.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide.

**Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.**

We must stop with this religious based homophobia and let kids be kids, raised with love and support for who they are, and let's show them that they matter, and not try to convince them that they are something they are not and bad or sinful if they just want to be themselves. That is TRAUMA and hurtful.

**Commenter:** Elizabeth Florek

5/7/19 10:13 am

**Support for the new guidelines**

I support using the latest research to ban conversion therapy by licensed professionals. If parents want to torture their lgbtq children, they can do it without state approval for their methods.

**Commenter:** Dusty Sabourin

5/7/19 10:19 am

**I support guidelines prohibiting conversion therapy**

Conversion therapy is a practice that is not supported by credible evidence and has been disavowed by behavioral health experts and associations. Conversion therapy perpetuates outdated views of gender roles and identities as well as the negative stereotype that being a sexual or gender minority or identifying as LGBTQ is an abnormal aspect of human development. Most importantly, it may put young people at risk of serious harm.

**Commenter:** Kelly Eichfeld, citizen

5/7/19 10:19 am

**BAN CONVERSION THERAPY!!!**

**BAN CONVERSION THERAPY.** This state currently allows the torture & brain damage of brilliant minds. We are past medieval times. This is cruel and unacceptable, inhumane, unwarranted



violence which definitely qualifies as a massive Human Rights Violation. Virginia is for ALL lovers. Remember THAT.

**Commenter:** Casey Royer

5/7/19 10:31 am

**I strongly support the ban of dangerous conversion therapy**

Virginia needs to listen to the experts. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

This practice is dangerous and harmful and had no place here in Virginia in 2019.

**Commenter:** Brenda Goodman

5/7/19 10:34 am

**BAN Conversion Therapy!**

Conversion therapy has no mental health benefit and MANY severe and lifelong negative impacts on an individual's mental health. It is not recognized as an appropriate therapeutic approach and has no place in mental health practices in Virginia or elsewhere.

**Commenter:** Aiden Barnes, Southeastern Virginia Atheists, Skeptics, & Humanists

5/7/19 10:46 am

**I support this Guidance Document**

Religious based homophobia cannot replace sound science. As an Assistant State Director for American Atheists here in Virginia, and as an organizer of SEVASH (Southeastern Virginia Atheists, Skeptics, & Humanists), and as a friend/ally to LGBTQ+ people in general, I oppose all legislation designed to destroy the personhood and individuality of anyone, young people included. It is hard enough for these children because they are bullied, harassed, or even worse.

We need to support our children, not teach them that who they are is wrong. Conversion therapy is shameful quackery that tries to turn gay kids straight, usually at their parent's insistence. This only serves to cause trauma, which in turn will cause further damage, and could even trigger mental illness. It is time that we ban this barbaric practice which has only been shown to be detrimental and harmful to our youth, and is of no practical benefit whatsoever.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

We must stop with this religious based homophobia and allow kids to be themselves, raised with love and support for who they are, showing them that they matter, and not try to convince them

that they are something they are not, or bad or sinful just to be themselves. To try and force them to be something they're not is torture, plain and simple.

**Commenter:** Deborah Hawkins, LMFT

5/7/19 10:46 am

### **Work to end homophobia; ban conversion therapy**

Homophobic attitudes have been institutionalized in nearly every aspect of our society including social and religious circles. The strong desire to be like others and accepted may cause LGBTQ individuals and/or their families to want to identify with the dominant culture or their religious community, free from discrimination and social devaluation. As a group, LGBTQ children experience unique stressors and developmental challenges. They develop depression, anxiety, substance abuse, and suicidality at higher rates than those in the general population.[1] So there's an important role for social workers to provide counseling with this population dealing with homophobic stigma.

Social workers must practice to an accepted standard of care and that means using "evidenced based" treatments – peer reviewed treatments that rely on methods proven to be safe and effective, with a goal of improve quality of life, relieve symptoms and boosting a sense of well-being. Evidenced-based treatments for children might be cognitive-behavioral therapy, family therapy and play therapies. Conversion therapy is not evidence-based. It isn't really therapy at all: It's total, unadulterated quackery, a painful process of humiliation and degradation that only breeds shame, self-loathing, and despair. While contemporary versions are less shocking and extreme than those of the past, they are equally devoid of scientific validity and pose serious dangers —especially to minors.

Would we allow a *physician* to offer a similarly fraudulent treatment based on utterly debunked science? For example, would we support treating cancer by giving a regime of coffee enemas and vitamins? There is no evidence that efforts to alter sexual orientation or gender identity by CT talk therapy are effective, beneficial, or necessary, and since CT interventions carry the risk of significant harm, they are contraindicated.[2] Social workers must practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience. There is no Virginia accredited college, university, or continuing ed course that teaches or provides intern supervision on conversion therapy. Therefore, a social worker cannot legitimately be competent in CT.

To summarize, conversion therapy is 1. unethical as it doesn't meet an acceptable standard of care; 2. No social worker could have received accredited training for it. 3. it is immensely harmful quackery. Government cannot free people from stigma. However, you can combat stigma by banning the use of CT by licensed social workers.

Thank you. Deborah Hawkins, L.M.F.T. license # 071700110

[1] Cochran SD, Mays VM, Sullivan JG. Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *J Consult Clin Psychol.* 2003;71:53-61.

[2] American Academy of Child and Adolescent Psychiatry. Policy Statement on Sexual Orientation, Gender Identity, and Civil Rights, revised and approved by Council 2009. Available at: [http://www.aacap.org/cs/root/policy\\_statements/sexual\\_orientation\\_gender\\_identity\\_and\\_civil\\_rights](http://www.aacap.org/cs/root/policy_statements/sexual_orientation_gender_identity_and_civil_rights). Accessed September 30, 2011.

**Commenter:** Aleta E. Strickland, Ed.S., NCSP, Louisa Psychological Consulting, PC

5/7/19 10:52 am

**Protect vulnerable youth and end child abuse disguised as mental health treatment.**

Sexual orientation conversion therapy refers to counseling and psychotherapy to attempt to eliminate individuals' sexual desires for members of their own sex. Typically, sexual orientation conversion therapy is promoted by providers who have close ties to religious institutions and organizations. This is not therapy at all but is child abuse. The idea that homosexuality is a mental disorder or that the emergence of same-sex attraction and orientation among some adolescents is in any way abnormal or mentally unhealthy has no support among any mainstream health and mental health professional organizations. The NATIONAL ASSOCIATION OF SOCIAL WORKERS, American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American School Counselor Association, and the National Association of School Psychologists together, representing more than 480,000 mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus is not something that needs to or can be "cured." The only proven result in children subjected to this torture is that they are more likely to attempt and/or complete suicide. Or is that the goal?

**Commenter:** Jessica Rimkis

5/7/19 10:56 am

**Ban Conversion Therapy.**

**Commenter:** Sara haq

5/7/19 10:59 am

**Ban conversion therapy**

The experts have weighed in on the uselessness and detrimental effect of conversion therapy. Also, it's 2019. Do we seriously need to have this discussion?

**Commenter:** Carol Schall

5/7/19 10:59 am

**I Support banning "so called" conversion therapy**

I strongly support banning so-called conversion therapy. It is a sham with no scientific evidence supporting its use. Further it is harmful to minors who are 3 times more likely to be depressed or attempt suicide after being subjected to this horrific practice. It is malpractice to engage in this therapy and it should be banned outright. Nevertheless, minors represent a special case because of their lack of informed consent regarding the dangers of this practice. Follow the science and ban this!

**Commenter:** Ames Hadzic

5/7/19 11:03 am

**Conversion Therapy is a Human Rights Violation**

This is simple; conversion therapy is a human rights violation. Conversion therapy or reparative therapy is any treatment, including individual talk therapy, behavioral or aversion therapy, group therapy treatments, medical or drug-induced treatments, which attempt to change someone's sexual orientation, gender identity or gender expression. Simply put, it's abuse. THIS MUST STOP.

**Commenter:** Paul M Merrill II

5/7/19 11:08 am

**Please ban conversion therapy**

Kids have died on American soil over this as they are taught that they're better dead than gay.

**Commenter:** Rusty Tutton

5/7/19 11:09 am

**Supporting the ban on conversion therapy**

Conversion therapy, especially for minors, does significant harm to individuals that are subject to this form of "treatment." Government should be evidence based, and the evidence is clear on this issue. I urge you to support the ban on conversion therapy for minors.

**Commenter:** Rebekah Kusterbeck

5/7/19 11:10 am

**Proceed with Guidelines**

I agree with banning conversion therapy and I believe the guidelines for this ban should be completed. We need to stop harming our children. We must not succumb to fundamentalist religious dogma, but rather, the science and research that supports the case for banning it. We cannot let this minority dictate their whims on this topic when lives are at stake.

**Commenter:** Free Mom Hugs Virginia/Shirley Carley

5/7/19 11:10 am

**Ban conversion therapy**

Conversion therapy kills people. Let people alone to be who they are. Enough is enough. Conversion therapy is abuse, usually in the name of religion.

**Commenter:** Ashley Taylor

5/7/19 11:12 am

**Ban conversion therapy**

Conversation therapy should be banned. Quack science isn't science.

**Commenter:** Stephanie Prince

5/7/19 11:14 am

**Ban Conversion Therapy**

It has been well established in the mental health professional community that conversation therapy serves no therapeutic purpose and causes harm to individuals. In 2019 this should not even be considered a legitimate course of treatment and should be banned in the Commonwealth

**Commenter:** Katherine Drummond

5/7/19 11:14 am

**Please ban conversion therapy**

Not only does it not work, it is harmful to the patient. "Religion" and bigotry should not be used as an excuse for this outdated and harmful practice.

**Commenter:** Katie Sponsler

5/7/19 11:17 am

**Ban conversion therapy.**

Ban conversion therapy. We cannot continue to torture children for being exactly as God made them. This practice is harmful and is not supported by any reputable science. We cannot disguise child abuse as therapy and condone it, and allow parents to believe they are supported by medicine in pursuing this practice.

**Commenter:** Rhonda Kelley

5/7/19 11:23 am

**PLEASE ban Conversion Therapy**

As a Christian I implore you to ban Conversion Therapy! It is extremely harmful and there are no benefits from it whatsoever. We are all God's children, made in His image and He makes no mistakes. LGBTQ individuals are NOT mistakes, they are exactly as God has created them to be. Please do not let this abuse of our children continue.

**Commenter:** Kim Cochran

5/7/19 11:25 am

**Ban conversion therapy**

I support any legislation to ban so-called conversion therapy. I support the professional psychological and medical organizations that feel this practice is not medically sound.

**Commenter:** Traci Franssen

5/7/19 11:25 am

**Support Proposed Guidance Document Changes**

I support the proposed guidance document changes that would prevent licensed practitioners from attempting to change someone's gender. Especially when the client is a minor. Please proceed with the changes as written.

**Commenter:** James Drummond

5/7/19 11:27 am

**Please ban conversion therapy**

This outdated practice is harmful to people's health.

**Commenter:** Kelly Gotschalk, private citizen

5/7/19 11:33 am

**Ban conversion therapy!**

Please do all that you can to ban conversion therapy. This is a hateful and hurtful practice and must be outlawed in VA, nationally and internationally. I have known far too many people who suffered from parents trying to change them when unconditional love and acceptance would have been the proper answer and resulted in a happy and healthy child.

**Commenter:** Lori Thompson

5/7/19 11:36 am

**Ban conversion therapy**

Conversion therapy has been demonstrated to be a sham, and a dangerous one at that. It is not supported by any major medical or mental health organization.

**Commenter:** Judy Evers

5/7/19 11:40 am

**Please don't allow child abuse via conversion "therapy"**

Please ban the abusive practice of conversion therapy. It is not supported by science and has been shown to do more harm than good to vulnerable youth. Homosexuality is not a mental disorder. To treat it as such with abusive "therapy" like conversion would be pandering to irrational religious zealots. Fanatical religious-based dogma should not be the basis for deciding any laws or ordinances in our country. We are a nation of law, not dogma.

**Commenter:** Kathleen Green

5/7/19 11:42 am

**Ban conversion therapy**

I am a retired registered nurse. All of the legitimate credentialing boards have condemned so-called conversion therapy. Please protect our citizens in the Commonwealth and enact a ban.

**Commenter:** Kerra English, Pastor, Ashland Presbyterian Church

5/7/19 11:44 am

**Conversion Therapy isn't therapy, it's harmful**

Please do ban conversion therapy as a practice. It is harmful to those seeking counsel about sexual or gender identity questions. It has no place in being dubbed a therapeutic or spiritual practice.

**Commenter:** Joan Mazza, author

5/7/19 11:46 am

**Ban conversion therapy**

Conversion therapy is torture. It is based on ignorance and leads to harm.

No one is turned "straight" by conversion therapy.

Joan Mazza

5/7/19 11:53 am

**Commenter:** Betsy Ellis

**Ban conversion therapy**

i strongly oppose co version therapy it is harmful. People should love who they want with no interference from the government

**Commenter:** Marissa's Goard

5/7/19 11:57 am

**Ban conversion therapy**

Ban conversion therapy. It's inhumane and unnecessary. Stop abusing children for living their life differently than what others want.

**Commenter:** Laura S Davidson

5/7/19 12:06 pm

**Ban Conversion Therapy**

Conversion therapy is no less than child abuse, teaching a child that his/her inborn nature is somehow wrong. We know from psychologists that it does not work and is harmful. We must protect children from this harmful practice.

**Commenter:** Bonnie Fenton

5/7/19 12:07 pm

**Conversion Ban**

Please vote to ban conversion therapy! It is unhumane and reserach has shown it to be ineffective!

**Commenter:** Shelia Demetriadis, a concerned mom

5/7/19 12:17 pm

**Çonversion therapy**

No person, child or adult, should suffer mental and physical torture which is what conversion therapy is, because of his/her/their orientation and who they are. Certainly another person's religious beliefs, no matter the faith, is no reason to trespass on another person's bodily and psychological integrity. Also, its bogus--it never works. Those who do this should be prosecuted.

**Commenter:** Debbie Longest

5/7/19 12:17 pm

**Ban Conversion Therapy.**

You cannot change WHO a person IS, anymore than you change the color of their eyes. Please BAN the horrid practice of conversion therapy. It should be considered torture and those practicing it should be held accountable and fined by the Commonwealth.

5/7/19 12:27 pm

**Commenter:** Catherina Hurlburt

### **Conversion therapy is harmful to minors**

As the parent of a transgender son, who graduated college with honors and is a healthy and fulfilled young adult who now feels whole and happy, I am writing to support guidance that recommends against so-called conversion therapy. Adults have silenced the voices and personhood of young gay, lesbian, bisexual, transgender, agender/asexual youth by forcing them to undergo this dangerous so-called therapy. No one is "silencing" so-called counselors who push this unfounded "therapy." We are asking minors be protected from being forced to undergo this abusive practice that ignores their well-being and wholeness for who they are – in favor of personal religious beliefs that erase who they are as individuals. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. Please frame the guidance to acknowledge that so-called conversion therapy is a harmful practice that puts youth in danger. Thank you.

**Commenter:** D.E.Coghill

5/7/19 12:27 pm

### **Ban "Conversion Therapy"**

It is well known that "conversion therapy" is a pseudoscience, the research is clear. Virginia needs to ban "Conversion Therapy" as per the American Psychiatric Association (APA) opposition: "based upon the assumption that homosexuality *per se* is a mental disorder or based upon the *a priori* assumption that a patient should change his/her sexual homosexual orientation"

**Commenter:** Meredith Hertzler

5/7/19 12:32 pm

### **Supporting the Proposed Changes**

I am writing to support the proposed guidance document changes that would prevent licensed practitioners from using conversion therapies to 'treat' LGBTQ youth and adults. The science does not back up the diabolical use of brainwashing and shame to treat a parent's undesirable trait in a child. Please protect our LGBTQ+ citizens and proceed with the changes as written.

**Commenter:** Cheyenne trent

5/7/19 12:33 pm

### **I Support Guidance Document 140-12, on the Practice of Conversion Therapy**

Dear Virginia Board of Social Work, Hello, my name is Cheyenne Trent and I am writing in support of Guidance Document 140-12, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed counselors in Virginia. [Insert brief personal story describing individual's interest in this topic, including any personal experience or expertise on the subject of conversion therapy. See below for sample language for mental health professionals, people of faith, LGBTQ adults, etc.] Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce



sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe 3 Caitlyn Ryan et al., "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," 123 Pediatrics 346 (2009). sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another. There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices. Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection. Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors. This guidance would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The guidance will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important guidance. Sincerely, Cheyenne Trent.

**Commenter:** Heather Jenkins

5/7/19 12:34 pm

**I support these guidelines**

I support the changes as written and encourage continued legislation to support and affirm the lgbtq community. There is no documentation that conversion therapy works and it needs to be taken out of our governmental language for physicians/medical workers/ social workers to utilize. Thank you!

**Commenter:** Terri Noble

5/7/19 12:35 pm

**I support the ban on conversion therapy**

This pseudoscience is extremely harmful

**Commenter:** T Bishop Dougherty, private citizen

5/7/19 12:40 pm

**Conversion therapy is a violation of human rights**

I strongly support the measure to ban conversion therapy

**Commenter:** Kory Steele

5/7/19 12:40 pm

### **No laws based on religion**

No law or government policy should be based solely on a religious text. I believe that not only is conversion therapy a display of ignorance and an abuse on the person, but also an infringement of the establishment clause of the First Amendment of the US Constitution.

**Commenter:** Stefanie Fearington

5/7/19 12:41 pm

### **Ban Conversion Therapy**

The science is clear. Conversion therapy is not therapy at all. It is extremely harmful. It is child abuse and it has to stop.

**Commenter:** Joyce Connery

5/7/19 12:51 pm

### **Ban conversion therapy**

Not only is there no scientific basis for conversion therapy, but data shows that it is extremely harmful and does not work. Any professional claiming that it does is fraudulent and anyone practicing it should be sued for mental anguish, if not physical abuse. This practice is torture and drives up suicide rates among LGBTQ youth who are already vulnerable and susceptible to self harm.

**Commenter:** Robert J Anderson

5/7/19 12:56 pm

### **Conversion Therapy Is a Hoax**

The very idea that a person's innate being can be altered in such a fundamental way that "conversion therapy" suggests has been disproved numerous times by respected medical and psychological-psychiatric professionals and the societies that represent them.

The notion that a person's sexuality can be changed by mental manipulation is borne of the very conservative religious extremists' desire to create an outcome they desire as a means to fulfill their mission. Their mission should be administer to all persons the kindness, acceptance and support that is needed for all to have a meaningful life.

Conversion therapy must be outlawed in Virginia as it has been in other mindful states in America.

**Commenter:** Rachel Levy

5/7/19 12:57 pm

### **Please ban conversion therapy.**

Conversion therapy should be banned. It's not a therapeutically sound practice and actually does great harm. Psychologists, mental health and medical health professionals have found evidence that gay conversion therapies result in negative outcomes, including anxiety, depression, and suicidal thoughts. There is broad consensus in those research and professional communities that

conversion therapy is not necessary (because sexual orientations such as homosexuality are not disorders) and is, in fact, harmful.

**Commenter:** Jennifer Underwood

5/7/19 1:04 pm

### **I support the proposed changes to ban conversion "therapy"**

As a social worker, parent, and Virginian, I support the proposed changes by the Board of Social Work to prohibit those under its purview to practice so-called conversion therapy. Conversion therapy has no proven evidence basis and violates the value of the worth and dignity of each person. It has predominantly been used by parents who dislike their child's LGBTQ identity and who want to force their child to abandon that identity against the child's will. This is not therapy - this is child abuse and licensed social workers should not be permitted to actively engage in these behaviors.

**Commenter:** Gail Giewont

5/7/19 1:05 pm

### **Please Adopt Proposed Guidance Document Changes**

Conversion therapy presumes that homosexuality is aberrant behavior or a choice, when the vast majority of psychological experts assert that it is neither.

This practice should be banned, especially in relation to minors, due to the potential negative consequences for minors who are forced to undergo the procedure, as outlined in this study:

<https://www.ncbi.nlm.nih.gov/pubmed/30403564>

**Commenter:** Kate W. Hall

5/7/19 1:12 pm

### **Ban conversion therapy**

Please ban conversion therapy, it is harmful.

**Commenter:** Rebecca Mendoza

5/7/19 1:30 pm

### **Practice of Conversion Therapy**

Dear Virginia Board of Social Work, Hello, my name is [Rebecca] and I am writing in support of Guidance Document 140-12, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed counselors in Virginia. [Insert brief personal story describing individual's interest in this topic, including any personal experience or expertise on the subject of conversion therapy. See below for sample language for mental health professionals, people of faith, LGBTQ adults, etc.] Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe 3 Caitlyn Ryan et al., "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," 123 Pediatrics 346

(2009). sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another. There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices. Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection. Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors. This guidance would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The guidance will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important guidance. Sincerely, Rebecca Mendoza

**Commenter:** Deborah Marcussen

5/7/19 1:39 pm

### **End Conversion Therapy**

Please ban this draconian practice! People do not choose to be straight, so what makes you think they choose to be gay, lesbian, bisexual or transgender? The same deity created us so please stop trying to change something you don't understand.

**Commenter:** Michelle Black

5/7/19 1:47 pm

### **Conversion "therapy" is a scam at best**

What is commonly known as conversion therapy is not only NOT therapeutic, it is abuse. It has been proven repeatedly that it is not only ineffective, but that it often results in trauma and tragedy. There is absolutely NO benefit to the individual, their family, or the public health. This practice must be banned, full stop.

**Commenter:** Caleb Foster

5/7/19 1:51 pm

### **Harmful and Outdated Therapy**

To Whom It May Concern;

As a survivor of conversion therapy, I am writing to ask that the conversion therapy ban take place in Virginia. This form of 'therapy' is outdated and unscientific. After trying for 10 years to be

something I am not, praying, fasting, attending meetings, and participating in various therapies, I've come to accept who I am. I am regretful of the lost time, but I am overcoming the shame and pain these therapies taught me in my formative years (14-25 years old).

Please ban this therapy, please protect our youth from suicide, self hate, and harmful shame.  
Thank you.

- Caleb F.

**Commenter:** Crystal Schubert

5/7/19 1:58 pm

### **Conversion Therapy Harms People**

We have long known the harms of conversion therapy and I fully support any regulations and guidance that seeks to ban the practice.

**Commenter:** Marianne Vakiener

5/7/19 2:00 pm

### **Please support the ban on conversion therapy**

Please support the ban on conversion therapy. It is not therapy; it is abuse. Protect children.

**Commenter:** Xavier Lopez

5/7/19 2:04 pm

### **End conversion therapy**

Conversion therapy is dangerous, outdated, and ineffective. It causes psychological and emotional harm to those who are "treated" especially young people. It's been proven harmful and discouraged by the APA and WHO and it's outrageous to allow this unethical practice to continue. Being LGBTQ is not a mental illness and the members of this community shouldn't be treated as such, despite people's "sincerely held beliefs." Facts and well fair should drive policies, laws, and healthcare regulations.

**Commenter:** Gail Christie

5/7/19 2:06 pm

### **Conversion therapy ban**

The efficacy of conversion therapy has been solidly disproven. Mental health professionals regard this as a deeply harmful procedure that can lead to extreme emotional distress and even suicide. It should be banned.

**Commenter:** Julia Finley Mosca

5/7/19 2:12 pm

### **Conversion therapy harms children and teens**

This type of therapy, and the support for it, is the kind of thing that directly and indirectly leads to the high LGBTQ suicide rate. Children need to know that society supports them, even if their parents don't. It's ABHORRIBLE that people would support this in 2019. Don't embarrass Virginia by keeping conversion therapy relevant.

**Commenter:** Nancy Morin

5/7/19 2:24 pm

**Ban Conversion Therapy**

As a parent of a young gay man, I was appalled when I learned of the dangerous and ineffective practice of trying to change a young person's sexual orientation through "conversion therapy" that can lead to extreme depression and suicide. The short and long term effects of this so-called "therapy" are extremely detrimental to the developmental psyche of a young person, and we must ensure the safety of our children by doing all that we can to put an end to unethical practices that seek to harm them. Conversion Therapy is a dangerous concept that needs to be completely banned!

**Commenter:** Cheryl Ware, parent

5/7/19 2:33 pm

**Conversion Therapy is harmful**

There is no evidence that so-called conversion therapy helps youth in any way. LGBTQ youth are more likely to commit suicide and more likely to be rejected by their families of origin because of their gender questioning and/or sexual orientation. We, as a community, need to send a message of unconditional love and support to these youth by showing them that we will protect them from the harm caused by these ill-conceived "therapies".

Thank you,

Parent of LGBT young adult

**Commenter:** Neeraj Arora

5/7/19 2:36 pm

**Conversion Therapy is child abuse**

**Commenter:** Jake F

5/7/19 2:38 pm

**I support limiting conversion therapy for minors.**

I support the effort to ban conversion therapy when a minor is involved.

**Commenter:** Victoria Staubly

5/7/19 2:45 pm

**Protect LGBT Virginians**

There is no scientific support for "conversion therapy". It's not helpful, but even if it were, it's not effective. It's harmful to LGBT youth who are struggling with their sexual orientation and/or gender identity in an already unfriendly world. They need help with dealing with bullies, hostile family and teachers... not someone trying to change who they are.

5/7/19 2:56 pm

**Commenter:** L. Kowalzik

**Ban conversion "therapy"**

Conversion "therapy" is a violation of human rights, it is child abuse, and no civilized country would allow it to occur within its borders.

**Commenter:** Janet Shlanta

5/7/19 3:03 pm

**Ban Conversion Therapy**

Conversion therapy has no proven evidence basis and violates the value of the worth and dignity of each child. Please ban this abhorrent and harmful practice.

**Commenter:** Shannon Macaulay

5/7/19 3:10 pm

**Conversion therapy ban**

Please ban the acceptance of conversion therapy for mi it's.

**Commenter:** Karen Zimmer

5/7/19 3:14 pm

**Ban Conversion Therapy**

No one should ever be told that they were made anything but perfect. Yet, young lesbian, gay, bisexual, transgender, and queer people are often told that they need to change who they are—or face a life full of rejection by their family, their faith, and God. We need to embrace all people, and that means not turning our backs when we see one of our own being singled out and targeted. As caring Christians, it is our responsibility to ensure the safety of our children. We cannot lose one more of our own to the depression and suicide these discredited and damaging practices so often lead to.

**Commenter:** Tara Douglas

5/7/19 3:18 pm

**Ban conversion therapy**

Conversion therapy does irreparable harm. Ban it. No one should be able to practice conversion therapy that inflicts harm on the person who identifies LGBTQIA.

**Commenter:** Susan Layman, Virginia Resident

5/7/19 3:29 pm

**Ban Conversion Therapy**

Conversion therapy has no scientific basis and is psychologically damaging. Anyone who subjects a minor to this practice should be immediately jailed for abuse. All minors in the home should be removed and placed away from any family members who may participate in conversion therapy—even as a supportive bystander. It is child abuse.

**Commenter:** Kathleen Decker Burden,

5/7/19 3:34 pm

**Support for Guidance Document**

I am in support of the guidance document against the practice of so-called conversion therapy. There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Such so-called therapy is ineffective, unsafe, and medically unsound. Please issue this guidance and hold so-called practitioners accountable for this harmful practice.

**Commenter:** Janice Collins

5/7/19 3:39 pm

**Ban the inhumane treatment of gays**

Can you imagine what it is like to live in a world where your entire self is considered as "other" or as "less than". Banned from church, therefore God, beaten, spit on, denied the right to be yourself. Well that is what it is like to be gay. Some young people want to fit in, some parents believe they are helping their children beat a disease or some condition. Well I'm here to tell you that being gay is the same as having blue eyes. It is not a lifestyle or a choice. It is real. Praying away the gay does not work. Telling someone that the very essence of who they are is not acceptable is wrong. Worse it is against the Golden Rule that many religious folks say they adhere to. What did Jesus say is the most important thing - to love one another - He didn't say pray away the gay. BAN this inhumane torture treatment.

**Commenter:** Muriel Azria-Evans

5/7/19 3:41 pm

**Please ban conversion "therapy"**

As a Licensed Professional Counselor and someone with a PhD in Human Development and Family Studies, I implore you to "do no harm" and ban conversion "therapy"!

**Commenter:** Phyllis RP Tessier

5/7/19 3:49 pm

**Ban Conversion Therapy**

Ban conversion therapy. It is inhumane. Thank you!

**Commenter:** S. Brickman

5/7/19 3:51 pm

**Please support the ban on conversion therapy**



It destroys people. It doesn't do what it purports to do. It's cruel and unusual.

**Commenter:** Patricia Gilbertson

5/7/19 3:56 pm

### **Ban Conversion "therapy"**

Please support any bill that bans this discounted "therapy." It is widely known to be unethical, abusive, and ineffective. Anyone who forces this type of treatment on susceptible people should lose whatever license they need, so that they can no longer continue to practice.

**Commenter:** Carmen Rodriguez

5/7/19 4:05 pm

### **Please Ban Conversion Therapy**

Please ban conversion therapy. This is a barbaric practice that has no place in our society. A ban on conversion therapy is needed to protect children from the psychological harm that this so called "practice" inflicts on children. Let children be who they are!

**Commenter:** Tommy Molina

5/7/19 4:15 pm

### **Ban conversion therapy!!!!!!!!!!**

Conversion therapy is a sick and twisted way to degrade LGBT youth and has no place in this world. This is a barbaric and cynical method used by Christian's to justify their hate it has no place in Virginia

**Commenter:** Julia Lain

5/7/19 4:16 pm

### **Stop Conversion Therapy**

Due to the dangerous nature of conversion therapy and how minors are often subjected to it against their will, I believe it is appropriate to discipline those who practice conversion therapy.

**Commenter:** Michele Jones

5/7/19 4:19 pm

### **Ban Conversion Therapy**

Conversion therapy is cruel and proven not to work. Please ban conversation therapy in Virginia.

**Commenter:** Heather Andersson

5/7/19 4:31 pm

### **Conversion Therapy**

Conversion therapy is brainwashing for the sake of religious zealotry... resulting in severe psychological abuses. In terms of human rights, one of the most disturbing injustices to exist. The right of a human being to be (unless they are causing real harm) who their soul declares to be is one no other human should ever have any right to have control over.

**Commenter:** K. Marlin

5/7/19 4:50 pm

**Conversion therapy is inhumane**

Loving and accepting one another for who we are is the most compassionate and way to show our humanity. Having brains, hearts and souls is what makes us a society. Prescribing rigid beliefs on one another, and sanctioning mental and emotional abuse to try to force others to adhere to those rigid beliefs is contrary to living in love. Conversion therapy doesn't change the victims, it only pressures them to put on a facade that's more pleasing to those who would like to believe that our very makeup is completely changeable through prayer. Sorry, sis, that ain't how science works. Stop meddling in the psyche of perfectly normal people and get government out of their lives. This legislation is garbage meant to control, not lift up people who have been picked on for years.

**Commenter:** Carol Wisley-Williams

5/7/19 4:57 pm

**Ban conversion therapy**

Conversion therapy has been linked to suicide in the LGBT community. Respected medical and psychological associations have made statements against conversion therapy. This practice needs to be banned.

**Commenter:** Arlene Wilder

5/7/19 5:06 pm

**Ban gay conversion therapy**

**Commenter:** Bonnie Gabriel

5/7/19 5:12 pm

**Conversion Therapy is Neither**

"Conversion Therapy" is based on the incorrect tenet held by the misguided religious right that homosexuality is a disease or disorder, something that needs fixing. It is not. Nor is this practice "therapy" and, at best, the only "conversion" that may result is temporary suppression. At worst, it can lead to depression and suicide. I support a ban on this misguided, dangerous practice against children.

**Commenter:** Ginjer Clarke

5/7/19 5:28 pm

**Oppose gay conversion therapy**

Please do not allow this hateful, harmful act to continue.

**Commenter:** Alisa Brookshire

5/7/19 5:43 pm

**Conversion Therapy is not a therapeutic treatment. It's bull crap pushed by evangelicals.**

1st and foremost this is not an accepted treatment by professionals in the mental health field. This is a torture created by evangelicals and run by laymen. Kids commit suicide after this has been done to them. Stand up for what's right.

**Commenter:** Karen Mcphail

5/7/19 5:45 pm

**Ban gay conversion therapy**

Do not allow this unethical treatment to continue!!!

**Commenter:** Tim Wilcox

5/7/19 5:48 pm

**Health Professionals should have free speech, too!**

Health professionals should not be limited from dealing with all helpful tools for those who struggle with Gender Dysphoria. I oppose this Guidance Document. Counsellors and counselees should be offered the opportunity to conversion therapy if that is their desire.

**Commenter:** Dean W.

5/7/19 5:51 pm

**Conversation therapy**

Ban conversion "therapy" for all. Not just minors.

**Commenter:** Lillie Nicholas

5/7/19 5:55 pm

**Conversion therapy is harmful and abusive. It needs to be banned.**

**Commenter:** Karen Schwartzkof

5/7/19 6:13 pm

**Conversion therapy is dangerous and immoral**

Conversion therapy is dangerous and immoral and it should be banned. Children especially need protection from the influence of overzealous and misinformed adults. LGBTQ youth should not have to live in fear and silence with the threat of conversion therapy hanging over their heads.

**Commenter:** Carolyn J Lawson

5/7/19 6:22 pm

**Ban Conversion Therapy**

I fully support the ban on conversion therapy - ESPECIALLY with minors.

Please consider the guidance and leadership of the American Counseling Association: The American Counseling Association opposes conversion therapy because it does not work, can cause harm, and violates our Code of Ethics.

Thank you,

Carolyn

**Commenter:** Renee Atkinson

5/7/19 6:24 pm

**Ban conversion therapy.**

**Commenter:** Beth Hedquist

5/7/19 6:27 pm

**Ban Conversion Therapy**

Ban Conversion Therapy! It is ineffective, harmful and unnecessary.

**Commenter:** Emma Braughton

5/7/19 6:29 pm

**Ban conversion therapy!!**

**Commenter:** Jenefer Hughes

5/7/19 6:36 pm

**Ban conversion therapy!**

Good lord. What is this, 1919 or 2019? A person's sexuality and gender identity is part of who they are and the richness they contribute to our community. I can't believe conversion therapy is even up for discussion. Let's focus our energy on solving real problems, like lgbtq discrimination.

**Commenter:** Amy fitzgerald, concerned citizen

5/7/19 7:05 pm

**BAN CONVERSION THERAPY!**

BAN CONVERSION THERAPY FOR LGBTQ people! There is nothing wrong with them. They were born this way!

**Commenter:** Sarie Lopez

5/7/19 7:15 pm

**No conversion therapy**

Conversation therapy is inhumane. It doesn't change anything

**Commenter:** S Bedser

5/7/19 7:44 pm

**BAN SO CALLED CONVERSION THERAPY**

So called conversion therapy is child abuse. When parents go to the experts for help they should be getting evidence based scientifically accurate information. Parents want what is best for their children and the fact is that there is nothing wrong with LGBTQ children. All they need is love and understanding and acceptance for who they are. You cannot change a person by telling them who

they are is wrong. Stop this terrible practice and leave the kids alone. Professionals are there to support kids and their parents not abuse children.

**Commenter:** Curtis Smith

5/7/19 7:47 pm

### **Ban conversion therapy**

This type of brainwashing doesn't work and is unnecessary. Homosexuality is not something that needs to be treated or cured. Conversion therapy is not therapy. It is a cruel attempt by the uninformed to convince vulnerable LGBTQ people to act normal. They are already normal.

**Commenter:** Mary Langford

5/7/19 7:50 pm

### **Ban Conversion Therapy**

Conversion Therapy does not work, is cruel and harmful. It increases the rate of suicide among those LGBT youth who are subjected to it!

**Commenter:** JESSE A RABINOWITZ

5/7/19 8:13 pm

### **Ban so-called Conversion Therapy**

As a licensed psychologist, I support a ban on conversion therapy. It is not a free speech, freedom of conscience, or religious freedom issue. Licensed therapists are bound to provide therapy that has a basis in research and humane practice. Licensed therapists are legally bound to not harm their patients. Conversion therapy has been demonstrated to be harmful to LGBTQ people. "Conversion Therapy" is not grounded in science, but rather in religious bigotry. Religious leaders and institutions are free to treat their congregants disrespectfully, but therapists are not.

**Commenter:** Abbey Strickland

5/7/19 8:35 pm

### **Ban conversion therapy**

Conversion therapy needs to be banned because of how harmful it is to the wellbeing of the children who are subjected to this cruel practice. It's not therapy; it's psychological torture. We need to put an end to it. It's ridiculous that it's still an issue.

**Commenter:** Chrystal Doyle, Family Nurse Practitioner - Student

5/7/19 8:59 pm

### **NO TO CONVERSION THERAPY**

I wrote extensively to the Board of Health/Medicine as to why conversion therapy is problematic and I will abbreviate my remarks here.

It is NOT: a free speech or freedom of religion issue; based in science; aligned with supporting respect for person and self  
Conversion therapy IS: pseudoscience (at best); harmful; damaging  
AND should be banned in practice by any licensed provider. It should also be considered child abuse and punishable for ANY person to use psychological manipulation to degrade and try to

change the biology of another human. If a person wants to persue conversion therapy, then perhaps there should be a legal age of personal consent that would allow it from someone who is not professionally licensed as a matter of freedom of choice and religion. But, SCIENCE and ethics direct those of us who are health professionals to recognize that people are not gender binary or unisexed; gender identity, expression, and sexual identity are complicated and organs, hormones, and orientation do not always "match;" respect individuals; do not harm; and encourage people to reach their full potential. Conversion therapy does not meet any of these criteria and is not based in science. Those of use working in healthcare must stand up for science.

**Commenter:** Beena Parekh - Social Worker/Therapist

5/7/19 9:09 pm

#### **Ban Conversion Therapy**

Having worked with people who are gay, having friends who are LGBTQ, having read a lot about the subject, I have learned and believe that acceptance is key, allowing people to express themselves as they want is key and promotes mental health. There is no reason to ostracize, convert and peg someone into categories that suit others or are comfortable for others . Also a way to prevent depression, suicide and anxiety is acceptance not conversion

**Commenter:** Jennifer Wainright

5/7/19 9:17 pm

#### **Ban Conversion Therapy**

No legitimate professional organisation supports the use of conversion therapy, and its use is clear evidence that the social worker or counselor in question has no business in the field.

Jennifer Wainright

**Commenter:** Katherine Conklin

5/7/19 9:29 pm

#### **Ban all conversion therapy**

Please vote to ban all conversion therapy and vote to protect all children. LGBTQ people of any age deserve to be treated with respect and given the same rights as all others.

**Commenter:** Lisa A Stevens

5/7/19 9:37 pm

#### **Ban conversion "therapy"**

Conversion "therapy" is not therapy, it is abuse. LGBTQIA youth and teens deserve love and support, not torture.

**Commenter:** Anna Hebner

5/7/19 9:59 pm

**Ban conversion therapy**

Conversion therapy causes trauma that lasts for years. It's abusive and wrong to encourage a not-straight person to try to become straight. No ethical mental health professional would treat a patient this way.

**Commenter:** Julia Marshall

5/7/19 10:38 pm

**I support a ban on conversion therapy. I trust mental health professionals.**

**Commenter:** G. Hernandez

5/7/19 11:09 pm

**Conversion Therapy, Help or Torture?**

To be completely honest, this way is unethical toward any member of the LGBTQ+ Community. The act of this therapy is nothing short of torture and brainwashing. The true heresy are not the people who have their own opinions, but rather the therapist trying to change that. This is wrong in every way and should be banned. Period.

**Commenter:** Morgan Atkinson

5/7/19 11:11 pm

**Ban conversion therapy.**

**Commenter:** Sabrina Sklute

5/7/19 11:39 pm

**Ban conversion therapy**

My son is gay, and I have fully supported him from day 1. It pains me to know that some LGBTQ youth are being told that they are flawed and being targeted for so-called "conversion therapy." These dangerous and discredited practices—which include the use of shame, pornography, psychological abuse, and even aversive conditioning—lead to devastating problems, including depression, substance abuse, and even suicide. The short and long term effects of this so-called "therapy" are extremely detrimental to the developmental psyche of a young person, and we must ensure the safety of our children by doing all that we can to put an end to unethical practices that seek to harm them.

**Commenter:** Mary Flournoy

5/7/19 11:44 pm

**Ban Conversion Therapy**

Conversion therapy is abuse and should be banned.

**Commenter:** Amy Huml

5/7/19 11:46 pm

**Support Guidance Document - Oppose Conversion Therapy**

I strongly oppose the unfounded practice of conversion "therapy." The evidence for this practice is that it is harmful to LGBTQ youth and no licensed mental health professional should be engaging in this practice.

**Commenter:** Aaron Keen

5/7/19 11:48 pm

**ban conversion therapy.**

This is so toxic for anyone who has been through it and needs be banned.

**Commenter:** Suja Panavally

5/7/19 11:53 pm

**In support of banning conversion therapy**

Professionals should not be allowed to engage in practices that have no basis in science. Conversion therapy falls under that category, and being deeply harmful to those subject to it, should absolutely be prohibited.

**Commenter:** Monique Valcourt

5/8/19 5:59 am

**Ban Conversion Therapy**

I cannot believe that I am even writing this. Conversion therapy is a harmful and out-dated practice that has no morals. As a new Virginia resident I have been impressed with a lot of the politics that has evolved, until this. As a mom, a teacher, and a member of this state I wholeheartedly support an immediate ban on conversion therapy.

**Commenter:** Angela Ratay

5/8/19 6:23 am

**Ban Conversion Therapy**

Conversion therapy is harmful and outdated. It is abuse, not treatment. It needs to be banned.

**Commenter:** Curtis Stabler

5/8/19 8:24 am

**Ban conversion therapy**

This practice, which has no medical or psychological foundation, is based on bigotry. The whole idea that someone needs to be converted assumes there is a problem, which is not the case. There is a huge list of medical and psychiatric organizations that have come forward in opposition to this practice. Some examples: American Medical Association, American Psychiatric Association, etc. In 2007 the American Psychiatric Association task force found "results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE." In addition, the task force found that "there are no methodologically sound studies of recent SOCE that would enable the task force to make a



definitive statement about whether or not recent SOCE is safe or harmful and for whom." This is bigotry pure and simple. It is unsupported by science. It needs to stop

**Commenter:** Roxanne Edwards

5/8/19 9:12 am

### **Ban conversion 'therapy'**

I strongly condemn the use of conversion therapy. It is proven by medical and psychological sciences to be extremely harmful and dangerous. Our government must be willing to stand against prejudice and bigotry in the form of pseudo science. Please do not allow this mental torture to continue. The lives of our children depend upon it.

**Commenter:** Christine Robinson

5/8/19 9:27 am

### **Support the Guidance Document**

No sexual orientation or gender identity is a mental disorder. Treating it as such by trying to change it or discourage people from expressing same-sex identity/desire or living authentically according to their gender identity - by licensed practitioners - is unethical. It is also potentially harmful, particularly for minors.

I can hardly believe that in 2019, Virginia's professional regulatory boards are just now considering putting something like this into place. Please follow through with this necessary process and follow it up by urging the Virginia General Assembly and the United States Congress to pass legislation making this illegal (and preventing adults to pay for it through Medicaid or Medicare).

**Commenter:** Veena Lothe

5/8/19 9:37 am

### **Conversion therapy is a harmful and outdated practice that has no place in the Commonwealth**

Conversion therapy is a harmful, abusive and anti-science practice that has no place in the Commonwealth of Virginia. LGBTQ+ youth need support and unequivocal acceptance, not "conversion". I fully support a ban on conversion therapy and a move toward science based therapies that lift and support LGBTQ+ youth.

**Commenter:** Stephanie Malady

5/8/19 9:51 am

### **Ban the erroneously named abuse known as Conversion Therapy**

Conversion therapy is unconscionable. And with regard to it's practice on minors, it should rightfully be called what it is: child abuse.

Therapists that engage in the attempt to brainwash or reverse any child's gender identity are seriously unethical and legislation is needed to end such practices immediately.

Transgender youth have one of the highest suicide rates in the nation. We must not allow therapists to increase those rates with therapy methodologies that have been demonstrated in harming transgender youth. Nearly every major association of mental health professionals have released a statement condemning the practice. Therapy must be evidence-based and empirically verified in order to be a best practice. Conversion therapy is neither.

Over a decade ago, the American Psychological Association undertook a thorough review of the existing research on the efficacy of conversion therapy. Their report noted that there was very little methodologically sound research on sexual orientation change efforts (SOCEs) and that the "results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE." In addition, the task force found that "there are no methodologically sound studies of recent SOCE that would enable the task force to make a definitive statement about whether or not recent SOCE is safe or harmful and for whom." In short, there is clear evidence that conversion therapy does not work, and some significant evidence that it is also harmful to LGBTQ people.

And then there are these statements from the professionals:

"The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any "therapeutic intervention" operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such "conversion therapies" (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, "conversion therapies" should not be part of any behavioral health treatment of children and adolescents."

*The AACAP Policy on "Conversion Therapies".*

**American Academy of Pediatrics:** "Confusion about sexual orientation is not unusual during adolescence. Counseling may be helpful for young people who are uncertain about their sexual orientation or for those who are uncertain about how to express their sexuality and might profit from an attempt at clarification through a counseling or psychotherapeutic initiative. Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation."

*Homosexuality and Adolescence, Pediatrics.*

**American College of Physicians:** "The College opposes the use of "conversion," "reorientation," or "reparative" therapy for the treatment of LGBTQ persons."

*Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians*

#### **American Psychiatric Association**

... In 1997 APA produced a fact sheet on homosexual and bisexual issues, which states that "there is no published scientific evidence supporting the efficacy of "reparative therapy" as a treatment to change one's sexual orientation."

The potential risks of "reparative therapy" are great and include depression, anxiety, and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient.

#### **American Psychological Association**

"THEREFORE, BE IT RESOLVED, That the American Psychological Association affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

BE IT FURTHER RESOLVED, That the American Psychological Association reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others' sexual orientation..."

*Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts.*

**World Psychiatric Association:** "There is no sound scientific evidence that innate sexual orientation can be changed. Furthermore, so-called treatments of homosexuality can create a setting in which prejudice and discrimination flourish, and they can be potentially harmful (Rao and Jacob 2012). The provision of any intervention purporting to "treat" something that is not a disorder is wholly unethical.

Commenter: Mary Lib Morgan

5/8/19 9:58 am

### **Ban Conversion Therapy**

Recently, a young man shared his experience of coming out in his Christian family and the turmoil and torture that followed. He recounted attending conversion therapy and leaving, wanting to kill himself as a result of this "therapy". His family sent him for a second round and the results were the same. He was gay and knew it. He'd tried desperately to "change"; married, had a baby, and still - was gay...just as he'd been created. He had wanted to take his life a number of times until he was fortunate enough to meet people who loved him as he was. The impact of confirming friends saved his life. Conversion therapy had made him want to end it - more than once..

Conversion therapy is misinformed - critically misinformed and extremely dangerous to the LGBTQ population. Banning this archaic practice is essential to the mental health of our youth.

Commenter: Margaret Johnston

5/8/19 11:28 am

### **Ban Conversion Therapy**

As a voter in Virginia and a supporter of LGBT youth?i can't imagine the harm done to the young people.The facts are in,it doesn't work unless you have magical thinking

Commenter: Rachel Bracken

5/8/19 11:36 am

### **Conversion Therapy Is Abuse - Ban it Now!**

I support the Guidance Document to ban conversion therapy. Conversion therapy is abuse - gaslighting and trauma-inducing shame tactics have no place in the mental health or social work fields.

5/8/19 11:54 am

**Commenter:** Jennifer Wiggins

**Ban conversation therapy**

The state should prioritize keeping minors safe, including from harmful practices that are in direct opposition to evidence based mental health practices and regulatory boards.

**Commenter:** Casey Pick, The Trevor Project

5/8/19 12:47 pm

**Re: Support for Guidance Document 140-12, Policy on Conversion Therapy**

Dear Virginia Board of Social Work,

The Trevor Project is proud to support Guidance Document 140-12, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed social workers in Virginia.

The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) young people. We work every day to save young lives by providing support through free and confidential suicide prevention and crisis intervention programs on platforms where young people spend their time: our 24/7 phone lifeline, chat, text, and soon-to-come integrations with social media platforms. We also run TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operate innovative education, research, and advocacy programs.

In the past year alone, The Trevor Project has been contacted by more than 2,500 young Virginians. Nationally, many of the young people that we serve are survivors of conversion therapy or have a credible fear that their family members will compel them to go through conversion therapy. Supervisors for The Trevor Project's crisis services report that these issues come up regularly in conversation with youth coming to us for help, and as often as weekly. These impressions are borne out by data collected on TrevorLifeline, TrevorText, and TrevorChat, as our records show that since 2010 hundreds of contacts have reached out to The Trevor Project with specific concerns around this practice and terms like "conversion therapy," "reparative therapy," and "ex-gay" have appeared on our text-based platforms with disturbing frequency.

Some of these LGBTQ youth contact us because their parents are threatening to send them to conversion therapy. Others call us because they are in conversion therapy, it is not working, and their feelings of isolation and failure contribute to suicidal thoughts and behaviors. We've had youth reach out because friends or loved ones are being subjected to conversion therapy. And finally, young people have come to The Trevor Project in a state of profound distress because a someone they know has died by suicide during or after being subjected to conversion therapy.

The Trevor Project is invested in ending conversion therapy in every state because we know from experience and rigorous social science that conversion therapy contributes to an increased likelihood of suicide attempts among the youth we exist to serve. Recent research by The Family Acceptance Project has found that rates of attempted suicide by LGBT youth whose parents tried to change their sexual orientation were more than double (48%) the rate of LGBT youth who reported no such attempts to change their orientation (22%). Suicide attempts for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and formal change efforts by therapists and/or religious leaders were three times higher (63%).

Far from being a relic of history, the practice of conversion therapy is active and ongoing in Virginia today. A 2018 study by the Williams Institute at the University of California, Los Angeles School of Law shows that nearly 700,000 LGBTQ adults have been subjected to conversion therapy, with 350,000 of them receiving the dangerous and discredited treatment as youth. That number grows by thousands each year as the Williams Institute estimates that nearly 57,000 LGBTQ youth will be subjected to conversion therapy in the next few years by either a religious or spiritual advisor. An estimated 20,000 LGBT youth currently ages 13 to 17 will undergo conversion therapy from

**a licensed healthcare professional before the age of 18. These are the youth this guidance would protect.**

As to questions raised by conversion therapy proponents about the constitutionality of protections for youth from these practices, policymakers can be assured that multiple federal courts—including the Third and Ninth U.S. Circuit Courts of Appeals—have upheld similar laws protecting youth from conversion therapy. The U.S. Supreme Court has also twice declined to hear appeals to positive federal court rulings upholding laws restricting conversion therapy. The power of states to regulate medical treatments, including professional therapy, to ensure the public's health and safety is long established in Supreme Court precedent; indeed, it is a core purpose of professional licensing boards to regulate potentially dangerous medical treatments. Conversion therapy is no exception.

This policy does not restrict any protected First Amendment speech. It prohibits discredited treatments by state-licensed mental health care professionals. It does not apply to clergy or to individuals who provide religious instruction not selling these discredited practices in the public marketplace. It also does not prevent anyone from publishing, discussing, or advocating any viewpoints or beliefs regarding sexual orientation, gender identity, or anything else.

Despite these facts, conversion therapy proponents have suggested that dicta from *NIFLA v. Becerra* supports their oft-repeated and rejected claim that protecting youth from conversion therapy violates the free speech rights of licensed professionals. This is not the case, as *NIFLA*'s discussion of the professional speech doctrine has no effect on the constitutionality of conversion therapy bills. *NIFLA* concerned a California law that required licensed and unlicensed crisis pregnancy centers to post certain notices. By contrast, anti-conversion therapy policies regulate professional *conduct*, not professional *speech*, so the *NIFLA* case is inapplicable. In fact, in his opinion in *NIFLA*, Justice Thomas reaffirmed a distinction between professional speech and professional conduct, by explicitly stating that “under [the Supreme Court’s] precedents, States may regulate professional *conduct*, even though that conduct incidentally involves speech.”

Likewise, it is long established that the fundamental rights of parents do not include endangering their children by forcing them to undergo medical practices that have been rejected by the scientific community as discredited and harmful. The law already protects against other forms of child endangerment, and legal protections and professional guidance make it clear to parents that so-called “conversion therapy” is a dangerous and discredited practice that has no legitimate purpose. These regulations serve to protect parents from being taken advantage of by practitioners of conversion therapy who would attempt to cloak their actions with the legitimacy and authority of a state-issued license.

Virginia law already prohibits discredited and unsafe practices by licensed therapists. This guidance would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age – nothing more, nothing less. The guidance will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth.

For these reasons and on behalf of the youth who depend upon our services, The Trevor Project strongly supports Guidance Document 140-12. Thank you for your consideration of this importance guidance.

Sincerely,

Casey Pick  
Senior Fellow for Advocacy & Government Affairs  
The Trevor Project

**Commenter:** Malcolm Rush

5/8/19 1:11 pm

**Conversation Therapy should be BANNED in Virginia**

Conversation Therapy does nothing but torture people who are in the LGBT community to be straight. I as a straight person think that people in the LGBT community got as much rights to be with whoever they choose and I am appalled by these barbaric practices these doctors are doing and think it should be banned here in the Commonwealth. If Virginia "is for lovers", then prove it by illegalizing conversation Therapy.

**Commenter:** Jenny Morand

5/8/19 1:54 pm

### **BAN CONVERSION THERAPY!**

Do you know that during conversion therapy, they show pornography to children? Also, it doesn't work! Being gay is not something that can or should be changed. I cannot believe we are debating this in 2018. Conversion therapy hurts children.

**Commenter:** Debora Lloyd

5/8/19 2:01 pm

### **Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. prevent parents from getting help for their child as they deem best.
3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings

There needs to be freedom of choice. If someone wants this kind of therapy, it needs to be available. The state should not out-law it

**Commenter:** Nicolas

5/8/19 2:04 pm

### **Comment In Support of the Guidance**

I am a transgender man who has been in a long, happy, 10+ year relationship with my husband. I'm still the same person I was before my transition, I'm just much, much happier now. Conversion therapy is so harmful to people like myself and my husband- it tells us that we're somehow sinful or evil, just because we love each other. Conversion therapy can't change the biological fact that I am transgender, nor that my husband and I are queer. Conversion therapy is barbaric and based on bad, outdated science. It is akin to forcing a left-handed child to write with their right, while simultaneously telling that child that they are sinful for being left-handed. Even the previous proponents of conversion therapy (such as David Matheson and Dr. L. Spitzer) have admitted that it doesn't work. This assertion has been backed up by metanalysis from Cornell University of 42 peer-reviewed studies. Numerous professional medical and scientific establishments, including the APA and the AAP, strongly oppose conversion therapy. Conversion therapy has been linked to depression later in life, and even suicide. Please strengthen the ban against conversion therapy, and protect vulnerable children in my home state.

**Commenter:** Phyllis Green

5/8/19 3:09 pm

### **Ban Conversion Therapy**

**BAN CONVERSION THERAPY!!**

**Commenter:** Eddie Barrett

5/8/19 3:38 pm

**I support this Guidance Document**

Typ

**I support this Guidance Document**

Religious based homophobia cannot replace sound science. As a Virginia Assistant State Director for American Atheists AND as parent of a gay transgender son, I oppose all legislation designed to destroy the personhood and individuality of anyone, young people included. It is hard enough for these children because they are bullied, harassed, or even worse. We need to support our children not teach them that who they are is wrong. That will cause trauma, which in turn will cause further damage and could even trigger mental illness. It is time that we ban the barbaric practice of conversion therapy which has shown to be detrimental and harmful to our youth.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide.

**Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.**

We must stop with this religious based homophobia and let kids be kids, raised with love and support for who they are, and let's show them that they matter, and not try to convince them that they are something they are not and bad or sinful if they just want to be themselves. That is TRAUMA and hurtful.

e over this text and enter your comments here. You are limited to approximately 3000 words.

**Commenter:** Eric Santiago, Beltway Atheists Inc., VA Ast. State Dir. AA.

5/8/19 3:46 pm

**Support this guidance, of course.**

This seems like a no-brainer... It's harmful to attempt to externally force a change to an intrinsic part of a person's identity to something more palatable by the masses. This has happened in history time and again, where a person's intrinsic nature is a threat to the conformists who see the "other" in anyone they look closely upon for more than a few minutes. Many of the people this guidance may affect are in dire need of support and acceptance from the very same people who are opposing it. It's tragic really that the opposition to this guidance tends to smack of some perceived paternalistic high ground. People are weird and that's ok. But it's not ok to force people to be "normal". I understand the point the opposition also makes, that there may be some folks that WANT conversion therapy and this guidance would cut them off from accessing such state-provided services. But that shouldn't be the job of the state. The state should remain neutral in modifying the intrinsic nature of individuals, such that changes of that order are left to the individual to seek out on their own. Freedom to and freedom from.

5/8/19 4:05 pm

**Commenter:** Mike Daren

**I support the proposed Guidance Document changes to discourage conversion therapy**

I support the proposed Guidance Document changes to discourage conversion therapy.

**Commenter:** Mrs.Delaney

5/8/19 4:44 pm

**BAN CONVERSION THERAPY!**

Patients and parents can still obtain therapy for gender dysphoria without it being conversion therapy! People need to practice acceptance!

**Commenter:** Deborah Lichtenstein

5/8/19 5:06 pm

**Ban conversion therapy**

Such practices have been rejected by every mainstream medical and mental health organization for decades. Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness, and suicide.

**Commenter:** Steve Burner

5/8/19 6:02 pm

**Ban conversion therapy**

Please don't harm your children because of your own narrow-minded beliefs. Conversion therapy is quackery, and subjecting a child to this is damaging on so many levels.

**Commenter:** Claiborne Yarbrough

5/8/19 6:13 pm

**Ban Conversion Therapy**

Conversion therapy is harmful and misguided. Our LGBTQ youth need our support and acceptance. A ban is a step in the right direction in support of human rights.

**Commenter:** Michael Bonevich

5/8/19 6:17 pm

**Ban conversion therapy.**

Ban this medieval and vile practice.

**Commenter:** Meredith Glenn

5/8/19 6:23 pm

**Ban Conversion Therapy**

I don't know why this horrible practice would be legal in our state. It's not a thing that could ever work, it could only serve to damage the (usually) young people it's used on. Being gay isn't something a person is choosing to be, it's something you're born to be. "Therapy" to try to change



you would suggest that there is something wrong or damaged about being gay. That could not be farther from the truth.

**Commenter:** K. Hudson

5/8/19 6:44 pm

### **Oppose Conversation Therapy**

I am opposed to the passing of the social worker guidance for conversation therapy. Counseling should not be just agreeing with someone. A counselor should be able to point out good and bad points of certain decision. A parent should be able to guide their child and bring them up in the way they want and not have the state telling them other wise. If you are seeking help, you should be able to get what you are after.

**Commenter:** Sasha Morris

5/8/19 6:58 pm

**Ban this horrible thing you call conversion "therapy" Jesus would not approve.**

Ban this horrible thing you call conversion "therapy" Jesus would not approve.

**Commenter:** Floyd Taylor

5/8/19 8:22 pm

### **Support the ban on Conversion Therapy**

Conversion Therapy is a lie. There is not a single scientific or medical organization that supports it nor is there any valid, scientifically conducted research that validates it. It is much like many years ago when people believed that Laetrile was a treatment for cancer and screamed that they were being deprived of their rights when it was made illegal. The belief in conversion therapy is no more valid than the belief in laetrile. And it is just as dangerous and harmful. It must be banned and relegated to the dustbin of history

**Commenter:** Mark Scheland

5/8/19 8:37 pm

**The state has NO role in the matter of an individual's sexuality. Ban "conversion" therapy.**

**Commenter:** Shelton Dominici

5/8/19 8:58 pm

### **Ban conversion therapy!!!**

I overwhelmingly support the Guidance proposing a ban on conversion therapy for the Board of Social Work. We know how harmful and dangerous this is for our youth. DO THE RIGHT THING!!

**Commenter:** Jeanne Hanewich

5/8/19 9:15 pm

### **Ban the Torture of Conversion Therapy**

Please ban conversion therapy. I consider it to be torture and abuse, especially when used in the case of minor children.

Thank you

**Commenter:** Nora Scheland

5/8/19 9:54 pm

### **Ban Conversion Therapy**

The Commonwealth has no role in intervening in someone's sexuality. The Commonwealth's job is to protect life and liberty. We all deserve the dignity of getting to be our selves in this country. Ban conversion therapy!

**Commenter:** michelle curtin

5/8/19 10:19 pm

### **Ban conversion therapy**

LBGTQ is decided by biology. It is not a choice. Conversion therapy is abusive. Stop conversion therapy. I have worked in the mental health field for over 45 years, and there is a great deal of scientific data proving the harmfulness of conversion therapy.

You are limited to approximately 3000 words.

**Commenter:** Barbie Gallini

5/8/19 10:47 pm

### **Ban Conversion Therapy**

Conversion therapy is harmful and misguided. Our LGBTQ youth need our support and acceptance. A ban is a step in the right direction in support of human rights.

**Commenter:** Scott Taylor

5/9/19 6:33 am

### **Protect Our Freedom**

I believe our country was founded on freedom. We have many freedoms given to us as citizens of this country. And any act by the government to take away a free people's exercise of their liberty is tyranny, no matter for what reason. It is hard for me to understand why we would want to limit anyone's choices of treatment, and tell a practitioner the best way to help a person. This is a direct assault on personal liberty and on the principles we as Americans and Virginia's should all be opposed too. I am strongly apposed to this legislation or any legislation that will limit my freedom or any other persons freedom for any reason.

It seems that one person's belief on this matter is trying to shut down another person's belief by using the law to do it. In a strange way this would be the state imposing their own belief system (religion) onto the rest of the people. Which would be against another freedom we all have under the law, to believe and live under that belief freely and there should be no discrimination.

Please do not take away any of our freedoms on behalf of someone else. Thank you

**Commenter:** Mrs. Lola Rasschaert

5/9/19 7:48 am

**Opposition to Current Guidance Documents on Counseling**

I oppose the suggested changes to the social workers regulations as these changes would:

1. Deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
2. Prevents parents getting help for their children as they deem best.
3. Deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings.

**Commenter:** Derek Birt

5/9/19 8:34 am

**Ban conversion therapy!**

Please push to ban conversion therapy for everyone!!!

**Commenter:** Viju Singh

5/9/19 9:07 am

**Ban conversion Therapy**

The experts in the field have stated that the Conversion Therapy does not work and could be harmful to the ones subjected to it. LGBTQ people have existed as long as human kind. It is not a choice as Science hating, ignorant people proclaim. If it was a choice no one would choose it given the discrimination and bad treatment these people receive in many aspects of their life. This therapy should not be practiced.

**Commenter:** Grace Olsen

5/9/19 9:28 am

**Ban conversion therapy**

Conversion therapy is abuse and should be banned. There are no credible experts who support it, and it should not be legal.

**Commenter:** Kelly Zeoli

5/9/19 9:36 am

**Ban conversion therapy**

Conversion therapy does not work and it can cause horrible psychological problems in the children it is supposed to help.

**Commenter:** Laura O'Brien

5/9/19 9:51 am

### **Ban Conversion Therapy**

LGBTQ youth are 8X as likely to attempt suicide after going through CV. There is no way to be Pro Life and Pro CV.

**Commenter:** Beth Kreydatus

5/9/19 9:57 am

### **Ban conversion therapy**

"Conversion therapy" is a misnomer, it is not remotely therapeutic; instead, experts have demonstrated that it does tremendous harm to the young people (and people of any age, but especially the young) when it is used. This practice is a holdover from outdated and backward pseudoscientific traditions. "Conversion therapy" violates the rights of LGBTQ individuals, and it has no place in Virginia's communities. Please ban conversion therapy.

**Commenter:** Darlene Flucker

5/9/19 10:16 am

### **Ban the assault on LGBT individuals**

Conversion therapy is discriminatory violence. The belief that this violence is done in God's name and therefore should be protected as a religious right is not only inaccurate, but sinful to those who conduct such a oppressive act against God's words. This is not religion. This is discrimination and should not be condoned under Virginia law. There is absolutely no reason why this should be allowed to continue. Conversion therapy leads to suicide, depression, and more amongst its victims and is not only ineffective (as one cannot choose to be gay) but operates under the understanding that gay individuals are less than heterosexuals. That is discrimination and nothing else. This is a practice that harms our youth and our adults and it needs to end now.

**Commenter:** Lianne Hedden

5/9/19 10:27 am

### **Please ban conversion therapy.**

It's a cruel and barbaric practice that doesn't benefit its victims or the general public in any way. Mental healthcare shouldn't be used to tell a person there's something evil about them.

**Commenter:** Sara Hayet, VA resident

5/9/19 10:35 am

### **It's past time to ban this horrendous treatment**

Conversion therapy is an unscientific form of "treatment" that views LGBTQ+ identities as mental illnesses, an outdated view defied by major medical organizations today (The Trevor Project). It presents a real health danger to LGBTQ+ residents, undermines the validity of their identities, and enforces homophobic stigma. As a bisexual Virginia resident, I call on the commonwealth to ban conversion therapy.

**Commenter:** Ted Lewis, Side by Side Va, Inc.

5/9/19 10:36 am

### **Side by Side Supports a Ban on "Conversion Therapy"**

**To Whom It May Concern:**

On behalf of the youth and families of Side by Side (formerly ROSMY), I write in support of Guidance Document 140-12, which would protect youth under the age of 18 from so-called "conversion therapy" in Virginia psychological practice. For over 25 years, Side by Side has provided support and mental health counseling to lesbian, gay, bisexual, transgender, queer, and questioning youth ages 11-20 in Central Virginia. We have witnessed first hand the damage "conversion therapy" has on the mental health and stability of LGBTQ+ youth.

Being LGBTQ+ is not a psychological disorder that needs to be "converted" or "changed." This practice sends a message that there is something wrong with who LGBTQ+ youth are and that they need to be "fixed," when in fact if they are loved and accepted they can truly flourish. Instead of offering to change someone's sexuality or gender identity, LGBTQ+ youth should be affirmed in who they are and provided emotional peer and adult support.

Additionally, there is no credible evidence that this type of therapy works at all. Interestingly, Robert Spitzer, one of the initial leaders in "conversion therapy" has come out against the practice stating in an April 2012 letter to the editor of Archives of Sexual Behavior:

"I believe I owe the gay community an apology for my study making unproven claims of the efficacy of [conversion]/reparative therapy. I also apologize to any gay person who wasted time and energy undergoing some form of [conversion]/reparative therapy because they believed that I had proven that [conversion]/reparative therapy works..."

Even though this form of therapy does not work and even though there is nothing wrong with a young person being LGBTQ+ or questioning their gender or sexuality; LGBTQ+ youth still face intense bullying, harassment, and even violence both at school and sometimes at home. Parents of LGBTQ+ youth may turn to "conversion therapy" as a means to stop the pain their child is enduring. They deserve to know the dangers of this practice and that it will not and cannot change their children. These parents and their children deserve to see counselors who can affirm who they are and provide the emotional support and guidance they need.

We implore you to consider adopting this ban on "conversion therapy" and ensuring LGBTQ+ youth in Virginia are protected, affirmed, and shown the love they deserve.

Sincerely,

Ted Lewis

Executive Director

Side by Side, VA

**Commenter: Alyssa Larsen**

5/9/19 10:40 am

**Ban Conversion Therapy!**

Conversion therapy has been proven to be an ineffective, abusive, and damaging practice.

**Commenter: Tyler Milton**

5/9/19 1:37 pm

**Ban Conversion Therapy**

This harmful practice has caused pain to many of my queer brothers and sisters. It is ineffective and degrading to a person's humanity.

**Commenter:** James Turnbull, Life-Long VA Resident

5/9/19 2:01 pm

**Please ban conversion therapy**

It's clear from the accounts of countless people including personal friends and many more in the public sphere that conversion therapy is ineffective and causes immense harm on the mental health of the kind souls that are subjected to it. Furthermore it's not necessary for the practice of Christianity. Every account I've heard has suggested that the people who voluntary go to this "treatment" are manipulated into going by way of guilt. It's time for VA to join the psychological community and several other states in banning conversion therapy. Thank you for your service to our state.

**Commenter:** Alanna Mill

5/9/19 3:50 pm

**Ban Conversion therapy**

Conversion Therapy should be ban because it is just not right and inhumane to LGBTQ+

**Commenter:** Mary Kranz, grandmother

5/9/19 5:22 pm

**Ban conversion therapy**

Please end this abusive practice enter your comments here. You are limited to approximately 3000 words.

**Commenter:** Sara Van Gorder

5/9/19 6:00 pm

**Abuse is not therapy.**

I was always taught to treat others the way I wanted to be treated. I was appalled to learn that lesbian, gay, bisexual, transgender, and queer youth are being targeted for so-called "conversion therapy" that tells them they are bad because of who they are. These dangerous and discredited practices—which include the use of shame, pornography, psychological abuse, and even aversive conditioning—lead to devastating problems, including depression, substance abuse, and even suicide. I'm bisexual, and it pains me to know that some LGBTQ youth are being told that they're made anything but perfect.

**Commenter:** Jay Mendoza

5/9/19 9:17 pm

**BAN CONVERSION THERAPY!**

Research clearly demonstrates that conversion therapy is dangerous, harmful, and completely ineffective. But regardless of whether sufficient research exists or not, it's irrelevant. That's because being LGBT is not an illness. Trying to cure homosexuality is as absurd as trying to cure heterosexuality. Conversion therapy is downright unethical. To thrive in a moral and just society we must allow for reason and sound science to drive policy. We as a society must stand strong against ignorance fueled by homophobia, hate, and dogma. The discredited practice not only lacks medical justification but greatly increases the risks of depression, suicide, anxiety, and self harm among LGBT children. We must protect our children at all costs and stop punishing them for being born the way they were. It is now time to put a ban on this horrific practice.

**Commenter:** Margaret Murphy

5/10/19 12:11 am

**Conversion Therapy is quack medicine that causes trauma and is a form of abuse.**

Conversion Therapy is a failed, archaic, disproven theory that is a form of abuse. There is no legitimate scientific research that validates its legitimacy. To the contrary it is a heinous form of abuse that leaves long lasting emotional scars and in some cases permanent psychological damage. It stunts development and self esteem, leaves people dissociated, shut down, traumatized, anxious, and with post traumatic stress. It is both ineffective and unnecessary. LGBTQ+ people are not aberrations to cure, they are vibrant individuals to nurture and love. The sin is not being LGBTQ+, it is using fraudulent and abusive means to try to control and change people who need to be embraced and accepted. Draconian and quack medicine these techniques must be banned to prevent damaging and oppressing people for fearful, hateful, ignorant reasons. Ban Conversion Therapy forever.

**Commenter:** Marilee Taylor

5/10/19 7:35 am

**Ban the Cruelty of Conversion Therapy**

Conversion therapy needs to be banned. It is a cruel and abusive practice that demeans and harms young people at a point in their life when they may already feel a little confused and unsure. Being gay does NOT need fixed. Let them be who they are.

**Commenter:** Carlton Hardy

5/10/19 10:22 am

**Ban Conversion Therapy**

Conversion therapy has been shown to be quackery, and overtly harmful to the subject. I have personally known two individuals who were subjected to this 19th century emotional torture, and both of whom subsequently committed suicide after being discharged from the program. Recommend all attend the film "Boy Erased" (based on real life) for a graphic portrayal of this emotional torture in action.

**Commenter:** Todd White

5/10/19 11:50 am

**Popular public opinion shouldn't be medical care**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** D. Curtin

5/10/19 11:58 am

**Ban conversion therapy**

**Commenter:** joyce Smith

5/10/19 12:01 pm

**Parenting at home, not the government**

All the influences at school are causing stress among our children. School shootings are usually from children that feel different and not accepted by their peers. Let parents parent their child. Don't open up opportunities where children will not get support on an ongoing basis.

Sincerely,

Joyce Smith

**Commenter:** Ann Smith

5/10/19 12:04 pm

**Parental rights and religious freedom**

Oppose Guidance document

**Commenter:** Mary Rudy

5/10/19 12:04 pm

**Protect parental rights and religious freedom in the counseling of children**

Let parents raise their children with morality-

Mary

**Commenter:** ROBERT SABO

5/10/19 12:07 pm

**Protect the freedom of Virginia families and respect the democratic process**

**Protect the freedom of Virginia families to acquire the counseling they choose**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
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**Commenter:** Pam Heminger

5/10/19 12:09 pm

**proposed regulations on therapy**

Please maintain parental rights & religious liberty rights and do not change the regulations governing therapy. If the legislature couldn't pass the laws, then it's evident the people don't want these changes! Thank you for your consideration.

**Commenter:** Earl Anderson

5/10/19 12:10 pm

**Protect parental rights and religious freedom in the counseling of children**

We need to leave alone the rights of parents, who are closest to their child's challenges to be able to serve their children the way they believe they should be served. Parents are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child. Additionally, under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Young people may have attractions they desire to change or moderate and others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions and a ban would deny families the religious freedom to seek counseling aligned with their faith.

Lastly, because the proposed definition and ban would cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals, which is a core principle of the National Association of Social Workers Code of Ethics.

Please uphold the rights of parents and children to seek services they are looking to receive. Thank you.

**Commenter:** Sarah Fortunato

5/10/19 12:11 pm

**reparative therapy**

Please ensure that reparative therapy is protected by law.

Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Please do not allow there to be a ban on reparative therapy.

**Commenter:** Harriet Pricenor

5/10/19 12:13 pm

**. Reparative therapy**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
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- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Michael Power

5/10/19 12:15 pm

**therapy**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
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- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Linda Ramler

5/10/19 12:20 pm

**reparative therapy**

My concern is that reparative therapy might be removed as an option for those receiving counseling. I do not agree with forcing someone into reparative therapy as has been done on occasion but there are those who do, and will in the future, seek such therapy for a variety of reasons, both personal and religious. To deny them therapy when they desire it is at least as harmful as forcing it on those who don't want it. Please make sure all regulations are formed with that in mind.

Thank you for your careful consideration on this subject.

**Commenter:** Elizabeth Troiani

5/10/19 12:23 pm

### **Child Therapy**

Therapists should be able to help children according to the expertise of the therapist and the needs of the children. Parents choose the therapist based on their mutual values. There should be no ban on any particular words that are said to the child by the parents or by the therapist.

**Commenter:** Dale Bain

5/10/19 12:24 pm

### **rights & freedom in children counseling**

Please protect parental rights. Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual well-being of their child.

**Commenter:** Gina Endres

5/10/19 12:25 pm

### **Protect parental right & religious freedom in the counseling of children**

Protect and main parental rights & religious liberty rights and do not change the regulations governing the counseling of children. There is no need of government interference! Thank you for your consideration.

**Commenter:** Brian Coleman

5/10/19 12:26 pm

### **Reparative Therapy**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right

to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Donald Schwab

5/10/19 12:27 pm

**Protect parental rights and religious freedom in the counseling of children**

Type

**Protect parental rights and religious freedom in the counseling of children**

We need to leave alone the rights of parents, who are closest to their child's challenges to be able to serve their children the way they believe they should be served. Parents are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child. Additionally, under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children.

Young people may have attractions they desire to change or moderate and others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions and a ban would deny families the religious freedom to seek counseling aligned with their faith.

Lastly, because the proposed definition and ban would cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals, which is a core principle of the National Association of Social Workers Code of Ethics.

Please uphold the rights of parents and children to seek services they are looking to receive. Thank you.

over this text and enter your comments here. You are limited to approximately 3000 words.

**Commenter:** Scott Cypher

5/10/19 12:27 pm

**Oppose board of social works to ban ALL communication between social worker & client(s)**

I join the Virginia Catholic Conference in opposing the ban apparently proposed by the board of social works between them & their clients. Not only is this unconstitutional, but this would put children & families @ serious risks by denying them self-determinism in establishing/ setting care goals. The patient's preferences need to be known/ discussed & be involved in their treatment plans. Scott. B. Cypher, D.C.

**Commenter:** Christina Mac Cabe

5/10/19 12:30 pm

**Oppose the Board of Social Work's misguided and unconstitutional proposal**

Viva Christo Rey!

Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client " self-determinatin in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** TD

5/10/19 12:34 pm

### **Parental Rights and Religlous Freedom**

TypParental rights are first and foremost in raising children. We cannot continue to let the inmates run the asylum! e over this text and enter your comments here. You are limited to approximately 3000 words.

**Commenter:** gary kuhn

5/10/19 12:37 pm

### **parental right**

Under Virginia law, parents have the fundamental right to make decisions involving the physical, mental, emotional, and spiritual wellbeing of their child.

**Commenter:** Andrea DelVecchio

5/10/19 12:39 pm

### **Parental Rights for Treatment/ Reparative Therapy**

Parents are the closest to their child's challenges and they are the best people to identify solutions for physical or mental health treatment options. The state and state regulations should never override the parent's right to properly take care of their child in all areas of care- physical, emotional, and spiritual well being.

**Commenter:** Rick James

5/10/19 12:40 pm

### **Reparative Therapy**

I find it completely misguided that our state government is trying to regulate the restriction of a therapy based on only one segment of our state society. The fact that this concept has been debated and failed multiple years in the state legislature, but is now brought up from a regulatory process is indicative that there is not broad public support and that one segment appears to be trying to use government to force their desired outcome. Why is there a need to "ban" this form of therapy other than to appease people who find it "offensive"? In Virginia, parents/guardians have the prime responsibility for the development of their children up to the age of majority. Regulating away the ability for parents to exercise that responsibility would contradict state law. In essence you would be creating a regulation contrary to a state law that would undoubtedly fail when contested in court. So why push for something that is a) illegal and b) bound to fail?

**Commenter:** Irene Maria DiSanto

5/10/19 12:41 pm

### **Stop encroachment of state above families**

Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions. A ban would deny families the religious freedom to seek counseling aligned with their faith. Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics). enter your comments here. You are limited to approximately 3000 words.

**Commenter:** Thomas F. Griffin, Virginia citizen

5/10/19 12:44 pm

### **Comment on Proposed Ban on Reparative Services**

Because the General Assembly has not adopted their view, reparative therapy ban proponents are now seeking to impose a ban through regulation. Several state licensing boards are trying to bypass the General Assembly altogether, which has the effect of diluting citizens' voice in Richmond. The latest is the Board of Social Work, which like those of Psychology and Counseling, is proposing a regulatory ban.

Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.

A ban would deny families the religious freedom to seek counseling aligned with their faith. Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Ralph Shawver

5/10/19 12:45 pm

### **Rights of families**

Parents are in the best position to identify solutions to the challenges of their children and to make healthcare decisions involving their physical, mental, emotional and spiritual needs. To ban legitimate care options, which no one is forced to utilize, is to subvert liberty in the service of an enforced worldview.

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.

- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Matt Hamrick

5/10/19 12:46 pm

**Protect the freedom of Virginia families to acquire the counseling they choose**

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Gregory Robinson

5/10/19 12:49 pm

**Protect the freedom of Virginia families to acquire the counseling they choose**

Protect the freedom of Virginia families to acquire the counseling they choose

**Commenter:** Mary Cannarella

5/10/19 12:55 pm

**Protecting parental rights in choosing counseling**

As the Virginia Catholic Conference explains:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).
- I agree with these points and oppose an unconstitutional ban on reparative therapy for children with same-sex attractions.

Commenter: maureen Barrett

5/10/19 1:04 pm

### **Reject Guidance Document of the Practice of Conversion Therapy (140-20)**

Dear Virginia Board of Social Work,

I urges the Board of Social Work to reject the draft "Guidance Document on the Practice of Conversion Therapy (140-20)." If implemented, 140-20 would usurp the primary and fundamental role of parents, violate First Amendment rights, and exceed regulatory authority.

#### **Role of parents**

Healthcare decisions involving the mental and emotional health of children do not fit neatly into "one-size-fits-all" regulations. Parents are closest to their children's challenges. They know their unique needs and are in the best position to identify solutions. Some young people may have attractions they desire to change or moderate. Others may simply desire counseling to live a chaste life compatible with their religious or personal values. In either instance, there should be options available for families to make informed decisions.

Just as parents must give consent for over-the-counter medications,[1] field trips, and extracurricular activities, they have the constitutional right to guide mental health care for their children.

*The child is not the mere creature of the State; those who nurture him and direct his destiny have the right, coupled with the high duty, to recognize and prepare him for additional obligations.*[2]

140-20 also violates the presumption of parental autonomy in Virginia. Code Sec. 1-240.1 provides that a parent has the fundamental right to make decisions concerning the upbringing, education and care of the parent's child.

Families should also be free to make these decisions in private consultation with their child's social worker.

#### **First Amendment**

The First Amendment prohibits the government from favoring one viewpoint over another.

[T]he government has no power to restrict expression because of its message, its ideas, its subject matter or its content.... [T]he requirement that the government be content neutral in its regulation of speech means that the government must be both viewpoint neutral and subject-matter neutral. The viewpoint-neutral requirement means that the government cannot regulate speech based on the ideology of the message.[3]

140-20 defines "conversion therapy" or "sexual orientation change efforts" as *any practice or treatment that seeks to change an individual's sexual orientation...or eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender*. Because it seeks, for example, to prohibit the provision of licensed services to help clients achieve alignment between their subjective sense of gender and their objective biological sex while permitting services to assist clients towards a subjective sense of gender at odds with their objective biological sex, it is neither content nor viewpoint neutral. In addition, 140-20 would allow those who provide services to assist clients in directing their attractions in one direction but not in the other direction.

Document 140-20, therefore, gives the Board sweeping authority to sanction social workers' speech and engage in unconstitutional viewpoint discrimination.

Under this proposed definition, a teenage child who wants to grow in chastity and self-control would not be able to receive professional counseling to help achieve that goal. Thus, in addition to infringing freedom of speech and parental rights, this expansive definition also poses the risk that families and children will lose the right to client self-determination (a core principle of the National Association of Social Workers Code of Ethics).[4]



As applied to faith-based, licensed social workers, 140-20 also would result in censorship of religious beliefs in violation of the First Amendment.

**Commenter:** Edward Krattli

5/10/19 1:11 pm

### **Protect the freedom and rights of Virginia families**

Legislative attempts to ban reparative therapy in Virginia failed in 2016 and 2018. A ban would negatively impact parental rights and religious freedom. Because the General Assembly has not adopted their view, ban proponents are now seeking to impose a ban through regulation. Several state licensing boards are trying to bypass the General Assembly altogether, which has the effect of denying the voice of Virginia's citizens. The latest is the Board of Social Work, which like those of Psychology and Counseling, is proposing a regulatory ban. This is an underhanded attempt to negate the fundamental rights of parents: Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional, and spiritual wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children. Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions. Government though stay out of those decisions. A ban would deny families the religious freedom to seek counseling aligned with their faith. Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics). Please protect the rights and freedoms of Virginia families and stop this effort to restrict parental decisionmaking.

**Commenter:** Michael Roshawn Bankston

5/10/19 1:16 pm

### **LGBT**

Race is not a choice; sex orientation is a choice. Many in the LGBT community will admit they choose to live as such. Everybody was made to be attracted to the opposite gender. For the LGBT population, however, something drove them away from the laws of nature.

Nearly 1/5 of young people develop homosexual feelings during adolescence. Most will eventually outgrow these feelings, however. Half of all LGBT people have suffered sexual abuse. In addition, many LGBT people grew up without a positive role model.

Saying you should be proud to be LGBT is like saying you should be proud to be an addict. Like addicts, the LGBT community has a problem tht requires professional help. Therefore, counseling and/or therapy is the best thing we can do for the LGBT population.

**Commenter:** Elizabeth Brady

5/10/19 1:36 pm

### **BAN, repeat BAN conversion therapy!!**

Nothing more needs to be said except why not encourage families instead of trying to break the family apart with the intention that government knows what is best for families.

5/10/19 1:46 pm

**Commenter:** Marjorie Vanmeter

### **Reparative Therapy**

To ban reparative therapy is to deny parents and their children resources and choices they may seriously need. It is amazing that the state of Virginia would consider negating such important services.

**Commenter:** Darcie Caine

5/10/19 1:46 pm

### **The Board of Social Work's proposal is unconstitutional**

Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and health of their children.

**Commenter:** Scott Lear

5/10/19 1:58 pm

### **If Reparative Therapy Is Desired Don't Deny It. Provide the Choice**

Since reparative therapy is voluntary, I cannot understand the desire to deny it. People with same sex attraction who desire to resist those temptations ought to have this therapy available. Denying them of this therapy would effectively deprive them of the choice that they is their right to have.

The Board of Social Work is undermining the rights of Virginia families. Denying access to this therapy is an encroachment on rights of parents to seek what is best for their families and a denial of the subject's right to seek a future with a natural family of their own.

**Commenter:** Loren Wilee

5/10/19 2:02 pm

### **The issue is not conversion therapy.**

The issue is the looming threat to the freedom of VA parents to make, not only all treatment decisions for their children, but also to be in direct communication with their children's treatment providers. Get elected officials out of the lives of private citizens!

**Commenter:** MARIANNE MAZZATENTA

5/10/19 2:05 pm

### **Reject the draft "Guidance Document on the Practice of Conversion Therapy**

#### **Oppose Guidance Document**

Dear Virginia Board of Social Work,

As a parent, I urge the Board of Social Work to reject the draft "Guidance Document on the Practice of Conversion Therapy (140-20)." If implemented, 140-20 would usurp the primary and fundamental role of parents, violate First Amendment rights, and exceed regulatory authority.

#### **Role of parents**

Healthcare decisions involving the mental and emotional health of children do not fit neatly into "one-size-fits-all" regulations. Parents are closest to their children's challenges. They know their

unique needs and are in the best position to identify solutions. Some young people may have attractions they desire to change or moderate. Others may simply desire counseling to live a chaste life compatible with their religious or personal values. In either instance, there should be options available for families to make informed decisions.

Just as parents must give consent for over-the-counter medications,[1] field trips, and extracurricular activities, they have the constitutional right to guide mental health care for their children.

*The child is not the mere creature of the State; those who nurture him and direct his destiny have the right, coupled with the high duty, to recognize and prepare him for additional obligations.*[2]

140-20 also violates the presumption of parental autonomy in Virginia. Code Sec. 1-240.1 provides that a parent has the fundamental right to make decisions concerning the upbringing, education and care of the parent's child.

Families should also be free to make these decisions in private consultation with their child's social worker.

### **First Amendment**

The First Amendment prohibits the government from favoring one viewpoint over another.

[T]he government has no power to restrict expression because of its message, its ideas, its subject matter or its content.... [T]he requirement that the government be content neutral in its regulation of speech means that the government must be both viewpoint neutral and subject-matter neutral. The viewpoint-neutral requirement means that the government cannot regulate speech based on the ideology of the message.[3]

140-20 defines "conversion therapy" or "sexual orientation change efforts" as *any practice or treatment that seeks to change an individual's sexual orientation...or eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender*. Because it seeks, for example, to prohibit the provision of licensed services to help clients achieve alignment between their subjective sense of gender and their objective biological sex while permitting services to assist clients towards a subjective sense of gender at odds with their objective biological sex, it is neither content nor viewpoint neutral. In addition, 140-20 would allow those who provide services to assist clients in directing their attractions in one direction but not in the other direction.

Document 140-20, therefore, gives the Board sweeping authority to sanction social workers' speech and engage in unconstitutional viewpoint discrimination.

Under this proposed definition, a teenage child who wants to grow in chastity and self-control would not be able to receive professional counseling to help achieve that goal. Thus, in addition to infringing freedom of speech and parental rights, this expansive definition also poses the risk that families and children will lose the right to client self-determination (a core principle of the National Association of Social Workers Code of Ethics).[4]

As applied to faith-based, licensed social workers, 140-20 also would result in censorship of religious beliefs in violation of the First Amendment.

To comply with 140-20, these social workers must terminate or self-censor any conversation with a client that may tend toward reducing same-sex attraction, regardless of the client's or family's desire to seek counsel. Because of this, 140-20 would also impermissibly restrict a patient's First Amendment freedom to speak candidly about intimate concerns and to receive guidance from a licensed professional social worker.

Ethics rules should be enforced and frequently examined for effectiveness and uniformity across all professions. They should also not be applied in ways that are biased to favor certain viewpoints or to target others for sanction. At a minimum, speech must be protected.

Conversely, 140-20 sets a double standard. It does not, for example, sanction advocacy of dangerous treatments to accelerate "gender transition" among children, e.g., through irreversible surgery or hormonal treatments.

**Exceeding regulatory authority**

For reasons such as those explained above, the General Assembly has rejected legislation to ban "conversion therapy." In 2016, the legislature rejected three such bills in committee: (**SB 262 and SB 267**, Senators Surovell and Dance; and **HB 427**, Delegate Hope) that would have prohibited "conversion therapy" on persons under 18 to change sexual orientation or gender identity.

Similarly in 2018, the General Assembly rejected two bills (**HB 363**, Delegate Hope; **SB 245** Senator Surovell) which would have prohibited social workers from providing any treatment to those under 18 which would seek to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Nearly identical to 140-20, these bills were also defeated in committee.

Administrative agencies can adopt rules and policies to carry out duties delegated by the legislature. The rules and policies, however, should be consistent with statutory provisions.[5] The General Assembly has specifically and repeatedly rejected proposed "conversion therapy" bans. The Board does not have the authority to adopt 140-20 because doing so would circumvent the General Assembly's decisions in this matter.

Accordingly, I urge the Board of Social Work to reject 140-20.

Sincerely,

Marianne Mazzatenta

**Commenter:** Kim Anderson, Choice Baptist Church

5/10/19 2:13 pm

**social work/counselor regulations**

I oppose the suggested changes to the social workers regulations as these changes would:

1. deny social workers their freedom to help those who want counseling to overcome unwanted same-sex attraction or gender confusion.
  2. prevent parents from getting help for their child as they deem best.
  3. deny patients with unwanted same-sex attraction or gender confusion to get the desired counseling to overcome these feelings
- type over this text and enter your comments here. You are limited to approximately 3000 words.

**Commenter:** Fr. Stephen Vaccaro

5/10/19 2:15 pm

**Do NOT Limit Counseling Options**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right

to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Ronald McKinley

5/10/19 2:24 pm

### **Reparative Therapy**

Please oppose the proposed ban on Reparative Therapy.

**Commenter:** Shelton Bradley

5/10/19 2:27 pm

**I oppose conversion therapy and the state has no right to dictate how Families seek treatment**

**Commenter:** Jessie

5/10/19 2:42 pm

### **Parent's Rights**

I believe that parents should have ultimate control, not the government. It's up to the parents to decide what's best.

**Commenter:** Patrice Chadbourne

5/10/19 2:43 pm

### **Proposed Regulations to limit Counseling options**

Do NOT limit counseling options. Let parents help guide their children through this journey without discarding options some families would find helpful. Parents are the first and best teachers and support for their children. The State does not always know best.

**Commenter:** Ms. Quentin Lawrence

5/10/19 2:48 pm

### **Conversion Therapy is Inhumane.**

The practice of conversion therapy is inhumane and should be stopped at all costs. Why can't we just accept people who are different and love them as God and Jesus would? You who support this are the worst kind of animal. Perhaps with the radical love God has and continues to show us we can transform them or at least love and accept them. We are not responsible for their soul/spirit so just leave them alone and pray for them.

**Commenter:** David Waters

5/10/19 2:55 pm

### **Opposition to current guidance documents on counseling**

I oppose the suggested changes to the social workers regulations that limit, deny or regulate a social workers freedom to counsel a patient seeking to overcome unwanted same-sex attraction or gender confusion. I oppose social worker regulations that would limit or deny a parents right to

helping their child as they deem best. I oppose social worker regulations that would limit or deny a patients right to seek counseling to overcome unwanted same-sex attraction or gender confusion.

**Commenter:** Stephen Hertz

5/10/19 2:55 pm

**There is no basis for banning conversion therapy**

I have been unable to find any study that shows conversion therapy is any more risky than any other accepted therapy.

**Commenter:** Thomas Palumbo

5/10/19 2:58 pm

**Protect the freedom of Virginia families to acquire the counseling they choose**

I oppose this misguided and unconstitutional proposal for the following reasons:

- Parents are in the best position to make healthcare decisions involving the physical, mental, emotional, and spiritual well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children.
- There should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** George Elliott

5/10/19 3:09 pm

**parents have a responsibility and government should not limit their options for counseling**

Ty

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

pe over this text and enter your comments here. You are limited to approximately 3000 words.

**Commenter:** Private citizen

5/10/19 3:11 pm

**Parental rights**

Do not infringe on a parents right to council their children.Government butt out.

**Commenter:** Leo Marier

5/10/19 3:11 pm

**Oppose Guidance Document**

This has failed twice in the legislature and is opposed to parental and religious rights.

**Commenter:** Philip Briggs

5/10/19 3:14 pm

### **Say NO to ban on limiting reparative therapy**

Please do NOT place a ban on reparative therapy for individuals who struggle with difficulties in their emotional, mental, and physical wellbeing. I oppose this ban for the following reasons:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

Thank you so much.

**Commenter:** Mary Sidhu

5/10/19 3:22 pm

### **Parental Rights**

Parents have the right to raise their own children under Virginia law and should therefore be allowed to provide their children with the best care possible. If a particular therapy could benefit their child, there is no reason it should be denied. No political ideology should take precedence over doing what is healthiest and what is right.

**Commenter:** Joanne Seale

5/10/19 3:29 pm

### **No Ban on Reparative Therapy**

Parents are the best judge of the type of therapy their child should receive and should be able to choose the therapist themselves. Parental rights are paramount in this area and should not be taken away

5/10/19 3:35 pm

**Commenter:** Kathleen Murray

**Parental Rights**

Please support the right of parents to make their own decisions about their child's counseling. ..

**Commenter:** Barbara Massey

5/10/19 3:45 pm

**Parental Rights**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** No Ban!

5/10/19 3:46 pm

**No Ban!**

**Commenter:** Thomas V. Esposito, Jr., M.S.W.

5/10/19 3:52 pm

**In opposition of any regulatory ban on "conversion therapy"**

This proposal is a gross overstep of government authority, and comes between the patient and their provider in deciding what is best for them. Helping a client cope with unwanted feelings/desires/drives should never be a restricted practice for social workers and/or therapists, and there is no conclusive study (only selected anecdotal cases) that suggests that Reparative Therapy is damaging or dangerous. This proposal further oversteps the bounds of parental rights and religious freedom in its attempts force such a proposal on the people of Virginia when it has failed in the legislature. I ask this as one with a social work background; is it really the position of the NASW to tell Virginians, "You may not want this, but we know better what you need."? The lack of consideration of the self-determination of families is appalling. Please withdraw this non-scientifically based proposal.

**Commenter:** Zac White

5/10/19 4:06 pm

**no ban**



- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Amanda Morris

5/10/19 4:29 pm

**Project parental rights and religious freedom. Reject this proposal**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client self determination in setting care goals (a core principle of the National Association of Social Workers Code of Ethics)

**Commenter:** NL

5/10/19 4:31 pm

**no ban - freedom for parents to raise their children as they know best**

Freedom of faith and freedom to raise our children is a principal value in our country. Other people who disagree with the parents or with other people's religious views are not entitled to impose their beliefs on other people. Everyone needs to respect the freedom of other people, and not try to make everyone else conform to their views. Those who claim people with religious viewpoints are intolerant of others, are actually intolerant of people with religious views. We need to continue to support freedom when it is under attack.

**Commenter:** Eileen Slade

5/10/19 4:47 pm

**Conversion Therap**

As a resident and voter in Virginia, I am firmly opposed to conversion therapy.

**Commenter:** Benjamin Coonfield

5/10/19 4:49 pm

**Oppose guidance document**

This proposal appears to be misguided attempt to forcibly override individual and family rights and the ability of practitioners to use their own professional judgement

**Commenter:** Richard Strauss.

5/10/19 4:53 pm

### **No Ban**

Parents have exclusive rights concerning the religious beliefs of the family. NOT the state!

**Commenter:** Edward Hara, Committee Chair, Life Committee, KofC Council  
8600

5/10/19 4:55 pm

### **Listen to science, not emotions**

Sirs and Madams:

When a thing is created, it has certain purpose. One does not use a hammer for cleaning glass. That is not its purpose. We see by the construction of a thing what its purpose is. This is called "Natural Law Theory"

Male and female were created to unite and bring forth life. We see this from the construction of the human body and the function of the reproductive organs. In order for the human body to work properly within this function, the wonderful computer that runs the body - the mind - must also be working properly and give the proper signals to the body. Same sex attraction is not the proper signal, and many people who realize this struggle with their same sex attraction and their desire to overcome it. To in any way restrict these people who are looking for help with their thoughts and attractions would be to do them a great disservice.

I urge you to avoid passing any regulations which would hinder so-called "conversion therapy" simply on the basis that militant homosexuals do not like this. Science - the reality that our bodies are made to function according to their construction - and not distorted emotions, should be that which rules our judgments.

**Commenter:** Chris Bowers

5/10/19 5:06 pm

### **Maintain reparative therapy option**

Reparative therapy is beneficial to many people. It should not be banned because it conflicts with the social narrative goals of the progressive left. Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Some young people may have attractions they want to change. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions. Please do not ban this therapy option. Thank you.

**Commenter:** retired

5/10/19 5:20 pm

### **maintain counseling services**

It makes no sense to deny counseling to those in need. How hypocritical they are who would deny such services.

5/10/19 5:20 pm

**Commenter:** John Mosticone

**reparative or "conversion" therapy**

Worthy Sir

**Protect the freedom of Virginia families to acquire the counseling they choose!**

**We shall be judged by our actions**

**Commenter:** Robin Maas, parent and grandparent

5/10/19 5:28 pm

**Ban violates parental rights**

This is a blatant effort on the part of activists to override the democratic process in our state and demolish parental rights to decide what is best for their children. It must be defeated.

**Commenter:** Latha Kumar

5/10/19 5:40 pm

**Ban Conversion Therapy**

Conversion Therapy is detrimental and harmful to the youth of the LGBT community. One must foster acceptance and inclusion for this community and not risk their health and well being.

Conversion therapy must not be allowed in the state of Virginia and we must teach tolerance and acceptance. We are all born in our own way and being LGBT is just one way, we are born.

**Commenter:** Shari Drees

5/10/19 7:05 pm

**Ban it**

Professionals have determined it is harmful to youth.

**Commenter:** Andrea Pipp

5/10/19 7:14 pm

**BAN CONVERSION THERAPY**

**Commenter:** Diana Crosswhite

5/10/19 7:16 pm

**Ban Conversion Therapy**

I support a total ban on Conversion Therapy.

**Commenter:** Elaine A. Kasten

5/10/19 7:17 pm

**Ban Conversion Therapy**

I am writing to convey my concern with the practice of conversion therapy. As a Christian I believe that all God's children are made in his image and that this type of counseling is very harmful.

**Commenter:** Louise Gorsica

5/10/19 7:32 pm

**Ban It NOW!!**

**Commenter:** Amanda L Pohl

5/10/19 7:40 pm

**Support for Guidance Document**

As an MSW, I am appalled that there are no repercussions for practitioners who would violate our social work code of ethics through the use of practices that have been shown to cause harm to individuals. I support the proposed changes and agree that social workers should be held accountable for harm caused by so-called "conversion therapy" or sexual orientation change efforts.

**Commenter:** Pete Ekstrand

5/10/19 7:49 pm

**Ban violates parental rights**

Ban violates parental rights---should not be enacted!!

**Commenter:** Cara Kasten

5/10/19 8:03 pm

**Conversion therapy is NOT counseling**

Conversion therapy is a form of abuse. People should not be harmed for who they are or who they love.

**Commenter:** Melissa Johnson

5/10/19 8:12 pm

**Ban Conversion Therapy**

I support this new regulation which would ban conversion therapy. Research has shown that these this "treatment" is very harmful, particularly to adolescents who may not even be choosing this option for themselves. In addition, homosexuality is no longer viewed as a mental health problem and there is no need for "therapy" to treat LGBTQ persons. Please institute this new regulation.

**Commenter:** Ellen Costlow, voter

5/10/19 8:12 pm

**I can't believe I even have to comment on this.**

This is 2019, right? Oh, right. Let me be clear: **BAN CONVERSION THERAPY.**

**Commenter:** Marlene Meade

5/10/19 8:24 pm

**BAN Conversion Therapy**

Let people be who they were born to be!

**Commenter:** Rachel Iga

5/10/19 8:41 pm

**Ban conversion therapy, save lives**

Multiple peer-reviewed articles cite the dangers of conversion therapy particularly in adolescents. Protect all citizens of the commonwealth by banning this "therapy".

**Commenter:** Peggy Palizzi

5/10/19 8:44 pm

**A ban would deny families the religious freedom to seek counseling aligned with their faith.**

- A ban would deny families the religious freedom to seek counseling aligned with their faith.

**Commenter:** William Carpenter

5/10/19 8:45 pm

**Ban on parents rights for their children**

Oppose the Ban and support parents Rights for their children.

**Commenter:** Heather

5/10/19 8:48 pm

**At no point is conversion therapy a scientifically sound "treatment".**

**Commenter:** Shelley Gardner

5/10/19 8:56 pm

**Ban conversion therapy!**

I support the 21 year old statement from the American Psychiatric Association in opposition to the practice of conversion therapy as found here: <https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy> The laws of Virginia should make it clear by a legal ban that the practice of subjecting children and adults to a dangerous, unproven form of therapy will not be acceptable in Virginia. Follow the science, not charlatans who cater to fear and bigotry.

5/10/19 9:05 pm

**Commenter:** Jim and Ruth Franconeri

**Opposition to Guidance Document**

Oppose this guidance document. Let the parents be parents.

**Commenter:** Jill Boyle

5/10/19 9:06 pm

**Ban conversion therapy**

Ban conversion therapy.

**Commenter:** Thomas William Howard

5/10/19 9:09 pm

**I am opposed to these changes**

**Commenter:** Sandra McNinch

5/10/19 9:30 pm

**Ban conversion therapy**

Ban conversion therapy.

**Commenter:** Aaron Caine

5/10/19 9:40 pm

**Parental rights**

Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. These changes violate parents' rights and are unconstitutional.

**Commenter:** Laura Hinkle

5/10/19 9:46 pm

**Ban conversion therapy**

**Commenter:** Abbey Grobe

5/10/19 9:51 pm

**Ban Conversion Therapy**

Conversion therapy is cruel and ineffective. Ban it. Virginia and the USA should be better than this.

**Commenter:** Sara Mickle

5/10/19 9:53 pm

**Ban Conversion Therapy for Minors**

Gender and sexuality are certainly hot button topics. While I respect that many commenters feel this limits parental rights, I feel strongly that is an overblown concern. Parents are still able to provide religious and spiritual guidance at home they simply aren't able to bolster these efforts with mental health professionals. There is a clear correlation between conversion therapy and increased suicide in minors. Homosexuality was removed as a mental health diagnosis many years ago. "Therapy" to cure what isn't an illness at an increased risk of suicide is something the mental health community should not condone.

**Commenter:** Rebecca Ing

5/10/19 9:58 pm

**Protect the freedom of Virginia Families to acquire the counseling they choose**

Protect the freedom of Virginia families to acquire the counselling they choose:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Jenny Seitz

5/10/19 10:10 pm

**Ban conversion therapy**

**Commenter:** Jim Fedor

5/10/19 10:17 pm

**Ban conversion therapy.**

comments here. You are limited to approximately 3000 words.

**Commenter:** Kathleen Morand

5/10/19 10:19 pm

**Ban conversion therapy**

**Commenter:** Katherine Ewalt

5/10/19 10:20 pm

**Ban Conversion "Therapy"**

Ban conversion therapy - this is not therapy. This is mental torture of young people over something that is beyond their control, because it is not a choice. This beyond unethical, it is immoral and wrong. If a person who is an adult chooses to participate in this therapy, they can have that right. But no one should choose for a child.

**Commenter:** Claudia Marshel, LCSW

5/10/19 10:43 pm

### **Ban Conversion Therapy**

As a Mental Health professional I know that so-called "Conversion Therapy" is not therapy at all. It is a coercive and abusive process that is unethical for any licensed medical or mental health professional to practice. No reputable medical or mental health professional organizations support conversion therapy.

**Commenter:** Marilyn S Breslow

5/10/19 10:52 pm

### **Ban conversion "therapy"**

Sexual orientation is innate - not chosen. Insisting that people deny who they are and convert to another state of being is unrealistic and may lead the person feeling like a failure that s/he didn't work hard enough to change. Mental health is about helping people to live with self acceptance, discipline and resilience. Counseling geared toward changing an individual's sexuality is not mental health.

**Commenter:** Kristin Trost

5/10/19 11:06 pm

**Conversion "therapy" is not based on science or evidence. It should be banned.**

**Commenter:** Maria R Ponti

5/11/19 12:41 am

### **Ban Conversion Therapy**

The rights of parents to choose the counselling they deemed best for THEIR child must be protected.

**Commenter:** Joanne W

5/11/19 12:52 am

**Don't ban counseling; don't do an end run around voters' wishes**

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

**Commenter:** Katherine Bishop

5/11/19 12:53 am

### **Ban Conversion Therapy**



**Commenter:** Mary Anne Gardner

5/11/19 1:12 am

**Stop trying to take away parental guidance**

**Commenter:** Robert Reddy

5/11/19 3:55 am

**Please Stop This**

It is for the individual to decide who they are. The government has no right to interfere. Sexual orientation is not a choice that can be reversed it is fundamental to who that person is

**Commenter:** EDUARDO ALVARADO

5/11/19 5:59 am

**CONVERSION THERAPY**

**Protect the freedom of Virginia Families to acquire the counseling they choose**

Protect the freedom of Virginia families to acquire the counselling they choose:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Whitney Hagmann

5/11/19 7:27 am

**Ban Conversion 'Therapy'**

Conversion therapy doesn't convert, nor is it therapy. It is abuse. Ban it.

**Commenter:** Beth Martini

5/11/19 7:27 am

**Parental rights**

Parents, not the government should be the ones to make decisions in the best interest of their children.

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
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- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

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**Commenter:** Christopher Martini

5/11/19 7:36 am

#### **Parental rights**

Parents have the rights and responsibility to bring up their children, not the government.

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Beth Almore

5/11/19 8:45 am

#### **Ban conversion therapy - it is human rights abuse**

Conversion therapy is a human rights abuse. It goes against the inherent, innate right of an individual to live their life in a way that fulfills their inherent personhood. Sexuality is a deeply personal and inborn facet of human experience, and this therapy has been proven not only not to

work, but to cause lifelong, permanent psychological and emotional trauma. Individual human rights must be respected and safe-guarded, particularly for children.

**Commenter:** Ashaki Redmon

5/11/19 8:54 am

**Conversion therapy is abusive and dangerous. I doesn't work. It does more harm then good.**

**Commenter:** Marianne Kesterson

5/11/19 9:26 am

**Ban Conversion Therapy!**

**Commenter:** Michael N Getsi

5/11/19 9:27 am

**Conversion Therapy**

Since parents are in the best position to know their children's goals, desires and dreams, they should be the ones to help sort through any unwanted feelings or troubling thoughts. Let the parents be the ones that make decisions regarding their children since they always have their best interests at heart. Thank you.

**Commenter:** Katherine Ann

5/11/19 9:30 am

**Ban conversion therapy!**

Please protect the children from their dangerous parents! Conversion therapy is child abuse and can lead to suicide!

**Commenter:** Teresa Prescott

5/11/19 9:35 am

**Conversion Therapy**

Ban conversion therapy. Not only does it not work, studies show it causes long-term harm to those who undergo it.

**Commenter:** Anya Smith

5/11/19 9:39 am

**Child abuse isn't a parental right! Ban conversion therapy**

Child abuse isn't a parental right! Ban conversion therapy

**Commenter:** Casey Kesterson

5/11/19 9:43 am

**I am strongly opposed**

**Commenter:** Jeff Kesterson

5/11/19 9:53 am

**Signed**

**Commenter:** Kathleen O'Kane Kreutzer

5/11/19 9:56 am

**Conversion Therapy is Malpractice and not therapy**

Conversion therapy has no basis in evidence, and in fact, there is a substantial body of evidence that it is abusive and permanently damaging to people. The word "therapy" should not even be associated with it - it gives it false integrity, where there is none. It is malpractice. Charletons make money off of vulnerable people from this and it perpetuates non-evidence/science based stigma. There is no place for this in our Commonwealth.

**Commenter:** Martin Keller

5/11/19 10:00 am

**Parental Rights**

Parents have the rights and responsibility to bring up their children, not the government.

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Ronald Ford

5/11/19 10:31 am

**Legislature to Silence Counselors**

Please protect the freedom of Virginia families to acquire the counseling they choose. I ask that you oppose the Board of Social Work's misguided and unconstitutional proposal. Several state licensing boards are trying to bypass the General Assembly altogether, which is wrong. The latest plan by the Board of Social Work, which like those of Psychology and Counseling, is to propose a regulatory ban, which is wrong for the following reasons. Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare

decisions involving the physical, mental, emotional and spiritual wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions. A ban would deny families the religious freedom to seek counseling aligned with their faith. Since the proposed definition and ban covers all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics). Thank you, Ronald Ford.

**Commenter:** Jay A Hufton

5/11/19 10:37 am

**Please Protect Children from Dangerous Conversion Therapy!**

Please pass this important guidance to protect young people in Virginia from so-called "conversion therapy," a dangerous and discredited practice that falsely claims to change a person's sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being LGBTQ is a mental illness that needs to be cured—a view with no scientific basis.

**Commenter:** Colleen Legare

5/11/19 11:02 am

**No to the ban.**

Parents have primary responsibility for the physical, psychological, and spiritual well-being of their children. They have a fundamental right to make decisions for them, a right which, in this country at least, they should be free to exercise according to conscience, unshackled by state regulations based on misguided cultural norms.

Let parents decide if, whether, when, with whom a child may benefit from reparative therapy. Say NO to the ban!

**Commenter:** Jennifer Woolley

5/11/19 11:03 am

**I oppose conversion therapy in Virginia and across all states.**

**Commenter:** Rachel Luciani

5/11/19 11:08 am

**No to the ban.**

**Commenter:** Lee Wiggs

5/11/19 11:09 am

**Ban Conversion Therapy**

5/11/19 11:34 am

**Commenter:** Monica Spencer

**Let People Choose Reparative Therapy If They Want It!**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Jennifer Robles

5/11/19 11:39 am

**Ban Conversion Therapy**

Conversion therapy is absolutely junk science. It is harmful and detrimental to those forced to endure this torture.

**Commenter:** Friendly Fairfax Atheist

5/11/19 12:47 pm

**support for guidance document: conversion "therapy" is not legitimate social work**

Dear Virginia Board of Social Work,

Conversion therapy consists of harmful and discredited practices intended to change a young person's sexual orientation or gender identity. It *doesn't work* because being LGBTQ+ is not an illness, and it can't be "cured."

The National Association of Social Workers together with every significant medical and mental health professional organization agree that conversion therapy is harmful and **never** therapeutically appropriate for minors.

Do not be swayed by Christian Dominionists who oppose Guidance Document 140-20.

Sincerely,

Queer Atheist Virginia Taxpayer

**Commenter:** Donna Gordon

5/11/19 1:13 pm

**Therapeutic choice should be a matter between the therapist and his/her provider.**

**Commenter:** Scott Blackwrl

5/11/19 2:17 pm

**There's nothing therapeutic about conversion "therapy"**

Conversion "therapy." That's a misnomer if ever there was one. It's psychopathy; not psychotherapy. LGBTQ people are to be accepted for who they are not forced conform to heteronormative behavior.

**Commenter:** Nancy Rose

5/11/19 2:25 pm

**Opposition to current guidance documents on counseling.**

I oppose the suggested changes to the social workers regulations. These changes would: 1. Deny social workers the freedom to help those who want counseling to overcome same sex attraction or gender confusion. 2. Prevent parents from getting the help for their child as they deem best. And 3. Deny patients with unwanted same sex attraction or gender confusion to get the desired counseling to overcome these feelings.

**Commenter:** Erin Horansky

5/11/19 3:28 pm

**Ban conversion therapy**

Ban conversion therapy

**Commenter:** Amy Towne

5/11/19 3:49 pm

**Ban Conversion Therapy**

Conversion therapy is harmful and needs to be banned

**Commenter:** Carmencita Clay

5/11/19 3:57 pm

**Re Proposal to Ban Reparative or Conversion Therapy**

I oppose the Board of Social Works misguided and unconstitutional proposal to ban reparative or conversion therapy for the following reasons:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.

- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Jessica Rhodes

5/11/19 4:36 pm

### **Ban Conversion Therapy**

It is a dangerous pseudoscience and its use is primarily based on religious beliefs which have no place in licensed medicine. It is a violation of the Hippocratic oath and it should not be legal for licensed providers to use this therapy on juveniles.

**Commenter:** Veronica Breza

5/11/19 5:02 pm

### **BAN CONVERSION THERAPY**

Conversion therapy is abusive and should be banned.

**Commenter:** Sylvia Clifton

5/11/19 5:30 pm

**Ban!**

**Ban Conversion Therapy!**

**Commenter:** Betsy Roberson

5/11/19 5:44 pm

### **Conversion therapy**

Trying to change another's sexual identity is as futile and valueless as trying to cure stupidity. Conversion therapy is an insult.

**Commenter:** Susan Heac

5/11/19 5:53 pm

### **Ban gay conversion therapy!!!!**

This is torture, plain and simple. It should be illegal in all states.

**Commenter:** Polly Dieter

5/11/19 6:02 pm

### **Ban Conversion Therapy**



Conversion Therapy is pseudoscientific and proven to be extremely harmful. Gay, lesbian, bisexual, transexual people do not need to be "fixed" Virginia needs to make this practice illegal. My child does not need to be erased.

**Commenter:** John Bernadyn, MS

5/11/19 6:10 pm

#### **Please Ban Conversion Therapy**

I was excited to learn that the board is considering banning the practice of conversion therapy for licensed providers. It is absolutely shocking that providers remain committed to harming patients based on their religious beliefs - not to mention religious lobbying for the practice to remain promoted. Our patients continue to commit suicide and have lifelong problems because of these practices that are now proven to be harmful. At what point did we say we practice based on our religious beliefs over our scientific bases? This must stop. I urge the board to move forward in banning providers to offer this service.

**Commenter:** Andrea Weber

5/11/19 6:15 pm

#### **Ban conversion therapy**

Children are to be cherished, not erased from who they are.

**Commenter:** Amy L. Brown

5/11/19 6:25 pm

#### **BAN CONVERSION THERAPY NOW**

Type over this text and enter your comments here. You are limited to approximately 3000 words.

**Commenter:** Michael Smielecki

5/11/19 6:26 pm

#### **Conversion therapy**

It is long past due to end this discredited therapy that is not recognized by the APA and has a high risk of suicide attached to it when used on children.

**Commenter:** Cathy Bowie

5/11/19 6:28 pm

#### **Ban "Conversion Therapy"**

Please ban this "conversion therapy". As a sister of someone who is gay I must stand up to this dispicable display of homophobia.

**Commenter:** Ray Bowie

5/11/19 6:30 pm

#### **Ban conversion therapy in our state**

**Commenter:** Joanne Kohlhaas

5/11/19 6:48 pm

### **Parental Rights**

Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

Please do not usurp parental rights and religious freedom.

**Commenter:** Deacon Tom Grodek

5/11/19 7:35 pm

### **Please - NO Ban on Reparative Therapy**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Debra Clark

5/11/19 8:13 pm

### **OPPOSE!**

I oppose the horiffic practice of conversion therapy!

**Commenter:** Corita Bernadette O'Brien

5/11/19 8:59 pm

### **PLEASE NO BAN ON CONVERSION THERAPY**

Do not take away parental rights from parents by banning Conversion Therapy which can help students struggling with this issue. The State is not and should not take the place of the parent.

**Commenter:** colleen and shawn collins

5/11/19 9:04 pm

### **DO NOT BAN CONVERSION THERAPY!!!!**

**DO NOT BAN CONVERSION THERAPY!!! PATIENTS HAVE A RIGHT TO SEEK HELP IF THEY ARE FACING AN UNWANTED SAME SEX ATTRACTION!!!**

**Commenter:** John K Donovan

5/11/19 10:00 pm

### **Ban conversion of alcoholics to sober persons!**

Your attempt to circumvent scientific inquiry is dishonest and ignorant. It took the success of self-help groups like Alcoholics Anonymous, narcotics anonymous, and overeaters anonymous to force the medical profession to recognize compulsive behaviors as diseases and not just a lack of will power or a moral weakness. By banning attempts to use psychotherapy to treat a patient's disease with their internal thought life is no different than big pharma withholding new medical discoveries because they will cut into their profits (for example, decades of mylanta sales versus a doctor finding the cure for stomach ulcers - big pharma didn't want the cure, they wanted patients buying their product). You want the patients feelings of dis-ease to continue for decades because it would bring you their money and increase you voting base.

**Commenter:** Autumn Klimis

5/12/19 11:57 am

### **Ban Conversion Therapy!**

I am writing to support restrictions - and an outright ban - on sexual orientation conversion therapy in the Commonwealth.

Conversion therapy is **opposed** by most major professional health and mental health organizations. In fact, scientific research has found that sexual orientation change efforts are detrimental to personal and public health.

Research from the University of San Francisco found that young people who experience "shame" because of their sexual orientation were:

- 8 times more likely to attempt suicide
- 6 times more likely to report high levels of depression
- 3 times more likely to use illegal drugs

Minors deserve special protections from abuse and other negative actions that put them at long-term risk of endangering themselves or others. Hence, the scientific evidence is *clear* that conversion therapy should be banned on minors.

Thank you.

**Commenter:** Isabella Noble

5/12/19 12:08 pm

### **Ban Conversion Therapy**

I am writing to support restrictions - and an outright ban - on sexual orientation conversion therapy in the Commonwealth. Conversion therapy is opposed by most major professional health and mental health organizations. In fact, scientific research has found that sexual orientation change efforts are detrimental to personal and public health. Research from the University of San Francisco found that young people who experience "shame" because of their sexual orientation were: 8 times more likely to attempt suicide 6 times more likely to report high levels of depression 3 times more likely to use illegal drugs Minors deserve special protections from abuse and other negative actions that put them at long-term risk of endangering themselves or others. Hence, the scientific evidence is clear that conversion therapy should be banned on minors. Thank you.

**Commenter:** Roger A Hanna, Sr.

5/12/19 2:45 pm

### **Changes to social workers regulations**

I oppose the suggested changes to the social workers regulations as these changes would:

#1 deny social workers their freedom to help those who want counseling to overcome unwanted same sex attractions or gender confusion.

#2 prevent parents from getting help for their child as they deem best.

#3 deny patients with unwanted same sex attractions or gender attraction or gender confusion to get the desired counseling to overcome these feelings.

**Commenter:** Greg Strickland

5/12/19 3:16 pm

### **Comment**

I am not in support of conversion therapy. It is an attempt to impose a narrow religious view on LGBT citizens, This is not consistent with my religious view where God takes each of us "Just as I am".

**Commenter:** Duane Schatz

5/12/19 6:33 pm

### **Do Not Limit Counseling Options**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Lance Vanlewen

5/12/19 6:57 pm

### **Ban Conversion Therapy**

Please pass this important guidance to protect young people in Virginia from so-called "conversion therapy," a dangerous and discredited practice that falsely claims to change a person's sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being LGBTQ is a mental illness that needs to be cured—a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who take advantage of parents and harm vulnerable youth by claiming that being LGBTQ is a mental illness.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for LGBTQ young people.

We can't allow one more young person to be targeted and hurt by these harmful practices.

**Commenter:** Nicole Eanes

5/12/19 7:57 pm

#### **Please ban conversion therapy**

After hearing horrifying stories from my friends of false promises of "liberation", coercion, manipulation, and guilt-inflicting narratives; I have realized that most people go to conversion therapy to satisfy someone else. Our citizens deserve to feel safe and proud in their own skin and experiences. It has been shown time and time again from the countless accounts of personal experiences that conversion therapy is not only not helpful, but mentally and emotionally harmful to those subjected to it. It is time to honor our citizens, their stories, and their expressions by banning conversion therapy. Thank you!

**Commenter:** Kay Glymph

5/12/19 8:38 pm

#### **No ban on conversion therapy**

**Commenter:** kevin d giles

5/13/19 12:15 am

#### **conversion therapy**

Please ban conversion therapy. Being gay is not an illness.

**Commenter:** Alsúin Preis

5/13/19 12:54 am

**I support outlawing conversion torture for children. It's an appalling and outdated practice.**

**Commenter:** Carolyn Rye

5/13/19 1:07 am

#### **Ban Conversion Therapy**

How disheartening to learn about this misguided Catholic church "initiative": Yet how *heartening* to see the hundreds of respondents who call out this so-called "therapy" (with origins that date back to 1890) for what it is. U.S. News and World Report states that conversion therapy has been denounced by the American Psychiatric Association and has been debunked by researchers. In recognition of "all God's children", it is time for Virginia to be added to this growing momentum of 16 states as of April 2019 that have banned this practice-- including the most heavily Catholic population states of New Jersey, Connecticut, Rhode Island, Illinois, California, New Mexico, and Massachusetts.

**Commenter:** Joanne S.

5/13/19 6:02 am

### **Protect Children & Parental Rights**

The government does not have the right to ban therapies that parents need to address issues that their children are facing. Our children are already being influenced too much by movies, TV, music, games, etc., that seek to mold children according to certain ideologies. Parents must have access to a wide range of options that they need to raise happy, healthy children.

**Commenter:** Sarah Olaniyi

5/13/19 7:37 am

### **Ban Conversion Therapy! It doesnt work, all it causes is pain**

**Commenter:** Adam Trimmer, Born Perfect

5/13/19 7:54 am

### **Twofold Support of this Document**

To the Virginia Board of Social Work:

I support this guidance document as both an individual and as part of an organization.

As an individual, I have some really painful memories from my time as an ex-gay. An ex-gay is an individual who, instead of identifying as gay, identifies as struggling with same-sex attraction, believing that one can heal from homosexuality. These attractions did not go away, but my enjoyment of life and self-confidence did. Instead of learning to love myself, I only learned to resent my parents as I was taught that my mother was overbearing and that my father was emotionally absent. This was taught to me as a "root cause" of me "developing same-sex attractions." As someone who was personally impacted by efforts to "heal from homosexuality," also known as sexual orientation change efforts (SOCE), or conversion therapy, I express a heartfelt thank you for defining it for what it is.

I also support this document on behalf of Born Perfect as Virginia's Born Perfect Ambassador. Born Perfect was created in 2014 by the National Center for Lesbian Rights to end conversion therapy. Few practices hurt LGBT youth more than attempts to change their sexual orientation or gender identity through conversion therapy, which can cause depression, substance abuse, and even suicide. But some mental health providers continue to subject young LGBT people to these practices—also known as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts"—even though they have been condemned by every major medical and mental health organization in the country. This guidance document is a fantastic step in the right direction.

5/13/19 9:19 am

**Commenter:** Kristen Calleja

**No to Conversion Therapy**

Please protect the interests of minors and ban conversion therapy, which has been shown over and over again to harm children.

**Commenter:** Diana Kregiel

5/13/19 10:21 am

**Ban Conversion Therapy**

God in His wisdom creates us as we are, and we should take joy in that. Attempting to change that can only do harm to the child, perhaps permanently. I urge you to make this ban the law.

**Commenter:** Rebecca Barwick

5/13/19 10:37 am

**Ban It**

I am writing to support restrictions - and an outright ban - on sexual orientation conversion therapy in the Commonwealth.

Conversion therapy is opposed by most major professional health and mental health organizations. In fact, scientific research has found that sexual orientation change efforts are detrimental to personal and public health.

Research from the University of San Francisco found that young people who experience "shame" because of their sexual orientation were:

8 times more likely to attempt suicide

6 times more likely to report high levels of depression

3 times more likely to use illegal drugs

Minors deserve special protections from abuse and other negative actions that put them at long-term risk of endangering themselves or others. Hence, the scientific evidence is clear that conversion therapy should be banned on minors.

Thank you.

**Commenter:** Geoffrey Blackwell, American Atheists, Inc.

5/13/19 12:04 pm

**"Conversion therapy" is child abuse by another name.**

As an attorney, I must always act in my client's best interest. A physician must "place patients' welfare above the physician's own self-interest or obligations to others." (AMA Code of Medical Ethics 1.1.1) Social workers should be held to a similar standard.

"Conversion therapy" is a misnomer. It is not therapy and it converts no one. The term is a euphemism designed to make the psychological abuse of children more palatable. I would liken it to forcing a left-handed child to use her non-dominant hand, except that comparison is wholly inadequate to convey the degree to which this "therapy" endangers the children subjected to it. The American Psychiatric Association stated it plainly in 2013: "No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a

mental health perspective does sexual orientation need to be changed." There is *no credible evidence* that this "therapy" can accomplish what its proponents claim without causing harm to the victims.

Social workers, like doctors and lawyers and other licensed professionals, must prioritize the safety and wellbeing of those in their charge over all other interests.

Thank you for your time and attention.

**Commenter:** Jenn Mangus

5/13/19 12:55 pm

**Ban it**

Please do not let this conversion ban go through.

**Commenter:** Michael Lovdal

5/13/19 12:55 pm

**Strongly oppose this "guidance"**

Government has no right to refuse patients desire and right for counseling in accordance with their strongly held beliefs, religious or otherwise. That's a clear violation of the 1st amendment on two counts.

**Commenter:** Ryan Boone

5/13/19 1:18 pm

**Ban Conversion Therapy**

I am writing in support of Guidance Document 140-12, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed counselors in Virginia. Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another. There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices. Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight



peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection. Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors. This guidance would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The guidance will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important guidance.

**Commenter:** Mary Kay Stine

5/13/19 1:23 pm

**counseling for unwanted same-sex attraction**

Counselors are not slaves of trends of the moment, but professionals who must be free to respond to patient needs and wishes.

**Commenter:** Pamela Wilgus

5/13/19 1:50 pm

**Reject this regulatory ban of reparative therapy**

- Please do not limit therapy options.
- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Mary Biagiotti

5/13/19 2:23 pm

**Protect the freedom of Virginia families to acquire the counseling they choose.**

**Commenter:** Jill Hellman

5/13/19 2:25 pm

**Ban conversion "therapy"**

The health and well-being of our LGBTQ youth and adults is at stake. We need to protect them from harmful practices of attempting to change a person's identity and sexual orientation through conversion therapy.

**Commenter:** Amanda Lynch

5/13/19 2:44 pm

**Ban conversion therapy**

Ban conversion therapy.

**Commenter:** A Moss

5/13/19 2:46 pm

**No to conversion therapy**

I am against conversion therapy.

**Commenter:** Sara M. Gaborik

5/13/19 2:48 pm

**Ban Conversion Therapy**

As a member of the LGBT community, a Mom, and a lawyer I am adamantly opposed to allowing conversion therapy in any form in Virginia. It is harmful to our perfectly normal LGBT kids and child abuse.

**Commenter:** Jessica Anderson

5/13/19 2:57 pm

**No to Conversion Therapy**

Conversion Therapy is cruel, abusive, and as study after study has shown, ineffective . The reason "Therapy" works is that it helps develop new behavior, not erase thoughts. All real therapies work this way... cognitive, hypnotism, even physical therapy. Moreover, therapy only works if the person receiving said therapy is a willing participant . Religious freedom and freedom from parents forcing their children to be subject to fake, unproven, pseudoscientific therapy can simultaneously exist. Jesus would not approve of conversion therapy, and to see my fellow Christians weaponize their faith to support it gives me great sadness.

**Commenter:** Margaret Gallagher

5/13/19 2:59 pm

**Ban Conversion Therapy**

Conversion therapy is child abuse. It should be completely outlawed. I am flabbergasted that people support this. An individual cannot be converted from homosexuality to heterosexuality as a result of this. It is preposterous that we are even discussing this in 2019. Absolutely BAN it.

**Commenter:** Lia Tremblay

5/13/19 3:01 pm

**Ban conversion therapy**

Conversion therapy is provably harmful to mental health and wellbeing. It seeks to end a state of being that is totally natural and harmless. And it DOES NOT WORK. Please ban this harmful, barbaric process that verifiably leads to mental health crises up to and including suicide.

**Commenter:** Alana Parsons

5/13/19 3:01 pm

**Ban Conversion Therapy**

Ban conversion therapy in the state of Virginia.

**Commenter:** James Via

5/13/19 3:01 pm

**Oppose**

I oppose any type of conversion therapy and support a ban on any kind of involuntary therapy being used on otherwise competent adults. People should be free to love and marry who they choose!!

**Commenter:** Stephanie Wade

5/13/19 3:02 pm

**Ban conversion therapy**

Conversion therapy is inhumane and wrong. Please ban it.

**Commenter:** Carolyn Ogrosky

5/13/19 3:05 pm

**Ban Conversion Therapy**

Please ban this harmful practice.

**Commenter:** Laura Thompson

5/13/19 3:09 pm

**Please ban conversion therapy**

Please ban conversion therapy.

**Commenter:** Shaun Lee

5/13/19 3:10 pm

**Ban Conversion Therapy**

Such practices have been rejected by every mainstream medical and mental health organization for decades.

**Commenter:** Afrikka Ennis

5/13/19 3:10 pm

**Ban Conversion Therapy**

This is not research based therapy and is harmful.

**Commenter:** Jodie Strum

5/13/19 3:13 pm

**Please ban conversion therapy**

I strongly oppose conversion therapy

**Commenter:** Erica Sena

5/13/19 3:17 pm

**Please ban conversion therapy.**

Please ban conversion therapy.

**Commenter:** Melody Choate, Paw in Hand LLC

5/13/19 3:17 pm

**Strongly SUPPORT BAN conversion therapy**

Conversion therapy is scientifically indefensible as history has proven time and time again that it does not work. It is a reprehensible form of abuse of children and young adults. It has not worked for anyone that I know who has been subjected at and it has resulted in many suicides and thoughts of suicide. This archaic model must be stopped it is psychologically damaging and patently false and disproven. Anyone who supports it has not researched its success rate, nor have they dealt with the internalized loathing it causes in those subjected to it. I strongly support the ban on conversion therapy!

**Commenter:** Heather L F

5/13/19 3:18 pm

**Conversion therapy is abuse and should be banned.**

**Commenter:** Terri Laundon

5/13/19 3:18 pm

**Ban Conversion Therapy**

Conversion therapy exists to make adults feel better - it doesn't work to change anyone and it is cruel. Parents should love the children the way they are.

**Commenter:** Micki Parr, ASCA

5/13/19 3:24 pm

**Ban conversion "therapy".**

Any school counselor who follows evidence-based practices knows that conversion therapy is harmful to students' social/emotional development. It should be banned for their safety and well-being.

**Commenter:** Dennis Howard

5/13/19 3:25 pm

**Ban Convrsion**

**Commenter:** Sandra Mikesell

5/13/19 3:28 pm

**Ban Conversion Therapy!**

**Commenter:** Ashley Ashley

5/13/19 3:30 pm

**Ban Conversion Therapy**

Conversion Therapy should be banned.

**Commenter:** Maureen Seifert

5/13/19 3:31 pm

**Conversion Therapy**

Please ban Conversion Therapy! Being LGBTQ is not a "mental illness" that requires a "cure".

**Commenter:** Kristi Smith

5/13/19 3:34 pm

**Ban it!**

Ban it!

**Commenter:** Colleen Berry

5/13/19 3:36 pm

**Ban Conversion Therapy**

Conversion therapy is nothing more than glorified child abuse. Parental rights do not include the ability to abuse your child, so all of these people shouting about parental rights as a reason to continue to allow conversion therapy are completely off-base. Please understand that there is no scientific support that conversion therapy is helpful to children, many studies that say they are harmful and as such, should not be allowed to be continued in the state of Virginia

**Commenter:** Jenn

5/13/19 3:38 pm

**Gay conversation therapy is horrendous and hurtful.**

To have a child told that their potential sexuality is wrong is horrendous.

**Commenter:** Sara Cariano

5/13/19 3:40 pm

**Ban Conversion Therapy**

Please ban this harmful practice.

**Commenter:** Anne H

5/13/19 3:42 pm

**Ban Conversion Therapy**

Conversion therapy is abuse.

**Commenter:** Ann Hubbard

5/13/19 3:45 pm

**BAN CONVERSION THERAPY**

It is barbaric, anti-science, unproven, and attempts to address a problem that is not a problem. Those who promote it are vile bigots. BAN CONVERSION THERAPY.

**Commenter:** Edgar Bowie

5/13/19 3:46 pm

**Ban Conversion "Therapy" - Support 140-12**

I STRONGLY oppose conversion "therapy" and support the Guidance Document changes outlined in 140-12.

**Commenter:** Tracy Williams

5/13/19 3:58 pm

**Ban it!**

**Commenter:** Kate bames

5/13/19 4:00 pm

**BAN. CONVERSION. THERAPY.**

It is cruel and wrong.

**Commenter:** J. D. Smith

5/13/19 4:11 pm

**Ban Conversion Therapy**

Conversion therapy is cruel and barbaric. It should be a crime to subject anyone to it against their will.

5/13/19 4:20 pm

**Commenter:** Chad Cariano

**Ban Conversion Therapy**

Please ban this dangerous, archaic, and misguided practice.

**Commenter:** Carol Catron

5/13/19 4:29 pm

**Ban conversion therapy**

Conversion therapy is dangerous to our youth and must be banned.

**Commenter:** Mary Stevens

5/13/19 4:33 pm

**Conversion**

Conversion therapy is not recognized by any major medical body in this country as a safe or viable treatment for any condition. Its use has resulted in well documented harm to those it claimed to help. It is unscientific, inhumane, and proven to cause harm. It has no place in our healthcare system.

**Commenter:** Max Heyworth

5/13/19 4:51 pm

**Conversion Therapy Must be Banned**

Setting aside the fact that there is absolutely no credible scientific basis for the efficacy of "conversion therapy," the fact that it even exists speaks to a morally repugnant facet of regressive conservative culture. The idea that anyone who identifies as LGBTQ requires "conversion" or needs "therapy" is inherently hateful, and for the Commonwealth to actively obstruct a ban of such a disgusting practice is at best a tacit endorsement of that abominable belief. We are better than this. Make a stand and throw conversion therapy on the ash heap of history where it belongs.

**Commenter:** Ryan C

5/13/19 4:53 pm

**"conversion therapy" is unethical**

So-called "conversion therapy" is unethical to its core and should have no place in the Commonwealth or society as a whole.

**Commenter:** Lea Ane Beaver

5/13/19 4:53 pm

**Ban Conversion Therapy**

LGBTQ ppl don't need to be "fixed". Ban this torture therapy.

**Commenter:** Eric Herrman

5/13/19 4:58 pm

**Ban conversion coercion. It is not a therapy.**

So-called Conversion Therapy neither converts nor is it a therapy. It is just severe indoctrination meant to coerce people into repressing their sexual orientation.

**Commenter:** Brian Lawson

5/13/19 5:08 pm

**Conversion Therapy is unethical and cruel.**

The entire practice of conversion therapy is rooted in both religious intolerance and junk science. A person's sexual and romantic proclivities are intrinsic to their individual nature as human beings. There is no logical sense in attempting to coerce an individual into sexual expressions against their will. It is widely accepted as being both cruel and psychologically damaging to patients. It is a relic of a bygone era, long since left behind in favor of unbiased science and study. This practice must be banned like the snake oil it is.

**Commenter:** Cindy McCaffery

5/13/19 5:08 pm

**Ban conversion therapy**

Conversion therapy is abusive and has no basis in science!

**Commenter:** Wanda Atkinson

5/13/19 5:17 pm

**Ban conversion therapy**

Ban conversion therapy

**Commenter:** Julia Henderson

5/13/19 5:17 pm

**Ban Conversion Therapy**

Ban conversion therapy in Virginia. It is abusive and gay people are not sick and do not need to be fixed.

**Commenter:** Mary Koval

5/13/19 5:21 pm

**Ban conversion therapy**

It is time to ban conversion therapy.

**Commenter:** Sydney Anderson

5/13/19 5:26 pm

**Ban Conversion Therapy**

I support banning Conversion Therapy. Homosexuality has not been recognized as a diagnosis for 40 years. It's been proven ineffective. Why is this a conversation to be had in the 21st century .



**Commenter:** Stephanie Ragusky

5/13/19 5:30 pm

**Ban conversion therapy because it is the abomination.**

**Commenter:** Kate Ray

5/13/19 5:35 pm

**Ban conversion therapy**

This "therapy" technique has no medical research to support its use and is harmful to those it is thrust upon. It has no place in our medical system, and should be banned

**Commenter:** Kelly Smith

5/13/19 5:46 pm

**Ban conversion therapy**

Conversion therapy is not based in science, and it is ethically wrong.

**Commenter:** Alicia Bugausan, MSW

5/13/19 5:54 pm

**Ban conversion therapy. It is abuse and is not research based.**

This practice should be banned. It is not good practice.

**Commenter:** Joanna L

5/13/19 5:55 pm

**Ban conversion therapy**

Please! Why are we even still talking about this?

**Commenter:** Joe Martin

5/13/19 5:58 pm

**Ban conversion therapy**

Please support the new rules governing conversion therapy. Also, ban conversion therapy

**Commenter:** Thomas McCabe

5/13/19 6:01 pm

**Parents and Children Need Access to Counselors of their Choice**

I oppose the ban on Reparative therapy proposed by the Board of Social Work. Anyone should be able to choose a therapy program based on what is best for them. In particular, parents, children and young adults need to have choices that reflect the full range of counselling options that are available today.

Banning Reparative Therapy would severely limit those choices because:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

For these reasons and because I believe that a policy change of this scope is best decided in the General Assembly, where full discussion can take place, I urge that this proposal be rejected.

**Commenter:** John Imbirowicz

5/13/19 6:04 pm

#### **BAN CONVERSION THERAPY**

Convention therapy is nothing more than child abuse

**Commenter:** Madeline Roberts

5/13/19 6:16 pm

#### **Ban Conversion Therapy!**

Do the right, ethical, moral thing: Ban Conversion Therapy.

**Commenter:** Emily Hartman

5/13/19 6:21 pm

#### **Ban Conversion Therapy!**

This practice is child abuse. In Virginia we don't abuse children.

**Commenter:** Ophelia von Ludwig

5/13/19 6:33 pm

#### **Conversion therapy is torture**

I have been a social social worker for 30 years. I know what works and what cannot be changed. Please ban conversion therapy that no legitimate medical or psychological organization endorses.

**Commenter:** Darcy McCabe

5/13/19 6:43 pm

**Parents need to make healthcare decisions involving their children.**

I oppose the ban on Reparative therapy proposed by the Board of Social Work. Anyone should be able to choose a therapy program based on what is best for them. In particular, parents, children and young adults need to have choices that reflect the full range of counselling options that are available today.

**Banning Reparative Therapy would severely limit those choices because:**

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- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

For these reasons and because I believe that a policy change of this scope is best decided in the General Assembly, where full discussion can take place, I urge that this proposal be rejected.

**Commenter:** Sara Woodington

5/13/19 6:55 pm

**No Conversion Therapy EVER!!!**

No Conversion Therapy EVER! It breaks the 4th and 9th Amendments!

**Commenter:** Natalie Albers

5/13/19 6:55 pm

**Ban conversion therapy!**

Conversion therapy is an infringement on humanity. It should not even be a possibility.

**Commenter:** Barry family

5/13/19 6:59 pm

**Support the right to choose conversion therapy**

Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Robyn Lowry

5/13/19 7:02 pm

**I strongly OPPOSE conversion therapy and I VOTE.**

As a straight, cis gendered, married Christian mother I am horrified at the mere notion of conversion therapy for LGBT individuals. I strongly oppose this practice and I votel

**Commenter:** Lee Gibson

5/13/19 7:19 pm

**Ban Conversion Therapy**

Please ban conversion therapy, and any other abilities for children to be fed information of queer/gay/bisexual/lesbian being considered wrong. There is nothing wrong with us. We are just the same as everyone else.

**Commenter:** Beth Miksovic

5/13/19 7:25 pm

**I strongly oppose conversion therapy**

I strongly oppose conversion therapy. It has no medical basis and does not work.

**Commenter:** Cathy McCoart

5/13/19 7:25 pm

**Protect Religious freedoms of parents on the counselling of minors.**

It is a real slippery slope when lawmakers tell parents they can't teach their children their religious beliefs. Think about it - passing a law such as this technically would lead to the persecution of any and all religious freedoms and has the potential to end all parental rights.

**Commenter:** Cyreeta Price

5/13/19 7:30 pm

**Ban Conversion Therapy**

Clinically inappropriate and violates the ethical principles of all licensed clinicians

**Commenter:** Iris Woodard, No Va Ethical Society

5/13/19 7:41 pm

**Conversion Therapy**

Having worked in the medical field for almost 50 years, it is cruel and completely unethical to attempt to use Conversion Therapy or SOCE to brutalize a human being into believing that they must deny their nature.

Please support the guidance document for Social Workers who have always helped clients realize their best self and most productive nature..

**Commenter:** Barbara Jean Smith

5/13/19 7:42 pm

**Ban Conversion Therapy!**

**Ban Conversion Thereapy!**

**Commenter:** Kristi Martin

**5/13/19 7:47 pm**

**Conversion therapy is unethical and harmful**

Conversion therapy is ineffective and harmful to youth and the people this "therapy" supposedly serves. As a social worker, my ethics guide me to use only therapeutic interventions that are shown to be effective and that do no harm. Conversion therapy has not been shown to be effective and it certainly does harm. I understand the importance of parents rights to make medical choices for children; however, as a parent I want to be sure that any available therapy services will help and, at the very least, do my children no harm.

**Commenter:** Lisa Cherefko

**5/13/19 7:55 pm**

**Conversion Therapy is Child Abuse!**

**Commenter:** Sarah Gardner

**5/13/19 7:59 pm**

**Ban conversion therapy**

**Commenter:** Christina Hylton

**5/13/19 8:03 pm**

**Conversion therapy**

**Ban conversion therapy, it is wrong**

**Commenter:** Paula Chamberlain

**5/13/19 8:08 pm**

**Ban Conversion Therapy**

**Ban conversion therapy. It is wrong.**

**Commenter:** Richard M. Durand

**5/13/19 8:14 pm**

**I support the right of families to choose conversion therapy.**

I support the right of families to choose options that are in the best interests of their families. Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

**Commenter:** Clay Gibney

5/13/19 8:17 pm

**Ban conversion therapy**

I support the banning of conversion therapy.

**Commenter:** Frank Russo

5/13/19 8:28 pm

**Let Parents Be Parents**

Do not prohibit parents from seeking the psychological and spiritual help they want to provide their children.

**Commenter:** Olivia Greenwood

5/13/19 8:38 pm

**Please pass rules preventing Social Workers from utilizing conversion therapy**

As a concerned resident I am voicing my support for the passage of rules preventing Social Workers from utilizing conversion therapy on LGBTQ youth. These dangerous and discredited practices are based on the false claim that being LGBTQ is a mental illness that needs to be cured—a view with no scientific basis. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

Sincerely,

Olivia Greenwood

**Commenter:** Anderson Gould, LCSW Spotsylvania County Public Schools

5/13/19 8:45 pm

**Do not support conversion therapy**

Conversion therapy has been shown to be an ineffective and unethical treatment proposed to convert the sexual preferences of men and women who identify as homosexual. The NASW is not in support of this intervention. I strongly urge the VBSW to end any and all support of conversion therapy in favor of moving into line with the NASW and ethical considerations for the dignity and self worth of all humans. The preference for a same sex relationship is not a disorder; continuing to support conversion therapy treats it as such. The VBSW needs to work toward equality and dignity in its treatment of sexuality. As an LCSW in Virginia and Oregon, I am voicing my opposition to offering any support for or recommendation of conversion therapy and believe the VBSW should move to discredit the legitimacy of conversion therapy.

Sincerely,

Anderson Gould, LCSW

**Commenter:** Belinda Merriman

5/13/19 8:47 pm

**ban conversion therapy**

Conversion therapy should be banned. It is harmful. T

**Commenter: Matthew DeGrave**

5/13/19 9:21 pm

**Support for Guidance Document 140-12, on the Practice of Conversion Therapy**

Dear Virginia Board of Social Work,

Hello, my name is Matthew DeGrave I am writing in support of Guidance Document 140-12, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed counselors in Virginia.

I don't have much experience in this area, but I do know that I have friends that are gay and that is how they are and have always been. I can not imagine the psychological stress that this would put on young children who just want to live and be themselves. Banning this until a child is 18 allows the brain to develop further and allows the person to make the decision for themselves.

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary

position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.

This guidance would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The guidance will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important guidance.

Sincerely,  
Matthew DeGrave

**Commenter:** Laurence hartzog

5/13/19 9:23 pm

**Ban it**

**Commenter:** Susan Revere

5/13/19 9:27 pm

**Ban conversion therapy**



Conversion therapy is cruel and harmful. Please, ban conversion therapy.

**Commenter:** Emma Kelsey

5/13/19 9:33 pm

### **Ban Conversion Therapy**

Conversion "therapy" is a gruesome process that is in no way real treatment for anything. You can't force someone to change their sexuality. It's inhumane, and we need our laws to protect people from it.

**Commenter:** Suzanne Richman MD

5/13/19 10:08 pm

### **Ban Conversion therapy**

As a pediatrician, this is really simple. Conversion therapy is child abuse. No matter why you do it or who you pay to do it. It is psychological, emotional and often physical abuse. It is disgusting, evil and wrong. If you are not capable of loving your child as he or she is: then there's something wrong with you and you need help.

**Commenter:** Julia Marshall

5/13/19 10:08 pm

### **Conversion therapy**

Conversion therapy is contrary to all empirically based research findings. I'm required to use evidenced based practices in my professional field of speech pathology; counselors and psychologists should as well.

**Commenter:** Beth Schanz

5/13/19 10:09 pm

### **Conversion therapy**

Ban conversion therapy! Type over text here. You are limited to approximately 3000 words.

**Commenter:** Sidra Butt

5/13/19 10:18 pm

### **No Conversion Therapy**

Forcing conversion therapy leads to a rise in suicides. Leave these kids alone and don't mess with their heads and their lives.

**Commenter:** Karen Peters

5/13/19 10:34 pm

### **NO CONVERSION THERAPY**

5/13/19 10:48 pm

**Commenter:** Hurley

### **Ban Conversion Therapy!!!**

Conversion Therapy is unnecessary, and at times inhumane. Here is a small list of "treatments" that are done to people who are FORCED to undergo go conversion therapy:

- ice-pick lobotomies
- chemical castration with hormonal treatment
- aversive treatments, such as "the application of electric shock to the hands and/or genitals"; "nausea-inducing drugs ... administered simultaneously with the presentation of homoerotic stimuli";
- masturbatory reconditioning
- spiritual interventions such as "prayer and group support and pressure."

10 out of 10 times these treatments are unsuccessful and are considered torture.

**Commenter:** Dee

5/13/19 10:52 pm

### **Ban Conversion Therapy**

Conversion Therapy is bad news bears. The research says so, as do the numerous people subjected to it and still suffering PTSD from it. Parents, if you love your child, there are other ways to deal with the situation. Torturing them is not one of them.

**Commenter:** Lauren Stern

5/13/19 10:52 pm

### **Absolutely NO CONVERSION THERAPY**

Absolutely NO CONVERSION THERAPY. It is incredibly harmful to the individuals forced to endure it and can lead to long term ptsd and other mental and emotional disabilities. For the sake of our communities I say no to any form of conversion therapy.

**Commenter:** Abby Waller

5/13/19 11:00 pm

### **NO Conversion Therapy**

Conversion therapy should absolutely be banned. It is cruel and barbaric and contributes to the appallingly high suicide rate of LGBTQ youth. Queer and trans kids and folks are not sick and therefore do not need treatment. Outlaw this horrible torture.

**Commenter:** Claire Macdonald

5/13/19 11:06 pm

### **I am completely against conversion therapy**

**Commenter:** Al Durante

5/13/19 11:47 pm

### **Conversion therapy**

The harmful and abusive practice of, the falsely named, Conversion Therapy needs to be banned in the Commonwealth of Virginia.

**Commenter:** Ron and Deanna B

5/14/19 12:04 am

### **The State can't dictate to children what they're permitted to talk about**

One reason the Constitution exists is to prevent the tyranny of a minority, even a well-intentioned minority.

How is it possible that gender is fluid, but sexual attraction is concretely set from birth?

The State certainly doesn't have the right to tell either adults or children what their sexual orientation is, nor the right to prevent an adult or child from trying to modify their sexual orientation with the help of a professional.

Please also consider the following points:

- Parents are closest to their child's challenges and are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban would cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Carol Wolfe

5/14/19 1:06 am

### **Say NO to ban**

Parents and children should have the right to choose the type of counseling/therapy they want. There are many issues today that face children and which confuse them. No agency should control which issues can and cannot be addressed.

**Commenter:** Carolyn Caywood

5/14/19 2:07 am

**I support Guidance Document 140-12, on the Practice of Conversion Therapy**

In essence, conversion therapy, reparative therapy, ex-gay therapy, et cetera, are all attempts at brainwashing. They vary only in their degree of cruelty. They make no more sense than would an attempt to make blue eyed people conform to the majority and become brown eyed.

I know someone who went through this "therapy." He was not made heterosexual, but he was made miserable. It took years for him to get back to a state of mental health.

Most parents want the best for their child but they can be misinformed about what that is. That makes it necessary for the government to have public health regulations such as this.

**Commenter:** Catrina Smith

5/14/19 6:54 am

**No conversion therapy!!!!**

Shameful! No conversion therapy.

**Commenter:** Alice Sparks

5/14/19 6:58 am

**Ban conversion therapy**

**Commenter:** Mary Becelia, private citizen

5/14/19 7:22 am

**I oppose conversion therapy**

Conversion therapy does not work and can be harmful to the individuals who are forced to undergo it. Therefore, I most definitely support the proposed changes to this document.

**Commenter:** Breanoh Lafayette-Brooks

5/14/19 7:35 am

**Conversion Therapy should be illegal**

I urge my politicians and fellow citizen leaders to oppose conversion thereaphy and anything in similar form.

**Commenter:** Cynthia Cook

5/14/19 8:08 am

**No conversion therapy**

**Our children need prayer in today's world.**

**Commenter:** Lorraine Peck

5/14/19 8:09 am

**A Hard NO to Inhumane conversion therapy or limiting choices. Life, Liberty and the pursuit of ...**

**Commenter:** Paul Rinderle

5/14/19 8:09 am

**GLBTQ**

GLBTQ are insidious sex cults of the mentally disabled. The people caught in these cults require big time medical institutional help.

**Commenter:** Kristin Gorak

5/14/19 8:12 am

**Regulating conversion therapy**

By regulating what counselors are allowed to discuss and say in therapy related to conversion therapy is like handcuffing parents and therapists. Parents have a right to self-determine the kind of treatment they desire for their minor children. Having a child with same sex attractions or sexual identity issues would be a challenging parental situation but having ones faith and religious beliefs cast off and deemed irrelevant in helping the child live a moral life is what should be deemed dangerous to the child! Do not regulate therapists in this way!

**Commenter:** melody titus

5/14/19 8:20 am

**ban conversion therapy**

Ban conversion therapy.

**Commenter:** Dan Wolfe

5/14/19 8:21 am

**Conversion therapy**

This needs to be banned.

**Commenter:** Carie F., private citizen

5/14/19 8:24 am

**BAN CONVERSION THERAPY**

Please consider the following:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Deacon Mark Allison

{ 5/14/19 8:25 am }

### **Ban on reparative therapy**

I am against the ban on reparative therapy. It is important that parents still have the final say in the care of their children. It is unacceptable for a "board" to administratively impose a policy that has been addressed in the elected representative legislature of the government. It is not just a right of parents to assist their children in their development and growth as they approach adulthood it is a responsibility and any policy that serves to lessen that responsibility is unacceptable.

**Commenter:** Dawn Schaad

{ 5/14/19 8:25 am }

### **Do Not Ban Reparative Therapy. It is a violation of Parental Rights.**

Please do not ban Reparative Therapy:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

{ 5/14/19 8:25 am }

**Commenter:** Virginia Catholic Conference

**Reparative Therapy**

Dear Representatives,

A ban would deny families the religious freedom to seek counseling aligned with their faith.

Thank you,

Babette Schmitz

**Commenter:** Kurtis Vanarsdall

5/14/19 8:26 am

**Let the people's voice be heard in the Legislature on this matter**

This topic must not be resolved by a simple change to licensing. This bypasses the will of the citizens of the Commonwealth. Let the all the peoples voices be heard in the legislature on this issue and resolved there.

**Commenter:** S. Hertz

5/14/19 8:26 am

**There is no basis for banning this therapy**

There is no objective basis for banning conversion therapy that I can find. Most arguments against it that I know of are either based on emotion, personal preference, or badly flawed psychology.

**Commenter:** Christine McNerney

5/14/19 8:28 am

**Family is the basic cell of society**

Children are taught and formed in the family structure. Please allow parents their God given duty to "raise their children up" in the ways of God. Parents are closest to their children and know them best. Allow parents the right to choose loving ways to help their children be the person God created them to be.

The proposed definition and ban coer all communication between a social wroker and the client, there is a serious risk that children and families will lose the right to client "self-determination" i setting car goals (a core principle of the National Association of Social Workers Code of Ethics).

Parents are closest to their child's challenges and they are in the best position to identify solutions and to make health care solutions decisions involving the physical, mental, emotional and spiritual wellbeing of their child.

It is for this reason I oppose the Board of Social Work's misguided and unconsitutional proposal.

5/14/19 8:32 am

**Commenter:** Gerard Fenerty

**Religious Freedom**

This legislation would be a denial of religious freedom in America.

**Commenter:** Edith Smith

5/14/19 8:35 am

**Oppose conversion therapy.**

There is no evidence that conversion therapy does anything of benefit to assist families. It is a harmful and hurtful practice. Those professionals practicing this type of therapy should be held accountable for the harm it does.

**Commenter:** Rebecca Corrado

5/14/19 8:38 am

**Conversion "Therapy" is nonsense**

Even if it "worked" by any criteria, which it doesn't, conversion therapy would be a wrongheaded and morally repugnant practice.

The fear underlying any imagined need for it is unfounded.

The motives evident in creating such utterly ignorant and predatory a practice are despicable.

The arrogance displayed in all aspects of purveying it is disgraceful.

By all accounts, its impact ranges from utterly useless to deeply damaging.

It is the slickest, smuggest form of snake oil, and has no place in the repertoire of anyone with a functioning conscience or a position of authority. Healer, convert thyself.

**Commenter:** Pat Mooney, Father

5/14/19 8:42 am

**NO mandatory conversion therapy**

Conversion Therapy is dangerous at best! Leave my family alone. If I sense a need for counseling and assistance for a family member in any aspect of their lives, it will be up to me to figure out the best way to provide that help and who to get it from. Having the Commonwealth involved in any way is a violation of my rights as a parent and may well indeed violate my rights of religious freedom.

**Commenter:** Phyllis Gagne

5/14/19 8:46 am

**•Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing,**

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.



**Commenter:** Mark Bugay

5/14/19 8:46 am

**Religious Freedom and Parental Rights**

A ban would deny families the religious freedom to seek counseling aligned with their faith.

**Commenter:** B. Paul Cotter, Jr.

5/14/19 8:47 am

**Conversion Therapy**

Conversion therapy is a misguided and seriously harmful concept that infringes on the rights of both parents and children. It takes advantage of innocent, inexperienced young minds and violates the law of Virginia in infringing on the rights of parents to counsel their children and children to get guidance from parents who know them best. It should be banned!

**Commenter:** Deidre Dykes

5/14/19 8:53 am

**Conversion Therapy**

Conversion "therapy" is merely psychological torture validated by hatred and bigotry, which drives people to suicide on a far-too-regular basis. It is cruel and inhumane.

**Commenter:** Mary McGuire

5/14/19 8:54 am

**Protect freedom of Virginia Families to acquire the counseling they choose**

Parents are the responsible parties for the healthcare decisions of their child, involving physical, mental, emotional, and spiritual well-being.

A ban would deny families the freedom to seek counseling aligned with their faith. Families should have options to make informed decisions

This proposed ban covers all communication between a social worker and the client. This presents a serious risk that children and their families will lose the right to client "self-determination" in setting care goals ( a core principal of the National Association of Social Workers Code of Ethics.

**Commenter:** Concetta Fiorito

5/14/19 8:54 am

**Ban reparative therapy**

Please consider the following:

Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.

A ban would deny families the religious freedom to seek counseling aligned with their faith. Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

Concetta Fiorito

**Commenter:** James Casey

5/14/19 8:55 am

### **Opposition to Any Ban on Conversion Therapy**

I strongly oppose any regulatory ban on conversion therapies duly chosen by parents to benefit their children. Not only would any ban restrict basic parental rights to instill critical religious, ethical and moral values, but it would violate the constitutionally protected prerogatives of parents to do what they deem is medically best for the mental, physical and psychological well-being of their minor children. The more options available to parents, the better equipped they will be to give all needed beneficial assistance to their children. A blanket ban would clearly strip them of their responsibility to care for their children, and as such, would violate the Commonwealth's Constitution.

**Commenter:** Mary Ann

5/14/19 8:56 am

### **Reparative Therapy - Allow the patient/parents express their right to choose which therapy is best**

Dear Representative,

Please allow the choice of Reparative Therapy which will further the right of the patient/parents to choose which therapy will be best for the patient.

Thanking you for considering the rights of all people here in the United States of America.

Mary Ann

**Commenter:** Sean P Costello

5/14/19 8:58 am

### **Conversion Therapy**

Marriage & the Family are the cornerstones of society. Do not limit the ways that parents care for their children. Do not forsake Religious liberty.

**Commenter:** Christine M. Kilgore, PMH - NP, CNS (Retired)

5/14/19 9:05 am

### **NO Conversion Therapy!**

As a retired Psychiatric/Mental Health Nurse Practitioner and Clinical Nurse Specialist, I have seen, time and time again, the damage done to others, e.g. one's children, by imposing rigid, shaming values upon them. "Conversion Therapy" is just one example of a damaging practice. The name, in fact, is deceptive. A person cannot be "converted" to either homosexuality or away from homosexuality. Further, the efforts to change one's orientation is far from "therapy". It is potentially very harmful, resulting only in further stigmatization and self-hatred. I agree that parents must guide their offspring toward healthy adulthood, but that does not, inherently, sanction such a dangerous endeavor. Please proceed with the ban on "Conversion Therapy"!

**Commenter:** A Francis Guidarelli

5/14/19 9:07 am

**Do not ban licensed professionals from providing reparative or "conversion" therapy to children**

Please do not ban licensed professionals from providing reparative or "conversion" therapy to children.

Parents have the right and duty to guide their child's growth in faith and morals. Parents are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional, and spiritual well being of their children.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, care, and education of their children.

Some young people may have a desire to change or moderate the attractions that they may have. Other young people may desire to have guidance from a social worker as to how to live a chaste life. In either case there should be options for families to make an informed decision.

A ban would deny parents and families their religious freedom to seek counseling that is in line with their religious faith.

Because the proposed definition and ban would cover all communication between a social worker and client, there is serious risk that children and families will lose the right to client "self-determination" in setting care goals. "Self-determination" in setting care goals is a core principle of the National Association of Social Workers Code of Ethics. Therefore, a ban would not only violate the rights of parents and families, it would also violate a key principle in the Social Work profession.

Thank you for your consideration.

Sincerely yours,

Francis Guidarelli

**Commenter:** Kimberly Rodgers

5/14/19 9:08 am

**Completely opposed.**

Completely opposed I believe this is a form of torture and can often lead to severe depression, mental health issues and in extreme cases to suicide.

**Commenter:** Jennifer Cezar Grim, LCSW - Wild Truth Therapy PLLC

5/14/19 9:14 am

**Conversion is not therapy. It is a violation of basic human rights.**

Social workers of my era are trained allies to the marginalized and oppressed. We spend time and effort in schooling learning to be culturally competent. This form of therapy is traumatizing. Trauma is my specialty and sadly and proudly the majority of my caseload in private practice are our LGBTQIA+ brethren. Please put a stop to this. Other states have banned this. Virginia, please follow!

**Commenter:** Rachel Kubin

5/14/19 9:18 am

### **Ban ConversionTherapy**

Therapy is meant to help heal, it is meant to encourage self awareness. It should never, ever be used to "correct" homosexuality. Conversion Therapy is abuse and encourages self loathing, potentially anger towards oneself and perhaps close family members. Conversion therapy has confused people in a way that their only escape is suicide. Please ban this outdated and inhumane "therapy".

**Commenter:** Deb Fuller

5/14/19 9:24 am

### **Ban Conversion Therapy**

VA needs to stand with the American Medical Association, American Psychoanalytic Association, National Association for Children's Behavioral Health, National Association of School Psychologists, National Coalition for Mental Health Recovery, and other professional medical and social welfare organizations to ban conversion therapy. Parents are free to pray with their children or have them talk to their religious leaders if they want religious freedom and the state will never ban that. Children should not be subjected to unethical and harmful "therapies" that will have lasting effects for their entire lives.

If nothing else, Exodus International, which used to be the largest anti-LGBTQ organization spanning 5 continents, folded because it's two founded left their wives and married each other. A 3rd top member was outted in at gay bar in Washington, DC. Other prominent anti-gay activists have since been outted in homosexual liasons as well. If adults want to undergo this nonsense, let them. Leave children out of it.

**Commenter:** Lucy Pardee, mother, grandmother

5/14/19 9:25 am

**Conversion therapy is equivalent to brainwashing. Our genes can't change neither can our birth gende**

**Commenter:** Mike Young

5/14/19 9:27 am

### **Conversion Therapy is a Sham**

There is no scientific evidence that conversion therapy works. It should never be implemented in our state, or any other.

**Commenter:** WS

5/14/19 9:35 am

### **The Nanny State Overreach**

For unelected state officials to interfere with the rights of parents is a gross overreach. Do not impose this on parents, and if you do, it will surely be litigated. Neither the state or the courts should try to take the place of parents. This is not Nazi Germany in 1936!

**Commenter:** John Stenstrom

5/14/19 9:37 am

**conversion therapy**

So-called "conversion therapy" should be outlawed! It takes advantage of very vulnerable people.

**Commenter:** Brian Altmiller

5/14/19 9:40 am

**I strongly**

**Commenter:** Brian Altmiller

5/14/19 9:42 am

**I strongly oppose conversion therapy**

Conversion therapy is scientifically unproven and morally wrong. I strongly oppose advocating it or even allowing it in Virginia.

**Commenter:** Heather Nees

5/14/19 9:43 am

**Conversion Therapy**

I strongly oppose conversion therapy. It is NOT a mental illness! It is church overreach into our secular lives. Vote NO!

**Commenter:** Mary Rice

5/14/19 9:43 am

**Conversion Therapy**

I am opposed to the ban on conversion therapy. It tramples on parents' rights, religious freedom and limits choice.

**Commenter:** Anne Alexander

5/14/19 9:44 am

**under VA law parents have right to make decisions dor children**

5/14/19 9:48 am

**Commenter:** Katherine Morrison

**Ban conversion therapy!**

Conversion therapy is a disgusting and inhumane practice that is only supported by bigots. It strips away a child's basic sense of self and tells them that who they are isn't good enough. Only the most abusive, unloving parent would subject their children to this kind of torture. God made your children the way they are supposed to be, if you try to change that then you're saying God made a mistake. God doesn't make mistakes.

**Commenter:** Henry W. Sterbenz, Jr., Retired

5/14/19 9:51 am

**Parental Rights Must Not Be Denied or Diluted**

Parents are the primary educators of their children. Parents are the adults closest to their own children and are in the best position to decide what is best for their own children. No government agency at any level should be allowed to dictate to parents what educational format or counseling is best for their own child. Freedom of Religion is a constitutional right, and that right includes the right to free expression of religion without interference from any government agency at any level. Parents must be allowed to choose the counseling that they deem best for their own children. If this counseling includes reparative therapy, then parents must be allowed to choose it for their own children.

**Commenter:** Jodi Smith

5/14/19 9:51 am

**No to conversion therapy**

I vehemently oppose conversion therapy. There are no mistakes in creation.

**Commenter:** Rosanne Bowser

5/14/19 9:57 am

**No to conversion therapy**

Conversion therapy is cruel.

**Commenter:** Jennifer Moseley

5/14/19 10:05 am

**No to conversion therapy**

In 2009, the American Psychological Association conducted a comprehensive review of the published literature on Conversion Therapies practices and concluded that they are not supported by any reliable evidence. In fact, the APA found that the opposite was true: "The results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex sexual attractions or increase other-sex attractions through SOCE."

Similarly, in 2000, the American Psychiatric Association published a statement concluding that: "In the last four decades, 'reparative' therapists have not produced any rigorous scientific research to substantiate their claims of cure."

Based on these findings, Laws passed in California, New Jersey, Washington, D.C., Oregon, Illinois, and Vermont, as well as bills introduced in many other states, prohibit state-licensed mental health professionals from engaging in efforts to change the sexual orientation or gender identity of a young person under 18 years of age.

I want to see Virginia join this list of states that have banned conversion therapy practices. Now is the time to protect our youth and teach them that they are perfect the way they were born and however they want to identify themselves.

**Commenter:** George Horey

5/14/19 10:08 am

**Parental right to choose therapy**

Parents have the right to choose the best therapy for their children when needed.

**Commenter:** Barbara Principe

5/14/19 10:08 am

**No to conversation therapy**

**Commenter:** Betty

5/14/19 10:09 am

**Parents have rights to protect their children**

i strongly oppose this legislation.

**Commenter:** Samantha Krigsvold

5/14/19 10:10 am

**Ban conversion therapy**

Conversion therapy is wrong and has no place in any curriculum. Please uphold current guidelines.

**Commenter:** Phillip Thompson

5/14/19 10:25 am

**I support the guidance document to ban the practice of conversion therapy.**

While I respect a family's right to raise their children as they believe is best, we already put limits on what a family may do if their choices put a child in harm's way. Conversion therapy has no scientific validity and children should not be exposed to this process based upon a parent's beliefs, however sincerely held. The State already does not allow parents to withhold life saving medical care from a child just because it violates their religious beliefs. Allowing parents to subject their children to conversion therapy is harmful and ineffective.

**Commenter:** Nancy Archiopoli

5/14/19 10:31 am

**Conversion Therapy**

I support the parent's right to choose what is best for their children. We do not want the government telling us what they think is right. We as parents have the God given right and duty to give our children the best emotional,physical,mental,and spiritual health that we can.

**Commenter:** Joan Payne

5/14/19 10:37 am

**I strongly oppose the guidance document.**

**Commenter:** Gerald Brunning

5/14/19 10:38 am

**God gives children to parents, not bureaucrats**

It is the parents' duty and role to counsel and guide their children. It is neither the duty nor the role of a government agency or board to usurp parents' God-given right. It is the duty and role of government to protect parents' rights.

**Commenter:** Jeannie Whited

5/14/19 10:41 am

**Conversion therapy is unethical**

As stated in the document under consideration, conversion therapy is unethical particularly as applied to children. There is no scientific evidence that any sexual orientation is harmfully abnormal. On the other hand, there is ample evidence that a lack of support from parents and family is instrumental in self-harm, depression, and suicide among non-straight persons. Conversion therapy blatantly denies "patients" needed support for their well-being and is absolutely contrary to the goals of social work and mental health.

**Commenter:** Terrence J. Smith

5/14/19 10:43 am

**Oppose Guidance Document on the Practice of Conversion Therapy**

Dear Virginia Board of Social Work,

I am writing to express my opinion on the "Guidance Document on the Practice of Conversion Therapy and urge the Board of Social Work to reject the draft "Guidance Document on the Practice of Conversion Therapy." If enacted, this document would usurp the primary and fundamental role of parents, violate First Amendment rights, and exceed regulatory authority.

It is the responsibility and duty of the parents to make healthcare decisions involving the mental and emotional health of their children. The children are not wards of the state, and it is not the state's responsibility to determine what should be taught to the children concerning conversion therapy. Parents are closest to their children's challenges. They know their unique needs and are in the best position to identify solutions. Some young people may have attractions they desire to change or moderate. Others may simply desire counseling to live a chaste life compatible with their religious or personal values. In either instance, there should be options available for families to make informed decisions.

Just as parents must give consent for over-the-counter medications, field trips, and extracurricular activities, they have the constitutional right to guide mental health care for their children.

Guidance Document on the Practice of Conversion Therapy also violates the presumption of parental autonomy in Virginia. Code Sec. 1-240.1 provides that a parent has the fundamental right to make decisions concerning the upbringing, education and care of the parent's child.



I concur with the comments of Jeff Caruso, Executive Director of the Virginia Catholic conference concerning first amendment of the United States Constitution.

Terrence J. Smith

**Commenter:** Leanne Seguin

5/14/19 10:46 am

**Strongly Oppose Conversion Therapy**

**Commenter:** Rita Baird

5/14/19 10:49 am

**Parental rights must not be subjugated**

Parental rights must not be subjugated to an unelected few in social services who think they know what's best for our children.

**Commenter:** Katherine E. Poindexter

5/14/19 10:50 am

**Conversion Therapy is an unsupported, non-science based practice that is evil.**

Conversion Therapy is CRAZY and should be banned. You are harming children and will inevitably crush their souls and cause incredible psychosis by doing it.

**Commenter:** Dawn Beutner

5/14/19 10:55 am

**Protect the freedom of Virginia families to acquire the counseling they choose**

Families - who know their loved ones best - should be free to pursue therapy to help those in need, including reparative therapy. Why? Because:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

This backdoor attempt to regulate away Virginians' rights to receive the therapy they desire shows a lack of respect for families, religious belief, and individual freedom.

**Commenter:** New River

5/14/19 10:55 am

**back door hidden agenda**

- Thus far, those who have been entrusted with making decisions for our children have failed miserably in simply educating the children in school. Public schools have become nothing more than indoctrination day camps. Therefore, those paid to simply educate have all proven to have some other agenda, other than simply educating the youth of our country. The Board of Social Work seeks to do the same thing, which is to advance their agenda, rather than truly helping children in need. Their proposal is misguided and unconstitutional and it seeks to deny families the religious freedom to seek counseling aligned with their faith. In short, this is a back door to opposing religious liberty which is unconstitutional.

**Commenter:** Catherine Thompson

5/14/19 10:56 am

**Parental Rights & Guidance**

Our children need their parents' guidance because:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- 
- Most children do not have the maturity and prudence to make good decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

Thank you for your attention and care for our children.

**Commenter:** Roger Fortney

5/14/19 10:57 am

**Respect Rights and Stop the tampering**

Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.

A ban would deny families the religious freedom to seek counseling aligned with their faith.

Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Chris Russo

5/14/19 11:05 am

### **Stop Usurping Legitimate Parental Rights**

Stop usurping legitimate parental rights.

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association .

**Commenter:** Lisa DeFrancesco

5/14/19 11:10 am

### **I Oppose Conversion Therapy**

Conversion therapy is wrong and has no place in any curriculum. Please uphold current guidelines.

**Commenter:** george c. archiopoli

5/14/19 11:10 am

**conversion therapy**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.

**Commenter:** Sherri Chema

5/14/19 11:22 am

**Protect the rights of parents and families to choose their own course with counseling their children**

**Commenter:** Jarica Davis

5/14/19 11:30 am

**I OPPOSE conversion "therapy."**

I vehemently oppose the torture known as "conversion therapy!" It is NOT an effective "treatment." LGBTQ persons do not need to be "cured" or forced to live in a way that is not true to who they are! As the mother of an LGBTQ daughter, I love her EXACTLY how she is and I am proud of her impact in this world.

**Commenter:** Todd Gathje, Ph.D., The Family Foundation

5/14/19 11:36 am

**Don't Prohibit Biologically Affirming Counseling**

The Family Foundation of Virginia urges the Board of Social Work to reject the draft "Guidance Document on the Practice of Conversion Therapy (140-20)." This policy would generate severe consequences for patients, professional counselors and social workers.

**Denies Services Desired by Patients**

The Guidance Document and any proposed regulations would prevent children and adolescents from being able to receive the proper and desired care they need to relieve them of any distress from *unwanted* same-sex attractions or gender dysphoria, which could lead to severe outcomes,

including bodily harm. Prohibitions on talk therapies – which this Document effectively creates – would prevent minors from receiving the guidance they seek by preventing licensed professionals from recognizing their minor client's right to control the goals and direction of his or her life.

Furthermore, the policy appears to imply that all children are sufficiently mature and autonomous to determine, permanently and without question, both their gender and sexual identification. If that is so, then it must be equally true that they are sufficiently mature and autonomous to consent to receiving guidance to overcome unwanted feelings or confusion about these same matters. The very essence of the guidance document would prevent counselors from fulfilling their ethical duty to respect patient autonomy.

### **Usurps Parental Rights**

The Guidance document would be in direct conflict with Virginia law, which makes clear that parents, not the government and its regulatory agencies, have a "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child" (§ 1-240.1 of the *Code of Virginia*). This includes seeking the most viable form of treatment.

### **Violates Counselor Free Speech**

Furthermore, the Guidance Document and any proposed regulations would violate the free speech rights of licensed medical professionals by employing viewpoint-based restrictions on speech, or more commonly "viewpoint discrimination." Illegitimate viewpoint discrimination is clearly evident in the draft regulation before this workgroup. While psychologists would be free to support and encourage patients to explore their sexuality in various ways, even to the point of undergoing physical bodily changes, they are simultaneously prohibited from encouraging and supporting a person to affirm and embrace natural sexual expressions and in the physical body they were born in. Under this proposed policy, those who do will face state-imposed loss of their professional license.

Professional psychologists/counselors likewise have a duty to deal truthfully with their minor clients. This surely encompasses life's most fundamental truths, such as the known biological (as well as non-biological) differences between males and females. For licensed professionals who acknowledge these truths, being compelled to repress them when in contact with a minor client would inevitably create for them real ethical dilemmas.

### **Contradicts the General Assembly**

While administrative agencies can promulgate rules and policies to carry out duties delegated by the General Assembly, they cannot do so outside the statutory parameters established by it. In fact, the General Assembly has specifically and repeatedly rejected proposed bans on so-called "conversion therapy" for numerous years, and as recently as 2018 (HB 363, Delegate Hope; SB 245 Senator Surovell) through the committee process.

This proposed Guidance Document, therefore, is clearly an administrative action in direct contravention of the will and intentions of the General Assembly.

Commenter: Lucy Dartley

5/14/19 11:45 am

### **Conversion Therapy**

***I strongly oppose conversion therapy. It is for parents to decide if any therapy is necessary. It is a parental right.***

5/14/19 11:47 am

**Commenter:** Leo Carling

**Protect the freedom of Virginia families to acquire the counseling they choose**

Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.

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A ban would deny families the religious freedom to seek counseling aligned with their faith.

Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Rosanne Bowser

5/14/19 11:51 am

**Parents don't have the right to abuse their children. Conversion therapy is abuse..**

**Commenter:** Nicole O-Pries, LCSW

5/14/19 11:52 am

**conversion therapy has no place in social work**

I am in support of the proposed policy on conversion therapy. Conversion Therapy has been proven to be both ineffective and harmful to LGBTQ+ individuals. All the nation's leading medical and mental health organizations, including the National Association of Social Workers, have come out against these practices—which include the use of shame, verbal abuse, and even aversion techniques —saying they pose serious health risks, including depression, guilt, helplessness, hopelessness, and social withdrawal, which can lead to suicide. These practices continue to exist only because of homophobia and discrimination against LGBT people.

**Commenter:** Mark Owens

5/14/19 12:03 pm

**Conversation Therapy is a blasphemy and a violation of basic human rights.**

We should be resolving to make it illegal and lock up those who administer it.

**Commenter:** Lindsey o-pries

5/14/19 12:05 pm

**Conversion therapy is cruel and Inhumane. Virginians deserve better!**

**Commenter:** Robert W Breault

5/14/19 12:10 pm

**Protect the rights of parents and families to choose their own course with counseling their children****Commenter:** Elise Larsen

5/14/19 12:13 pm

**Let's end conversion therapy in VA**

I support the guidance document change that would identify conversion therapy as dangerous and allow its practitioners to face disciplinary action. Conversion Therapy has been proven to be both ineffective and harmful to LGBTQ+ individuals. All the nation's leading medical and mental health organizations, including the National Association of Social Workers, have come out against these practices—which include the use of shame, verbal abuse, and aversion techniques—saying they pose serious health risks, including depression, guilt, helplessness, hopelessness, and social withdrawal, which can lead to suicide. These practices continue to exist only because of homophobia and discrimination against LGBTQ+ people. This change would provide important protections for vulnerable individuals, particularly minors, in our commonwealth.

**Commenter:** Abigail Hanley

5/14/19 12:28 pm

**Conversion Therapy is Wrong**

Conversion therapy is both wrong and ineffective. It increases the suicide rates of those unlucky enough to experience it. It should have no place in a modern society.

**Commenter:** Patricia Kolakoski

5/14/19 12:47 pm

**Parent's Responsibility**

It is parent's fundamental right to educate and chose what's best and right for their children. No one ever gave that responsibility to the State/Commonwealth/Other Government Organization.

**Commenter:** Traci Wike

5/14/19 12:49 pm

**NO to conversion therapy**

Conversion therapy is wrong and does immeasurable harm to LGBTQ+ individuals. Please stop allowing this to happen to our youth in VA. It goes against social work values and ethics.

**Commenter:** gary kuhn

5/14/19 12:49 pm

**parental right**

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children.

5/14/19 12:51 pm

**Commenter:** Cathy Szydloski

**Conversion therapy**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Sarah Hutchinson

5/14/19 12:56 pm

**Conversion therapy is Inhumane.**

Conversion therapy is the result of a religious agenda that our government is supposed to be free from. It is cruel and inhumane, and in direct opposition to the Constitution, which preserves a citizen's right to pursue happiness.

**Commenter:** Elizabeth Gibbs

5/14/19 1:07 pm

**Ban conversion therapy**

I oppose the use of conversion therapy.

**Commenter:** Alice Conner, LPC

5/14/19 1:09 pm

**Conversion therapy causes harm to clients**

Conversion Therapy has been proven to be both ineffective and harmful to LGBTQ+ individuals. All the nation's leading medical and mental health organizations, including the National Association of Social Workers, have come out against these practices—which include the use of shame, verbal abuse, and aversion techniques —saying they pose serious health risks, including depression,



guilt, helplessness, hopelessness, and social withdrawal, which can lead to suicide. These practices continue to exist only because of homophobia and discrimination against LGBTQ+ people.

over this text and enter your comments here. You are limited to approximately 3000 words.

**Commenter:** Patty P

5/14/19 1:10 pm

### **Keep parental rights**

**Pa** Please don't ban reparative therapy through regulation. Let parents have the right to treat their children as they see fit.

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

Thank you for your time.

**Commenter:** Paula Crooks, Hampton Roads Behavioral Health

5/14/19 1:16 pm

### **In opposition to Conversion therapy**

I am a Supervisee in Social Work about to take the licensure exam and become part of a profession of which I'm so excited to be a member. Let's not set the clock back by continuing to endorse this unproven, harmful approach to denying our clients' identities. I'm getting into this field to help people know and love themselves more deeply. Conversion therapy runs counter to that goal and to our Code of Ethics.

**Commenter:** Laura Turner

5/14/19 1:21 pm

### **No to ban on Virginians' right to choose therapy**

The proposed ban on treatment options is based more on opinion than scientific evidence. Don't restrict patients' rights and parents' rights to choose treatment. No opinion-based restriction!

**Commenter:** Alexandra Phelps

5/14/19 1:22 pm

### **NO to Conversion Therapy**

Conversion Therapy is not proven to work. In fact, patients who survive conversion therapy have said time and time again that it does NOT work. Instead, it is degrading to those forced to go through with it, and even makes patients consider, attempt, and go through with, suicide. Conversion therapy is not therapy, it's forcing ideas onto others, at best, killing patients at worst.

**Commenter:** Brenda Pierce

5/14/19 1:30 pm

### **Ban licensed counselors from providing conversion therapy to children**

I am writing to tell you what an incredibly dangerous idea Conversion Therapy is for the children of our society. We are a society with our priorities all mixed up. We hold parents accountable when our children misbehave but we try to take away the fundamental right of parents to make decision on the upbringing, education and care of their children. We harm our children with this type of decision making. We are teaching our children that their parents only have certain rights and that if they don't like what their parents say, the government will step in.

Parents are the best decision makers for their children and should be allowed to teach them their morals and values. This is not the job of licensed counselors. Our constitution states freedom of religion, but if it's something that the government doesn't like, then they try to take that freedom away. Under Virginia law (Sec 1-240.1 *Code of Virginia*), parents have the fundamental right to make decision regarding the upbringing, education, and care of their children. We need to leave this in their very capable hands.

I strongly urge you to ban licensed counselors from providing conversion therapy to children!

**Commenter:** Susan Pauli

5/14/19 1:31 pm

### **Support Parental Rights**

**Commenter:** Joan Gorman

5/14/19 1:34 pm

### **Leave social workers alone!**

Leave social workers alone! They don't need more regulations. Can't you trust them to do what is in the best interest of the client. Please give them a break.

5/14/19 1:36 pm

**Commenter:** Amy Jo Krystek

**No to further "Big Brother" regulation**

This is yet another attempt to dehumanize and eliminate the positive faith based substructure of our society by undermining PURE non-discriminatory support for our children.

**Commenter:** Tammy Purcell

5/14/19 1:39 pm

**End this abusive practice**

I urge the board to do all within its power to put an end to so-called conversion therapy. It's an abusive and harmful practice.

**Commenter:** Scott Cypher

5/14/19 1:43 pm

**Oppose board of social works to ban ALL communication between social worker & client(s)**

**Commenter:** n Reilly MSN

5/14/19 1:47 pm

**Conversion therapy**

Allow parents to be parents Not the state.

**Commenter:** Jeanette McLean

5/14/19 1:48 pm

**Ban Conversion Therapy**

I have personally seen what conversion therapy does to a person, and it's wrong. I as a parent could never put my child through that. I love my child with all my heart, no matter whether he is gay or not. Many are screaming that this ban is trying to take away their freedom to raise their child, but it's not. You should not have the freedom to emotionally and physical abuse your child while hiding behind "God's word" because that's what conversion therapy is. It is not a tool to help with raising or guiding a child, it is a tool of abuse born of ignorance and hate.

**Commenter:** Gregory Mckinney

5/14/19 1:50 pm

**Parental rights must not be diminished!**

Outside of areas of genuine public health issues such as proper vaccination and prevention of abuse, the impact of government on parental rights should be kept to a minimum.

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Any curbs on such rights and responsibilities should never be done through the regulatory regimes or administrative law, but rather only through the legislature. Any regulatory ban on reparative therapy is inappropriate if not advanced legislatively.

**Commenter:** Karen Shannon

5/14/19 1:59 pm

### **Protect Parent's Rights!**

Parents should be able to guide the care of their children. Please oppose any and all legislation that would prevent this!

**Commenter:** Paula Hass

5/14/19 2:02 pm

### **Conversion Therapy...**

People have the right to choose to be or NOT to be something! If someone choose not be a homosexual, trans-gender, alcoholic or drug addict, they have the right to get therapy for it.

Parents have the first authority over their children. School and state do not. Schools, teachers or guidance counselors have no right to interfere or to tell a child they are homosexual or trans-gender.

**Commenter:** citizen

5/14/19 2:14 pm

### **Say no to conversion therapy**

The American Psychiatric Association does NOT consider homosexuality a medical condition in need of treatment as do most doctors who perform bonofide research. In recent history, homosexual youth have been subject to horrendous practices that harken back to the midde ages, like eletric shock and other punitive practices to hormone shots and testical replacement. Clearly none of them worked. The famed Psychiatrist, Dr. Robert Spitzer, who is oft quoted by groups like Focus on the Family, because of a paper he wrote claiming he could cure homosexuality, actually admitted his study was fatally flawed and made a public apology to homosexuals "for making unproven claims of the efficacy of reparative therapy". Doctors take an oath to do no harm, and since homosexuality is not a disease, they should not be performing unproven therapies for parent. Churches are not part of the medical teams and they should be banned from performing any type of conversion therapy. I suggest,instead, people gomout amongst the hoeless and meet the children who have been thrown ot of their houses (when they could have been put in foster or adoptive care) and see the dire conditions these children are living under. Taking care of our children is what needs to be regulated, not altering their genetics.

**Commenter:** Dr. Carrie Hartwell

5/14/19 2:14 pm

### **Conversion therapy does harm**

"Conversion Therapy" flagrantly defies science and what is known (and has been proven, repeatedly) about sexual orientation. There is significant scientific evidence that at best it is ineffective and at worst it does significant harm to those who are subjected to it. It is this kind of shaming, unscientific practice that contributes to the high rate of suicide among gay and transgender individuals and youth in particular. As mental health professionals, we are bound to

do no harm and to use evidence-based treatments with our patients. "Conversion therapy" has no place in professional practice as it defies science and is inhumane, ineffective, and unethical.

**Commenter:** Alicia Ludwig

5/14/19 2:24 pm

**Strongly opposed to conversion therapy**

Opposed!

**Commenter:** Earl Rogers

5/14/19 2:40 pm

**Ban conversion therapy.**

Conversion therapy is a hoax!! And must be banned. This type of voodoo therapy does more harm than good, so ban it. Get rid of it.

**Commenter:** Jonathan

5/14/19 2:45 pm

**Protect Right to Conscience and Freedom to Believe: Support Reparative Therapy**

Persons with unwanted same-sex or mixed-sex attractions should not be barred from seeking professional help in overcoming their attractions. Persons with same-sex or mixed-sex attractions that seek out professional help often do so for religious reasons; barring them from seeking professional help for unwanted attractions places an obstacle in the path of their free exercise of religion. Barring persons with unwanted same-sex or mixed-sex attractions from access to reparative therapy is a violation of a person's right to conscience, and it denies persons with same-sex attractions the ability to make informed health decisions together with a health care professional and, when they are minors, denies parents and legal guardians the right to make informed health decisions for their children.

Prohibiting health professionals, social workers, or other relevant entities, particularly faith-based groups, from providing reparative therapy places an obstacle in the right to free exercise of religion and freedom of conscience. Many health professionals agree that unwanted same-sex and mixed-sex attractions can be lessened, managed, or overcome through therapy. Prohibiting health professionals from providing therapy to persons with unwanted same-sex or mixed-sex attractions legislates against the recommendations of many health professionals. Health professionals should be permitted to exercise their practice in accordance with best practice and their informed medical judgement.

**Commenter:** Dcn. William Pivarnik

5/14/19 2:51 pm

**Conversion Therapy**

As parents, my wife and I have both the legal and moral authority to choose not only the method but also the provider of any and all therapies administered to our children; not the Commonwealth. This regulation potentially limits our choices by denying certain professionals the ability to use certain techniques.

Furthermore, this limitation has twice failed in the General Assembly and now we are faced with yet another attempt to sneak it in as a regulation. This we strongly resent. Please, let parents, who best know their children, choose what they discern as best for their children.

Thank you.

**Commenter:** Tracey S. Wingold

5/14/19 2:52 pm

**In favor of conversion therapy ban.**

As I licensed clinical social worker who also happens to be a practicing Catholic, I am in favor of banning the use of "conversion therapies" based on the fact that they are known to cause psychological harm. I just read the letter below from Jeff Curoso of the Virginia Catholic Conference and could not disagree more with his viewpoint, and that of the bishops. Clearly they do not understand our profession. If a client wants to work toward a "chaste life," a social worker will work with a client to understand themselves, love themselves, and pursue whatever lifestyle feels right for them - gay or straight - chaste or not. Social workers are trained to be with clients where they are, and to work with them to love themselves as they are and to develop the skills to move through the world and their relationships in a healthy manner. We all know by now that sexual identity is not formed, it is God-given. Every sexuality is a gift, and it is my job as a social worker to help my clients to truly know and love themselves as they are, and to be in healthy relationship with others and their world. Not to change them into something they are not. Please support this ban. Thank you.

**Commenter:** Mari Steed

5/14/19 2:58 pm

**Conversion Therapy is Harmful: Ban It**

Every peer-reviewed study on the pseudo-scientific practice of "conversion therapy" seems it harmful and dangerous. The American Psychiatric Association (APA) opposes psychiatric treatment "based upon the assumption that homosexuality *per se* is a mental disorder or based upon the a *priori* assumption that a patient should change his/her sexual homosexual orientation" and describes attempts to change sexual orientation by practitioners as unethical. Virginia is better than this. Ban it.

**Commenter:** Kristina Gorg

5/14/19 3:11 pm

**Therapy**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.

**Commenter:** Victoria Baldwin

5/14/19 3:12 pm

### **Ban Conversion Therapy**

Please ban the use of Conversion Therapy. From my brief research it does more harm than good.

"So-called "conversion therapy," sometimes known as "reparative therapy," is a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender identity or expression. Such practices have been rejected by every mainstream medical and mental health organization for decades, but due to continuing discrimination and societal bias against LGBTQ people, some practitioners continue to conduct conversion therapy. Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness, and suicide." ~ <https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy>

**Commenter:** Kati Hornung

5/14/19 3:15 pm

### **BAN CONVERSION THERAPY**

For the dignity of our LGBTQ+ friends, colleagues, and family members let's end this disgraceful conversation, fueled by homophobia and religious fervor, forever with a ban on conversion therapy.

#### **American Academy of Child Adolescent Psychiatry**

"The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any "therapeutic intervention" operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such "conversion therapies" (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, "conversion therapies" should not be part of any behavioral health treatment of children and adolescents."

*The AACAP Policy on "Conversion Therapies".*

#### **American Academy of Pediatrics**

"Confusion about sexual orientation is not unusual during adolescence. Counseling may be helpful for young people who are uncertain about their sexual orientation or for those who are uncertain about how to express their sexuality and might profit from an attempt at clarification through a counseling or psychotherapeutic initiative. Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation."

*Homosexuality and Adolescence, Pediatrics.*

#### **American Association for Marriage and Family Therapy**

"[T]he association does not consider homosexuality a disorder that requires treatment, and as such, we see no basis for [reparative therapy]. AAMFT expects its members to practice based on the best research and clinical evidence available."

*AAMFT Position on Couples and Families.*

#### **American College of Physicians**

"The College opposes the use of "conversion," "reorientation," or "reparative" therapy for the treatment of LGBTQ persons."

*Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians*

#### **American Counseling Association**

"The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including ACA. The ACA Governing Council passed a resolution in 1998 with respect to sexual orientation and mental health. This resolution specifically notes that ACA opposes portrayals of lesbian, gay and bisexual individuals as mentally ill due to their sexual orientation. . . . In 1999, the Governing Council adopted a statement 'opposing the promotion of reparative therapy as a cure for individuals who are homosexual.' . . .

[T]he ACA Ethics Committee strongly suggests that ethical professional counselors do not refer clients to someone who engages in conversion therapy or, if they do so, to proceed cautiously only when they are certain that the referral counselor fully informs clients of the unproven nature of the treatment and the potential risks and takes steps to minimize harm to clients. . . . This information also must be included in written informed consent material by those counselors who offer conversion therapy despite ACA's position and the Ethics Committee's statement in opposition to the treatment. To do otherwise violates the spirit and specifics of the ACA Code of Ethics." *Ethical Issues Related to Conversion or Reparative Therapy.*

#### **American Medical Association**

"Our AMA... opposes, the use of 'reparative' or 'conversion' therapy that is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation." *H-160.991, Health Care Needs of the Homosexual Population.*

#### **American Psychiatric Association**

... In 1997 APA produced a fact sheet on homosexual and bisexual issues, which states that "there is no published scientific evidence supporting the efficacy of "reparative therapy" as a treatment to change one's sexual orientation."

The potential risks of "reparative therapy" are great and include depression, anxiety, and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone "reparative therapy" relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian are not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed...

Therefore, APA opposes any psychiatric treatment, such as "reparative" or "conversion" therapy, that is based on the assumption that homosexuality per se is a mental disorder or is based on the a priori assumption that the patient should change his or her homosexual orientation. *Position Statement on Psychiatric Treatment and Sexual Orientation).*

#### **American Psychoanalytic Association**

"As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice.

Psychoanalytic technique does not encompass purposeful attempts to 'convert,' 'repair,' change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes." *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression.*



### **American Psychological Association**

"THEREFORE, BE IT RESOLVED, That the American Psychological Association affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

BE IT FURTHER RESOLVED, That the American Psychological Association reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others' sexual orientation..."

*Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts.*

### **American School Counselor Association**

"Lesbian, gay, bisexual, transgendered and questioning (LGBTQ) youth often begin to experience self-identification during their pre-adolescent or adolescent years, as do heterosexual youth. These developmental processes are essential cognitive, emotional and social activities, and although they may have an impact on student development and achievement, they are not a sign of illness, mental disorder or emotional problems nor do they necessarily signify sexual activity.

The professional school counselor works with all students through the stages of identity development and understands this development may be more difficult for LGBTQ youth. It is not the role of the professional school counselor to attempt to change a student's sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being."

*The Professional School Counselor and LGBTQ Youth.*

### **American School Health Association**

"[T]he American School Health Association . . . expects that comprehensive sexuality education in schools will be scientifically accurate and based on current medical, psychological, pedagogical, educational and social research . . . [and recommends] that teachers be well-trained and competent to teach sexuality education as defined by . . . insight into and acceptance of their own personal feelings and attitudes concerning sexuality topics so personal life experiences do not intrude inappropriately into the educational experience."

*Quality Comprehensive Sexuality Education.*

### **National Association of Social Workers**

"People seek mental health services for many reasons. Accordingly, it is fair to assert that lesbians and gay men seek therapy for the same reasons that heterosexual people do. However, the increase in media campaigns, often coupled with coercive messages from family and community members, has created an environment in which lesbians and gay men often are pressured to seek reparative or conversion therapies, which cannot and will not change sexual orientation. Aligned with the American Psychological Association's (1997) position, NCLGB [NASW's National Committee on Lesbian and Gay Issues] believes that such treatment potentially can lead to severe emotional damage. Specifically, transformational ministries are fueled by stigmatization of lesbians and gay men, which in turn produces the social climate that pressures some people to seek change in sexual orientation. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful."

*Position Statement, "Reparative" and "Conversion" Therapies.*

**Pan American Health Organization (PAHO): Regional Office of the World Health Organization**

Services that purport to "cure" people with non-heterosexual sexual orientation lack medical justification and represent a serious threat to the health and well-being of affected people, the Pan American Health Organization (PAHO) said in a position statement launched on 17 May, 2012, the International Day against Homophobia: The statement calls on governments, academic institutions, professional associations and the media to expose these practices and to promote respect for diversity.

*Statement, "Therapies" to change sexual orientation lack medical justification and threaten health.*

**Just the Facts Coalition** (American Academy of Pediatrics, American Association of School Administrators, American Counseling Association, American Federation of Teachers, American Psychological Association, American School Counselor Association, American School Health Association, Interfaith Alliance Foundation, National Association of School Psychologists, National Association of Secondary School Principals, National Association of Social Workers, national Education Association, School Social Work Association of America)

"The most important fact about 'reparative therapy,' also sometimes known as 'conversion' therapy, is that it is based on an understanding of homosexuality that has been rejected by all the major health and mental health professions. The American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the National Association of School Psychologists, and the National Association of Social Workers, together representing more than 477,000 health and mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus there is no need for a 'cure.'"

*Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel.*

**Commenter:** Heather Euler

5/14/19 3:21 pm

**Conversion Therapy: An Archaic Practice. Shall We Go Back to Burning Wirches at the Stake?**

When a social worker receives their liscense from a state board, that board should have the right to rebuke whatever practices have time and time again proven to be to the detriment of the very patients they aim to serve. The argument that a guidance measure will take away the rights of the religious parent to make decisions for their children is absurd. The right to speak about orientation and chastity to religious counsel is still preserved as religious counsel does not obtain liscense from the state board Department of Health Professionals. Furthermore, this is not a forum regarding a legislative "ban" but one regarding regulations for the disciplinary actions of health professionals. That seems to be lost on commenters. Please use these guidance measures to deter liscensed professionals from engaging in such an archaic, harmful practice as conversion therapy.

**Commenter:** Cindy

5/14/19 3:32 pm

**Protect the freedom of Virginia families to acquire the counseling they choose**

Dear Representative,

Please allow the patient/parents to choose which therapy will be best for the patient. If the choice is Reparative Therapy, you should respect that choice.

Thanking you for considering the rights of all people here in the United States of America.

Cindy

**Commenter:** Willard Vaughn, The Milieu Therapeutic Services

5/14/19 3:35 pm

### **Support the opposition**

Under Virginia law those that work for a non-profit or who are considered "clergy" are exempt from board regulations. Since there really is no argument for this proven harmful form of "therapy" that does not include the words "God" or "the Bible says", with this regulation in place those who are exempt can do what they want while leaving the real therapy to the grown ups.

Therefore I support the board banning this practice for those that fall under its purview.

**Commenter:** Missy Wesolowski, Planned Parenthood Advocates of Virginia

5/14/19 3:43 pm

### **Opposition to Conversion Therapy**

I write on behalf of Planned Parenthood Advocates of Virginia to support restrictions - and an outright ban - on sexual orientation conversion therapy in the Commonwealth.

Conversion therapy is opposed by most major professional health and mental health organizations. In fact, scientific research has found that sexual orientation change efforts are detrimental to personal and public health. Research from the University of San Francisco found that young people who experience "shame" because of their sexual orientation were: 8 times more likely to attempt suicide; 6 times more likely to report high levels of depression; and 3 times more likely to use illegal drugs.

Minors deserve special protections from abuse and other negative actions that put them at long-term risk of endangering themselves or others. Hence, the scientific evidence is clear that conversion therapy should be banned on minors.

Planned Parenthood Advocates of Virginia has called for a ban on this harmful practice through the legislative process. We are hopeful that this important public health issue will now be addressed through the regulatory process.

Thank you.

Missy Wesolowski, Executive Director of Planned Parenthood Advocates of Virginia

**Commenter:** Kriston Nixon, Virginia Beach Counseling and Wellness

5/14/19 3:50 pm

### **Harm.**

Conversion Therapy has been proven to be both ineffective and harmful to LGBTQ+ individuals. All the nation's leading medical and mental health organizations, including the National Association of Social Workers, have come out against these practices—which include the use of shame, verbal abuse, and aversion techniques —saying they pose serious health risks, including depression, guilt, helplessness, hopelessness, and social withdrawal, which can lead to suicide. These practices continue to exist only because of homophobia and discrimination against LGBTQ+ people.

**Commenter:** Barbara Massey

5/14/19 4:03 pm

### **Parental Rights**

T

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Vicky Kopcak

5/14/19 4:14 pm

### **Ban Conversion Therapy**

Parents know their child's challenges and are in the best position to make decisions regarding physical, mental and emotional/spiritual decisions concerning their child. This so-called 'pseudo psychology' should NOT supersede our parental authority.

**Commenter:** THOMAS BEBER

5/14/19 4:25 pm

### **Protect the freedom of Virginia families to acquire the counselling they need**

Families - who know their loved ones best - should be free to pursue therapy to help those in need, including reparative therapy. This is so because:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions without government interference with a one size fits all.

- A ban would deny families the religious freedom to seek counseling aligned with their faith. There is a freedom of religious clause in the US Constitution.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

After the people of spoken now there is this this truly backdoor attempt to regulate away Virginians' rights to receive the therapy they desire that again shows a lack of respect for families, religious belief, and individual freedom.

**Commenter:** Jay Kilby

5/14/19 4:30 pm

### Regarding "Conversion Therapy"

I fully support the Guidance Document of the NASW. The ideological rights of neither parents nor religious leaders have been infringed with this Document. Freedom of religion has flourished in the United States, & still does today, thanks to a strong wall of separation between church & state. That said, state-licensed professionals, including social workers, MUST maintain fact-based standards, & "do no harm". Please end the errant, cruel, & stigmatizing practice of so-called "conversion therapy" by licensed professionals. This could be one small step toward forming a "more perfect union". Will you walk forward, into the bright light of reason, & evidence-based science, or backward, into darkness?

**Commenter:** Kenneth Fredgren

5/14/19 5:03 pm

### Conversion therapy is a hoax!

Please do not in any way endorse, implement, act in any way that would enable this cruel hoax!

**Commenter:** Craig Mays

5/14/19 5:13 pm

### Protect parental rights

Protect the freedom of Virginia families to acquire the counseling they choose:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.

- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** r l

5/14/19 5:50 pm

### **Parental rights**

Parental rights trump bureaucrats.

**Commenter:** Robert Fuhrman

5/14/19 6:00 pm

### **Conversion Therapy Harms**

Conversion therapy is harmful and should be outlawed

**Commenter:** Katherine Beutner

5/14/19 6:11 pm

### **Protect the freedom of Virginia families to acquire the counseling they need**

Families - who know their loved ones best - should be free to pursue therapy to help those in need, including reparative therapy. Why? Because:

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

This backdoor attempt to regulate away Virginians' rights to receive the therapy they desire shows a lack of respect for families, religious belief, and individual freedom.

**Commenter:** Susan Migliore

5/14/19 6:15 pm

### **NO to Proposed Regulation that interferes with Patient/Therapist Communication and Goals**

I am writing to strongly object to the proposed regulation. This regulation will interfere in privileged communications between minor patients and their therapists. Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that

children and families will lose the right to client “self-determination” in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

Moreover, under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Parents are closest to their child’s challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.

As noted in the introduction to a Fall 2016 *New Atlantis* review of the studies on sexual orientation, “While some people are under the impression that sexual orientation is an innate, fixed, and biological trait of human beings—that, whether heterosexual, homosexual, or bisexual, we are “born that way”—there is insufficient scientific evidence to support that claim. In fact, the concept of sexual orientation itself is highly ambiguous; it can refer to a set of behaviors, to feelings of attraction, or to a sense of identity... Overall, the evidence suggests some measure of fluidity in patterns of sexual attraction and behavior—contrary to the “born that way” notion that oversimplifies the vast complexity of human sexuality.

While I understand that some may view certain types of counseling in a negative light, other individuals, including minors, do want counseling to change or moderate their desires. Adolescents may go through phases in which they are unsure of their sexuality or have desires that they outgrow. Others may simply desire guidance on how to live a chaste life in conformity with their religious or philosophical beliefs. In either instance, there should be options for minors and their families to seek counseling aligned with their views.

Thank you for the opportunity to comment.

**Commenter:** Janeen De Grave

5/14/19 6:18 pm

### **Ban Conversion Therapy**

Conversion therapy should be banned in all of its forms. It isn't therapy at all, just extreme abuse.

**Commenter:** Lauren Woolfolk, PMHNP-BC of Richmond Creative Counseling, LLC

5/14/19 6:58 pm

### **Ban Conversion Therapy**

Conversion Therapy has been proven to be both ineffective and harmful to LGBTQ+ individuals. All the nation’s leading medical and mental health organizations, including the National Association of Social Workers, have come out against these practices—which include the use of shame, verbal abuse, and aversion techniques —saying they pose serious health risks, including depression, guilt, helplessness, hopelessness, and social withdrawal, which can lead to suicide. These practices continue to exist only because of homophobia and discrimination against LGBTQ+ people.

**Commenter:** Micheline Plaskett

5/14/19 7:16 pm

### **NO CONVERSION THERAPY**

No conversion therapy. How on earth did it get this far? Therapy is supposed to be supportive.

**Commenter:** Olivia Reichenbacker, DNP, PMHNP-BC, University of Virginia

5/14/19 7:23 pm

### **Ban Conversion Therapy**

Conversion Therapy has been proven to be both ineffective and harmful to LGBTQ+ individuals. All the nation's leading medical and mental health organizations, including the National Association of Social Workers, have come out against these practices—which include the use of shame, verbal abuse, and aversion techniques —saying they pose serious health risks, including depression, guilt, helplessness, hopelessness, and social withdrawal, which can lead to suicide. These practices continue to exist only because of homophobia and discrimination against LGBTQ+ people.

**Commenter:** Wendy Hall

5/14/19 7:29 pm

### **Please ban conversion therapy!**

Conversion therapy is cruel and inhumane. It doesn't help anyone only causes shame and trauma.

**Commenter:** lawrence zenker

5/14/19 7:37 pm

### **conversion therapy**

Allow parents to decide what is best for their children. Do not impose restrictions on the type of therapy they want for their children. It is their responsibility, not the villages.

**Commenter:** Amber Tate, PMHNP-BC

5/14/19 7:40 pm

### **Ban Conversion Therapy**

Conversion Therapy has been proven to be both ineffective and harmful to LGBTQ+ individuals. All the nation's leading medical and mental health organizations have come out against these practices—which include the use of shame, verbal abuse, and aversion techniques —saying they pose serious health risks, including depression, guilt, helplessness, hopelessness, and social withdrawal, which can lead to suicide. These practices continue to exist only because of homophobia and discrimination against LGBTQ+ people. As a psychiatric provider I support & utilize evidenced based and ethical practice; conversion therapy is neither.

**Commenter:** A Brown

5/14/19 7:44 pm

### **No Conversion Therapy!**

Conversion therapy is cruel and doesn't even work.

**Commenter:** Rob Snyder

5/14/19 7:49 pm

**Please stop punishing people for being who they are.**



Please stop this torture. Conversion therapy has never worked, and has resulted in a much higher suicide rate among people that have been put through it. Let's offer love and support instead of shame and hate.

**Commenter:** Lori Gallagher

5/14/19 7:54 pm

### **Protect Parental Rights**

I am against this proposal to regulate and ban licensed counselors from providing reparative or "conversion" therapy to children. Reparative therapy is simply talk therapy used by the counseling profession to assist children or adults to work through struggles with unwanted same-sex or mixed-sexual attractions.

This is a parents' rights issue, not a "state" issue. Parents should have the right to choose who they want to counsel their children, and the type of counseling given.

This ban would bypass the parents and the citizens of this state; allowing the Board to impose counseling choices of their own choosing on children, who are most vulnerable of our population. It leaves out parents from a most important decision.

If parents wish to have reparative or "conversion" counseling; that is their right and their decision. They know their own children the best; and, this is a decision that clearly belongs in the parents' domain.

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

I also believe that this is a First Amendment issue, and this ban seems to undermine it. I ask the Board of Social Work to reject 140-20.

**Commenter:** Heather Ludeke

5/14/19 7:54 pm

**NO**

NO to the hoax known as conversion therapy.

**Commenter:** Frank Schwamberger

5/14/19 7:58 pm

### **Protect the freedom of Virginia families**

A ban would deny families the religious freedom to seek counseling aligned with their faith.

**Commenter:** Denise Bowman

5/14/19 8:13 pm

**Oppose conversion Therapy- keep freedom of families to choose**

Please vote to keep family and religious rights intact when you are voting on regulating conversion therapy. Thank you! You are limited to approximately 3000 words.

**Commenter:** Bruce B

5/14/19 8:24 pm

**Please - NO Ban on Reparative Therapy**

**Please - NO Ban on Reparative Therapy**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
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- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Linda Baxter RN PHD PMHNP

5/14/19 8:27 pm

**Ban traumatizing conversion therapy**

As a mental health practitioner and therapist, I am shocked and outraged to see that individuals who consider themselves professionals are attempting to continue to use a psychologically damaging and trauma-inducing type of "therapy" to "ban" what is known to be a clear difference in sexual orientation. Being Gay is not a choice but an aspect of one's genetic makeup and sexual preference. An inherent aspect of one's self can not be "converted" into a different aspect that someone else (such as a parent) prefers. Evidence-based research consistently shows traumatic and damaging outcomes from use of conversion therapy. And for those who say "it's a first amendment issue", my response is that the first amendment does NOT provide for damaging psychological treatment of ANY kind to be forced upon anyone. Where are the rights for those against whom this treatment is forced or attempted?

**Commenter:** AP

5/14/19 8:46 pm

**Ban Conversion Therapy**

Ban conversion therapy. It is abuse.

**Commenter:** SC PTC

5/14/19 8:54 pm

**BAN BAN BAN Conversion therapy....traumatic**

**Commenter:** Michael Hammon

5/14/19 8:54 pm

**No ban - unethical**

Unethical. Let people be who they are.

**Commenter:** Michael hammon

5/14/19 8:56 pm

**Disregard prior comment. Typo. Conversion therapy shouldn't be allowed.**

let People be who they are.

**Commenter:** Roger Ritter

5/14/19 9:00 pm

**Conversion Therapy**

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Andrew Tkac

5/14/19 9:03 pm

**Reparative Therapy**

Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. An a priori ban on reparative therapy is a serious threat to the self determination of therapy clients in setting care goals. This is diametrically opposed to a core principle of the National Association of Social Workers Code of Ethics.

I most strongly oppose regulatory interference in family/child therapy options, especially as this proposed course of action has been explicitly rejected by the Virginia Legislature twice within the past 3 years.

**Commenter:** Donato Palizzi

5/14/19 9:16 pm

**Oppose the Guidance Document**

**Commenter:** Amy Turman

5/14/19 9:18 pm

**Conversion Therapy**

As s therapist if I were to endorse or (god forbid) provide this form of torture I could lose my license. Yet AmandaC Chase wanted to endorse it. She actually threatened to support me to my licensing board for speaking out against conversion therapy.

**Commenter:** Nick Macedonia

5/14/19 9:19 pm

**"Freedom of Choice?"**

U.S. courts have held that, in the name of personal autonomy and choice, the government has no right to insert itself into the private healthcare decisions/choices of patients with providers (e.g., abortion). Yet, with reparative/conversion therapy, the government seeks to prevent these private healthcare decisions/choices from ever taking place. I hope the Board of Social Work considers this glaring inconsistency before banning reparative/conversion therapy. Do we have "freedom of choice" for ourselves and our children as it relates to health and wellbeing, or not?

**Commenter:** Marissa L Mancini

5/14/19 9:22 pm

**BAN CONVERSION THERAPY**

These practices have been widely and consistently discredited, but beyond placing effort behind a practice that doesn't work, the real issues are 1. that conversion therapy isn't necessary, and 2. it's dangerous. Shaming people for who they are is abhorrent -- and beyond shame, conversion therapy also employs the use of pornography, psychological abuse, and aversive conditioning. It's been proven to cause depression, substance abuse, and even suicide. LGBTQ youth -- like all youth -- are perfect as they are. Instead of trying to change them, or tell them that who they are is wrong, we should show them love and support.

**Commenter:** Roseann Smith LCSW

5/14/19 9:31 pm

**How can conversion therapy still exist in this day and age. This is an archaic practice. Please oppo**

5/14/19 9:36 pm

**Commenter:** Carrie Walker, LPC- Richmond Creative Counseling LLC

### **Ban Conversion Therapy**

Conversion therapy is harmful and deadly. The Board of Social Work needs to join the other "mental health" boards in banning this terrible practice that has been proven to not only be ineffective, but to also cause irreparable harm to some of our most vulnerable community members. Our entire practice of 36 Licensed Professional Counselors, Licensed Clinical Social Workers, and Board Certified Psychiatric Nurse Practitioners at Richmond Creative Counseling stand united against conversion therapy and we are hopeful that the Board of Social Work will support what every reputable regulatory and governing agency in the medical and mental health worlds have stated: conversion therapy has NO place among the helping professionals of this world.

**Commenter:** Stephen L

5/14/19 9:43 pm

### **Protect Parental and Religious Rights - Do Not Ban Therapy**

Families should have the freedom to seek and receive the therapy solutions they believe are best for their circumstance. Do not ban conversion therapy and deny individuals, parents and families the care they need. This would be a violation of their religious liberty. Thank you.

**Commenter:** Ed Becker

5/14/19 9:43 pm

### **Ban violates rights of parents, therapists, and patients! Say No to ban and yes to freedom**

Please allow young patients, their parents, and their therapists chose what is right for them. Do NOT ban "corrective" sexual orientation therapy just because some activist group wants to eliminate this choice. Patients have the right to choose this if they want. Parents are the primary caregivers and are responsible for their children's upbringing -not government or political activists. Such a ban violates parents rights. Therapist's rights are also violated by such a ban because, in many cases they would be forced to act contrary to their own professional and or moral convictions.

**Commenter:** Kevin Breza

5/14/19 9:44 pm

### **Ban Conversion Therapy**

Conversion therapy is not a valid medical procedure and has no evidence of positive results. It should be banned for the snake oil it is.

**Commenter:** Gregory Breza

5/14/19 9:47 pm

### **Ban conversion "therapy"**

I can barely believe that something like this is still legal. In this day and age, parents shouldn't be allowed to basically torture their children simply because of who they are.

**Commenter:** Michelle Sams, LCSW

5/14/19 9:53 pm

**Ban conversion therapy!**

Ban conversion therapy!

**Commenter:** Todd Riggleman

5/14/19 10:14 pm

**Ban conversion therapy**

It isn't right for another person to decide what is correct for someone else based on their faith or fears or for whatever reason. The individual deserves the right to explore for themselves and make their own decisions regarding their happiness.

**Commenter:** Will Kulick

5/14/19 10:14 pm

**Protect the freedom of Virginia families to acquire the counseling they choose**

A ban would deny families the religious freedom to seek counseling aligned with their faith.

- Parents are closest to their child's challenges and they are in the best position to identify solutions and to make healthcare decisions involving the physical, mental, emotional and spiritual wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a social worker to live a chaste life. In either instance, there should be options for families to make informed decisions.
- A ban would deny families the religious freedom to seek counseling aligned with their faith.
- Because the proposed definition and ban cover all communication between a social worker and the client, there is a serious risk that children and families will lose the right to client "self-determination" in setting care goals (a core principle of the National Association of Social Workers Code of Ethics).

**Commenter:** Hilary Moorman

5/14/19 10:14 pm

**Ban conversion therapy**

Conversion therapy damages people and relationships. It is a pointless way of "treating" a normal, healthy person.

5/14/19 10:24 pm

**Commenter:** Pamela Hill LPC

**Ban conversion therapy**

Ban conversion therapy

**Commenter:** Krissy Hudson

5/14/19 10:25 pm

**NO to conversion therapy**

**Commenter:** Julie Lack

5/14/19 10:25 pm

**I oppose conversion therapy**

Archaic torture!! Conversion "therapy" isn't necessary because being gay is the same as being straight: normal!!

**Commenter:** Dorian

5/14/19 10:26 pm

**No Conversion Therapy!**

Conversion therapy is harmful, and has been thoroughly debunked. Don't force your bigotry on children. Let kids grow up into happy and loving adults.

**Commenter:** Choose To Thrive, LLC

5/14/19 10:31 pm

**Conversion Therapy Does Not work**

How can you use an intervention for a condition that does not exist? Being gay is not a pathology.

**Commenter:** Dean B.

5/14/19 10:43 pm

**Ban Conversion Therapy**

I am a bisexual man, and I have been in a loving relationship with my husband for over 10 years. I have always been bisexual, and thanks to the love and support of my husband, friends, and family, I've always been encouraged to be who I am. I've had the love and support needed to help me grow, learn, earn a Masters in Aerospace Engineering and become a healthy and successful adult.

As the Virginia Board of Psychology stated in *Guidance Document 125-9, Practice of Conversion Therapy, Board of Psychology Response to Public Comment*:

"The Board affirms the position of its profession, as expressed by the American Psychological Association, that conversion therapy has the potential to inflict harm to clients, especially to minors, and that there is insufficient evidence to demonstrate that psychological interventions can change sexual orientation. Such interventions presume that homosexuality is a mental illness or developmental disorder to be treated; the Board does not agree with such a presumption. The

Board affirms psychological services that provide family and social support, facilitate coping, and reduce feelings of rejection and unworthiness."

The thought of anyone—especially a young person—being told that who they love is wrong and to be coerced into undergoing a discredited practice sickens me. As the Virginia Board of Psychology affirms, sexual identity is not an illness—it is not something to be cured, and there is no scientific basis for "conversion therapy." To allow a child to be subjected to "conversion therapy" is denying them a happy and healthy life—it uses rejection, shame, and psychological abuse to change who they are and increases the risk of depression, substance abuse, and suicide.

I support Guidance Document 140-12. Please ban conversion therapy. Who you are and who you love is not an illness.

**Commenter:** Piero Tozzi

5/14/19 10:44 pm

### **No regulatory end run around parental and constitutional rights**

I strongly object to any attempt by the Board of Social Work to impose a ban on counseling with regard to unwanted same-sex attractions. An unaccountable and unelected licensing board, seeking to bypass the legislative function of the General Assembly and undercut constitutional liberties, has no authority to limit the federal and commonwealth constitutional free speech rights of counselors, nor the constitutional right of parents to direct the upbringing and education of their children. See *Pierce v. Society of Sisters*, 268 U.S. 510 (1925).

**Commenter:** Heidi Foster

5/14/19 10:45 pm

### **Ban conversion therapy**

**Commenter:** Sandra Jenkins, LCSW

5/14/19 10:54 pm

### **Ban conversion therapy**

Conversion "therapy" is an antiquated approach based in ignorance. It was designed to address a "disorder" when our profession mistakenly believed anyone LGBTQ was suffering from a mental health condition. We now know this to be wrong and any such "disorder" was rightfully deleted from the DSM decades ago. Why would our profession still endorse therapy for something now known NOT to be a mental health condition. It ignores the basis of who we are as social workers, and fails to respect the individual with an appreciation for their true self.

**Commenter:** Carrie Lynn Bailey, 3 Little Birds Counseling LLC

5/14/19 11:04 pm

### **In support of proposed guidelines in ethically and responsibly serving our LGBTQ Youth**

Dear Virginia Board of Social Work,

As a practicing Licensed Professional Counselor in the state of Virginia who has extensive experience in working with LGBT clients across the life span, I am writing to provide my strong support for the proposed guidelines – essential to the protection of harm and in keeping with a practitioner's ethical responsibility in best serving young clients in danger of potentially irreparable damage that often occurs when forced to undergo such 'therapy.'



Conversion 'therapy,' sometimes referred to as "reparative therapy," has no basis in the literature, and is in fact at odds with helpful and/or therapeutic practice. What is much more critical to the needs of those working to best understand their identity is affirming and accepting support in a non-directive [and non-coercive] manner that provides developmentally appropriate guidance and exploration of an individual's understanding of sexuality and gender. 'Conversion therapy' does not support healthy growth and development, but instead as been shown to increase shame, depression, anxiety, social withdrawal, and suicidal thoughts, and is grounded in stigma, religious ideology, and misinformation. The American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics, the American Association for Marriage and Family Therapy, and the National Association of Social Workers have all issued statements regarding the detrimental impact of such 'therapeutic' practice.

These guidelines provide further support and are upheld by current Virginia law prohibiting discredited and unsafe practices by licensed therapists. Minors, particularly LGBTQ+ minors, rely on the oversight of responsible, trained, licensed, and ethical practitioners in ensuring their safety and protecting them exposure to therapeutic practices that are damaging to their growth. These guidelines serve to fortify the existing laws and protections in place, and if anything, protect the 'freedom' of these clients and children that those opposed falsely accuse the guidelines of denying. In consulting with current clients, my statement here is not only grounded in professional knowledge and experience, but in the voices and stories of clients who have suffered due to a lack of such protections in the past. Thus, I wholeheartedly thank you for these guidelines and urge their adoption and implementation as soon as possible.

Sincerely,

Carrie Lynn Bailey, PhD, NCC, LPC

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**Reference for Appropriate Therapeutic Responses to Sexual Orientation (APA, 2009):** <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

**Reference regarding Reparative Therapy/Conversion Therapy as a Significant and Serious Ethical Violation by the ACA Code of Ethics [2017]:** [https://www.counseling.org/docs/default-source/resolutions/reparative-therapy-resolution-letter--final.pdf?sfvrsn=d7ad512c\\_4](https://www.counseling.org/docs/default-source/resolutions/reparative-therapy-resolution-letter--final.pdf?sfvrsn=d7ad512c_4)

**Position Statement from the National Association of Social Workers on Sexual Orientation Change Efforts and Conversion Therapy [2015]:** <https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0>

**Report from the Substance Abuse and Mental Health Services Administration [SAMHSA] on Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth [2015]:** <https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0>

Commenter: Nicole C.

5/14/19 11:08 pm

### Ban Conversion Therapy

Conversion therapy has been one of my greatest fears since I discovered my sexuality in high school. It is an antiquated practice that only seeks to destroy queer people and scar them mentally for life. We are not disorders to cure, we are people who don't conform to cisheteronormativity, and for some reason (the reasons being homophobia, biphobia, transphobia, etc.) that scares people who want nothing more than to conform to the norm. It was a disgusting practice when it first came about and it's a disgusting practice now. Stop torturing LGBTQ+ people. Ban conversion therapy!

**Commenter:** Andrea

5/14/19 11:12 pm

### **Ban Conversion Therapy**

Growing up, I hated myself. As a bi person, I knew I was wrong/broken. Kid's know who they are, and they know when society hates them. It's hard enough, feeling like you aren't worthy of existing, and worrying about how your family would treat you if they found out, without knowing that your parents could put you in conversion therapy (I hate calling it conversion therapy. It's not therapy. It's not treatment. It's torture).

No one has the right to destroy who you are.

**Commenter:** Lisa Brown LCSW

5/14/19 11:23 pm

### **Conversion therapy is unethical**

The American Psychological Association. The American Psychiatric Association. Substance Abuse and Mental Health Services Administration. National Association of Social Workers. All of these organizations have called for an end to the use of conversion therapy. This is not a matter of parental rights or freedom of speech. This is about licensed clinicians providing interventions that research has shown to not only be ineffective, but potentially harmful. It is a matter of professional ethics.

**Commenter:** Danielle Carson, LPC, LMFT

5/14/19 11:26 pm

### **Support our LGBTQI Youth, Ban Conversation Therapy**

Dear Virginia Board of Social Work,

As a practicing Licensed Professional Counselor and Licensed Marriage and Family Therapist in the state of Virginia who has extensive experience in working with LGBT clients across the life span, I am writing to provide my strong support for the proposed guidelines – essential to the protection of harm and in keeping with a practitioner's ethical responsibility in best serving young clients in danger of potentially irreparable damage that often occurs when forced to undergo such 'therapy.' Our role as mental health practitioners is to not harm our clients and as such, this archaic practice that has been shown to be detrimental should be banned.

Conversion 'therapy,' sometimes referred to as "reparative therapy," has no basis in the literature. 'Conversion therapy' does not support healthy growth and development, but instead as been shown to increase shame, depression, anxiety, social withdrawal, and suicidal thoughts, and is grounded in stigma, religious ideology, and misinformation. The American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics, the American Association for Marriage and Family Therapy, and the National Association of Social Workers have all issued statements regarding the detrimental impact of such 'therapeutic' practice.

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Sincerely,

Danielle Carson, LPC, LMFT

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**Reference regarding Reparative Therapy/Conversion Therapy as a Significant and Serious Ethical Violation by the ACA Code of Ethics [2017]:** [https://www.counseling.org/docs/default-source/resolutions/reparative-therapy-resolution-letter--final.pdf?sfvrsn=d7ad512c\\_4](https://www.counseling.org/docs/default-source/resolutions/reparative-therapy-resolution-letter--final.pdf?sfvrsn=d7ad512c_4)

**Position Statement from the National Association of Social Workers on Sexual Orientation Change Efforts and Conversion Therapy [2015]:** <https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0>

**Report from the Substance Abuse and Mental Health Services Administration [SAMHSA] on Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth [2015]:** <https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0>

**Commenter:** William Flynn, Secular Humanists of Roanoke

5/14/19 11:27 pm

### **Morally and Unethically Wrong**

Bottom line : Forcing someone to change who they were born as is disturbing and downright wrong. You don't see people participating in straight conversation therapy. This just proves that religion is once again destroying the minds of this country.

**Commenter:** Teresa Nickle, DNP, FNP, PMHNP

5/14/19 11:38 pm

### **Ban conversion therapy**

Ban conversion therapy

**Commenter:** Kathy Benham, LPC, NBC

5/14/19 11:49 pm

### **Ban conversion therapy**

It's been over 30 years since homosexuality stopped being a diagnosis. The very long list of professional organizations of mental health providers that oppose conversion therapy should leave little doubt that conversion therapy is harmful to LGBT clients. Extensive academic research supports the damage and dangers of conversion therapy. This is 2019. Trauma informed care also means doing our best not to traumatize clients and conversion therapy is neither evidence based or patient centered.



## Oppose Guidance Document 140-12.

### Fact Sheet: Harms of Censoring Change-Allowing Therapy

Dear Board Member:

#### HIGHLIGHTS OF OUR CONCERNS

(1) Therapy bans take away 1st Amendment rights. US Supreme Court: professional speech has the same 1st Amendment rights as other speech; effectively abrogated 9th&3rd Circuit Ct decisions on which bans have relied. Fed judge: Orlando, FL ban fails *all* 1st Amendment tests.

(2) Over a century of research finds that some people change their sexual attraction and behavior through a variety of safe and effective, non-aversive, mainstream therapy methods used by professional therapists worldwide. ACLU RI: marriages and families can be saved.

(3) APA Task Force: Said no research meeting scientific standards shows today's change-allowing talk therapy to be harmful or ineffective or gay-affirmative therapy to be better. Did *not* declare change-therapy unethical. Said aversive methods have not been used for 40-50 years.

4) Sexual orientation and childhood gender distress often shift or change. Living as the opposite sex and taking puberty blockers stop natural resolution of trans identity in minors.

(5) Body-altering hormones/surgery: unhealthy, 19 times higher rate of completed suicides. Sterilizing or castrating minors with hormones/surgery should be illegal. Talk therapy is safer.

6) Same-sex orientation and trans identity are *not innate*, professional organizations and research say. They say sexual abuse and family relationships may be causes for some.

(7) In these cases, *talk therapy* may be required and may result in change in sexual orientation or embracing their sex. WPATH does not recommend body-altering medical treatments when a psychiatric disorder is causing gender distress. Forbidding talk therapy leaves them no help.

(8) ACLU of Rhode Island warns: bans censor a *broad range* of therapy goals—go too far.

(9) Under a ban, change-desiring people get a therapy they don't want or none. Hopeless.

(10) Using therapy bans to influence public beliefs is unconstitutional viewpoint discrimination. National studies show conservative religious sexual minorities are happy—but use a different path than progressive LGBTs. Conservative parents, ministries, and therapists can help religious minors/adults experience this happiness. Beliefs that give them real joy may not work for you or your family member, but should they have their freedoms taken away?

Everyone has the right to walk away from sexual practices and experiences that don't work for them. Professional organizations, religious organizations, and most states agree.

Testimonies of change through therapy or faith-based ministries: [VoicesOfChange.net](http://VoicesOfChange.net), [ChangedMovement.com](http://ChangedMovement.com), [SexChangeRegret.com](http://SexChangeRegret.com), [tranzformed.org](http://tranzformed.org), [I'm Not A Fraud video](http://I'm Not A Fraud video).

Laura Haynes, Ph.D., National Task Force for Therapy Equality

MORE DETAILS AND REFERENCES AT: [TherapyEquality.org/HarmsOfTherapyBans](http://TherapyEquality.org/HarmsOfTherapyBans)



**American College of Pediatricians<sup>®</sup>**  
**The Best *for* Children**

PO Box 3571  
Gainesville, FL 32635-71  
[www.Best4Children.org](http://www.Best4Children.org)

May 15, 2019

**APA's Proposed Gender Identity Change Efforts (GICE) Policy:**

**a ruse for shutting down ethical psychotherapy and locking youth into a trans identity**

1. The Association of American Physicians and Surgeons, the American College of Pediatricians, the Christian Medical Association, the Catholic Medical Association, the Alliance for Therapeutic Choice, the National Task Force for Therapy Equality, the American Association of Christian Counselors, and the Catholic Psychotherapy Association represent *over 70,000 health professionals who support therapeutically exploring incongruent childhood gender identities while providing alternative ways to ease dysphoria*. This contrasts sharply with the policy of the American Academy of Pediatrics (AAP), and with the APA's current policy that seems to move in the direction of affirming all gender incongruence without regard to underlying psycho-social factors or psychiatric history.

2. The American Academy of Pediatrics (AAP) recommends all children with gender dysphoria be affirmed regardless of age. This sends youth down an experimental medical pathway that converts their bodies into a facsimile of the opposite sex at great risk for long term harm. Renowned sexologist and child gender identity expert, Dr. James Cantor, therefore fact-checked the AAP policy. He found "the references that AAP cited as the basis of their policy instead outright contradicted that policy, repeatedly endorsing *watchful waiting*."

3. The AAP, like the APA in this proposal, claims that "conversion therapy" has been proven harmful when applied to gender identity. This claim struck Dr. Cantor as odd, as it should all of us, since, as he writes "*there are no studies of conversion therapy for gender identity*. Studies of conversion therapy have been limited to *sexual orientation*—specifically, the sexual orientation of *adults*—not *gender identity*, and not *children* in any case"[emphasis in original].

4. Unlike skin color, the failure to identify with one's sex is not solely biologically determined; it resolves in a majority of children when they are supported through natural puberty, and has been known to remit even in adults.

5. At least sixteen case series document examples of successful identification with one's sex in adolescents and adults while undergoing psychotherapy. (See attachment)

6. Dr. Zucker and colleagues (2016) posited that since "GD can remit in some [adult]cases (Marks et al. 2000); perhaps psychotherapy could facilitate such remission – or a reduction in GD symptoms... [but] these possibilities have not yet been investigated, and such investigations are strongly discouraged."

7. In contrast to gender identity, sex is an innate and immutable biological trait. Sex is determined by genes at fertilization, declares itself physically and is recognized as unambiguous before or at birth 99.98% of the time.

6. The failure to identify with one's sex cannot be considered a "normative" human experience by any stretch of the imagination given its infinitesimally low incidence.

7. For gender incongruence to be considered an expression of mental health, sanity is no longer defined as having thoughts that align with material reality. This in and of itself is insane.

8. Gender incongruence is not healthy. It is associated with higher rates of mortality and comorbidities, including but not limited to bipolar disorder, PTSD and Axis I diagnoses. Hypothetically, these comorbidities may precipitate gender incongruence in certain vulnerable individuals.

9. The medicalization of gender incongruence is dangerous and has not been proven safe or effective in adults, let alone children. The Center for Medicare & Medicaid Services (CMS) under the Obama administration conducted a comprehensive review of the scientific literature in 2016 and found that evidence for long term benefit from gender affirming surgeries and hormones is too weak and risk of significant harm too great for CMS to mandate that states cover these interventions.

10. Given the above facts, as the number of transition-regretters continues to grow, it is only a matter of time before health organizations like the AAP and APA will face lawsuits for daring to profit from the medicalization of identity politics at the expense of patients lives.

Michelle Cretella, MD

Executive Director  
American College of Pediatricians

**Psychotherapeutic and behavioral approaches to treating gender identity disorder in adults and adolescents**

<b>PAPER</b>	<b>DESIGN</b>	<b>N</b>	<b>POPULATION</b>	<b>INTERVENTION</b>	<b>OUTCOME</b>
Barlow DH, Reynolds EJ, Agras WS. Gender Identity Change in a Transsexual. Archives of General Psychiatry. 1973;28:569-576.	Case series	1	Male aged 17, diagnosed with transsexualism	Behavioral therapy (tied to stereotypes)	Success. They also tried to straighten him out, but he remained homosexual.
Barlow DH, Abel GG, Blanchard EB. Gender identity change in a transsexual: an exorcism. Archives of sexual behavior. 1977;6:387-395.	Case report	1	Male "living as a woman."	Exorcism (Protestant/fundamentalist). Patient felt extremely intense emotions	Success. At 2.5 years, patient was stable, fine to be a man.
Barlow DH, Abel GG, Blanchard EB. Gender Identity Change in Transsexuals: Follow-up and Replications. Archives of General Psychiatry. 1979;36:1001-1007.	Case series	2	Two adult males	Behavioral therapy (tied to stereotypes)	Success. Also 6.5 years follow-up of 1973 case, still doing fine.
Beigel HG. Three Transvestites under Hypnosis. The Journal of Sex Research. 1967;3:149-162.	Case series	3	Three adult males	Psychoanalysis and hypnosis	Success. All three reported no longer to have problem with transvestism.
Davenport CW, Harrison SI. Gender identity change in a female adolescent transsexual. Archives of sexual behavior. 1977;6:327-340.	Case report	1	Girl aged 14	Inpatient psychotherapy, recreational therapy, encouragement of female staff, etc. for 20 months	Success. At 2.5 year follow-up, young woman was stable and content as a lesbian.
Dellaert R, Künke T. Investigations on a Case of Male Transsexualism. Psychotherapy and Psychosomatics. 1969;17:89-107	Case report	1	18 year old man	Psychotherapy & psychoanalysis	Success. Young man is happily married, whole new frame of mind, not conflicted.

Hakeem A. Psychotherapy for gender identity disorders. <i>Advances in Psychiatric Treatment</i> . 2012;18:17-24	Descriptive	82	Wide range of "trans" types. Comorbidities unclear.	Group psychotherapy	Unclear. Does not report outcomes specifically. Suggests that many patients now see that the whole trans rigamarole wasn't necessary.
Keller AC, Althof SE, Lothstein LM. Group therapy with gender-identity patients—a four-year study. <i>American journal of psychotherapy</i> . 1982;36:223.	Descriptive cohort	28	21 adult males, 7 adult females, 84% with significant comorbid psychopathology	Group psychotherapy (groups of 3-12), one male & one female therapist co-leading each group.	Mixed success. During the 4-year period, 8 patients carried on to be transed; 8 "showed a lessening of character pathology"; 11 no longer wished to be transed; one had psychotic break and kept changing his mind.
Kirkpatrick M, Freidmann CT. Treatment of requests for sex-change surgery with psychotherapy. <i>American Journal of Psychiatry</i> . 1976;133:1194-1196.	Case series	1	Male age 19, female age 18 diagnosed with GID	Supportive psychotherapy 2x/week (male: 15 weeks; female: 2.5 years).	Success. Both desisted. Both ok as homosexuals.
Kronberg J, Tyano S, Apter A, Wijisenbeek H. Treatment of transsexualism in adolescence. <i>Journal of Adolescence</i> . 1981;4:177-185	Case report	1	Girl aged 15	Inpatient psychotherapy, recreational therapy, encouragement of female staff, etc. for "several" months	Success. Young woman stable and content as female.
Lothstein LM. The adolescent gender dysphoric patient: an approach to treatment and management. <i>Journal of pediatric psychology</i> . 1980;5:93-109.	Case series	27	17 boys, mean age 16.5 [12-19] and 10 girls, mean age 16.8 [13-19], all diagnosed with GID. Some on hormones, some prostituting. All presented in acute	Psychotherapy	Mixed success (14/27). 11 boys dropped out; status unknown. At 4-5 years, two young women and one young man had persisted and had "trans" surgeries. One male who had been on hormones and "living



			crisis with much family dysfunction & psychopathology			as a woman" for 2 years realized he was a man & came back to reality. At 4-5 years, the remaining 5 boys and 8 girls were still attending therapy or had desisted.
<b>Lothstein LM, Levine SB. Expressive Psychotherapy With Gender Dysphoric Patients. Archives of General Psychiatry. 1981;38:924-929.</b>	Retrospective cohort with five cases highlighted	50	50 adults, adolescents and children. Breakdown by sex and age range not reported.	Expressive psychotherapy	Mixed success. 35/50 (70%) gave up plans for transing themselves. 10 were still in therapy. 5 got transed.	
<b>Meyenburg B. Gender identity disorder in adolescence: Outcomes of psychotherapy. Adolescence. 1999;34:305-313.</b>	Case series	4	Female (17), female (17), male (17), male (13), all demanding surgery, all "living as" opposite sex.	Psychotherapy, several months up to 2 years	Mixed success (2/3). One girl carried on and had "trans" surgeries. One girl stopped attending psychotherapy after several months; they later learned that she was in a lesbian relationship and living with her partner. One boy came to see himself as a flamboyant gay man. Interestingly, they say his thing with clothes was fetishistic. Younger boy got over his fetishism, which had arisen due to family issues and incipient borderline psychopathology, and was OK.	
<b>Philippopoulos, G.S. A case of transvestism in a 17-year-old girl. Acta Psychother. 1964; 12: 29-37</b>	Case report	1	Girl aged 17	Brief intense psychoanalysis & psychotherapy 3x-4x/week for 6 months	Success. At 5-year follow-up, young woman was stable and content as female.	

<p><b>Shtasel TF. Behavioral treatment of transsexualism: a case report. J Sex Marital Ther. 1979 Winter;5(4):362-7.</b></p>	<p>Case report</p>	<p>1</p>	<p>Adult female age 25</p>	<p>Cognitive-behavioral therapy</p>	<p>Success. Accepted herself as a woman and as a lesbian.</p> <p>Important note: This is the only reported use of cognitive behavioral therapy (CBT) for alleviating gender identity disorder/dysphoria. CBT came into the mainstream in the 1970s. By now, CBT-based approaches are the standard in much mental illness – including borderline and other personality disorders (most of the old clinicians observed borderline characteristics in their “trans” patients). If CBT were given to patients with “gender dysphoria”: Many would snap out of it. Only this one case report in the past 40 years.</p>
<p><b>Wise TN. Psychotherapy of an aging transvestite. Journal of sex &amp; marital therapy. 1979;5:368-373.</b></p>	<p>Case report</p>	<p>1</p>	<p>Adult male aged 43</p>	<p>Weekly psychotherapy for 16 months</p>	<p>Provisional success. Resolved for now. Patient no longer had desire for surgery. Clinician correctly notes the episodic nature of adult male transvestism and says things might some day get out of hand again - so clinicians should remain available to help.</p>

**Agenda Item: Board action on Final Regulations**

**Included in your agenda package are:**

Copy of proposed regulations

(There was no public comment during the 60-day comment period or during the public hearing held on 2/1/19)

**Board action:**

**The Board may adopt the final amendments as included in the agenda package without any change; or**

**The Board may amend the proposed regulation.**

**Project 5436 - Proposed**

**BOARD OF SOCIAL WORK**

**Hours of ethics for continuing education**

**18VAC140-20-105. Continued competency requirements for renewal of an active license.**

A. Licensed clinical social workers shall be required to have completed a minimum of 30 contact hours of continuing education and licensed social workers shall be required to have completed a minimum of 15 contact hours of continuing education prior to licensure renewal in even years. Courses or activities shall be directly related to the practice of social work or another behavioral health field. A minimum of ~~two~~ six of those hours for licensed clinical social workers and a minimum of three of those hours for licensed social workers must pertain to ethics or the standards of practice for the behavioral health professions or to laws governing the practice of social work in Virginia. Up to two continuing education hours required for renewal may be satisfied through delivery of social work services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services, as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

1. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

2. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee such as temporary

disability, mandatory military service, or officially declared disasters upon written request from the licensee prior to the renewal date.

B. Hours may be obtained from a combination of board-approved activities in the following two categories:

1. **Category I. Formally Organized Learning Activities.** A minimum of 20 hours for licensed clinical social workers or 10 hours for licensed social workers shall be documented in this category, which shall include one or more of the following:

a. Regionally accredited university or college academic courses in a behavioral health discipline. A maximum of 15 hours will be accepted for each academic course.

b. Continuing education programs offered by universities or colleges accredited by the Council on Social Work Education.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state or local social service agencies, public school systems, or licensed health facilities and licensed hospitals.

d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The Child Welfare League of America and its state and local affiliates.

(2) The National Association of Social Workers and its state and local affiliates.

(3) The National Association of Black Social Workers and its state and local affiliates.

(4) The Family Service Association of America and its state and local affiliates.

(5) The Clinical Social Work Association and its state and local affiliates.

(6) The Association of Social Work Boards.

(7) Any state social work board.

2. Category II. Individual Professional Activities. A maximum of 10 of the required 30 hours for licensed clinical social workers or a maximum of five of the required 15 hours for licensed social workers may be earned in this category, which shall include one or more of the following:

a. Participation in an Association of Social Work Boards item writing workshop. (Activity will count for a maximum of two hours.)

b. Publication of a professional social work-related book or initial ~~preparation/presentation~~ preparation or presentation of a social work-related course. (Activity will count for a maximum of 10 hours.)

c. Publication of a professional social work-related article or chapter of a book, or initial ~~preparation/presentation~~ preparation or presentation of a social work-related in-service training, seminar, or workshop. (Activity will count for a maximum of five hours.)

d. Provision of a continuing education program sponsored or approved by an organization listed under Category I. (Activity will count for a maximum of two hours and will only be accepted one time for any specific program.)

e. Field instruction of graduate students in a Council on Social Work Education-accredited school. (Activity will count for a maximum of two hours.)

f. Serving as an officer or committee member of one of the national professional social work associations listed under subdivision B 1 d of this section or as a member of a state social work licensing board. (Activity will count for a maximum of two hours.)

g. Attendance at formal staffings at federal, state, or local social service agencies, public school systems, or licensed health facilities and licensed hospitals. (Activity will count for a maximum of five hours.)

h. Individual or group study including listening to audio tapes, viewing video tapes, or reading, professional books or articles. (Activity will count for a maximum of five hours.)

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
As of June 3, 2019**

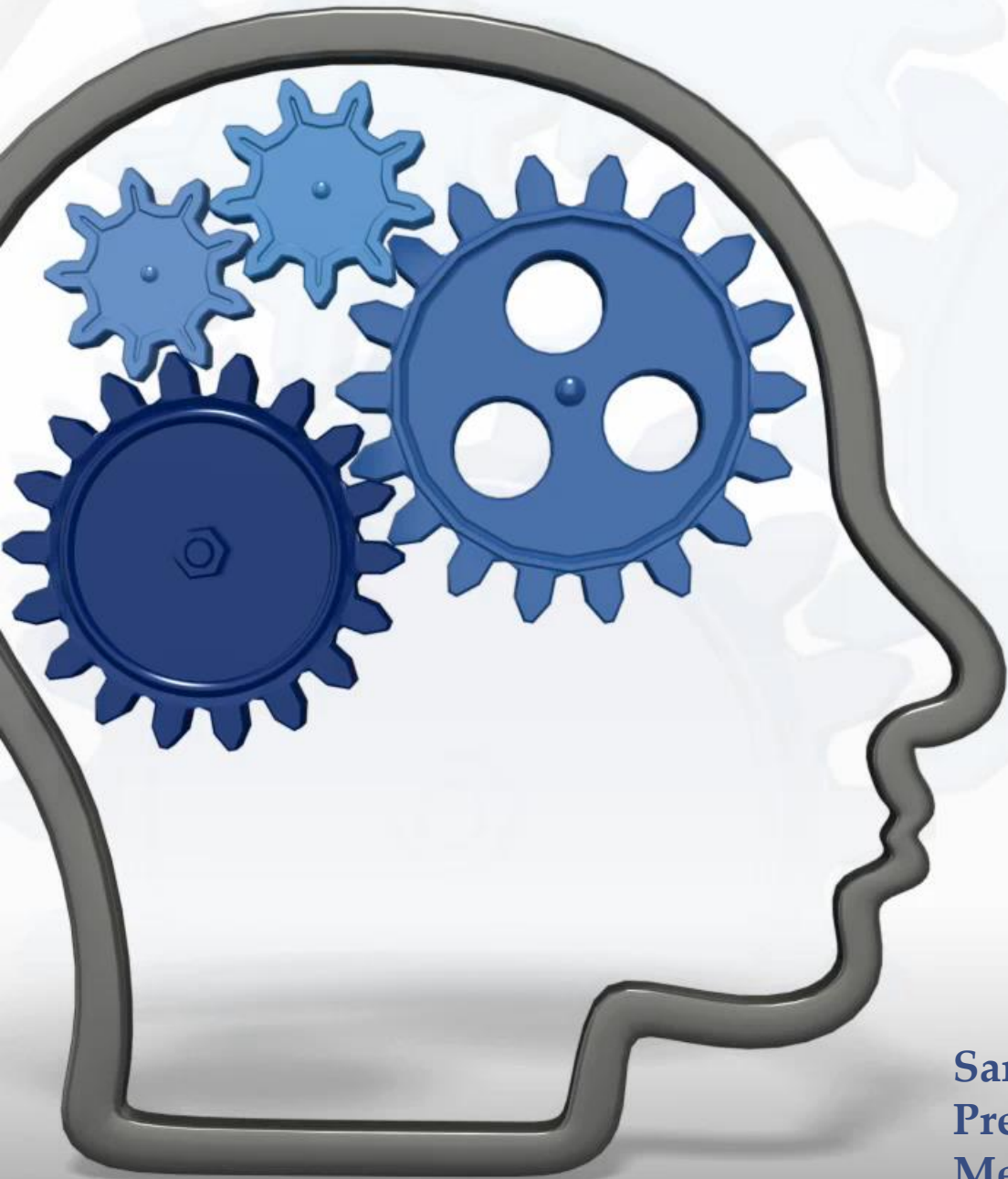
Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Unprofessional conduct/practice of conversion therapy</u> [Action 5241] NOIRA - At Governor's Office for
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Hours of ethics for continuing education</u> [Action 5010] Proposed - Register Date: 1/7/19 Comment period ended: 3/8/19 Board to adopt final: 6/14/19
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>BSW and LSW licensure</u> [Action 5070] Fast-Track - At Governor's Office for 201 days
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	<u>Reduction in CE requirement for supervisors</u> [Action 5191] Fast-Track - At Governor's Office for 7 days





Virginia Department of  
**Health Professions**  
Board of Social Work

# Virginia Mental Health Access Program Presentation



**VMAP**

**Virginia  
Mental health  
Access  
Program**

**Sandy Chung, MD, FAAP, FACHE  
President, Virginia Chapter AAP  
Medical Director, VMAP**

# Scope of the Problem Nationally



- **1 in 5 children has a diagnosable mental disorder** and 1 in 10 suffers from a serious mental health problem
- Approximately **50% of psychiatric illnesses begin by age 15** and **75% begin by age 24**
- Patients with mental health symptoms will see PCPs before they have been diagnosed with a mental health condition
- **Over 65% of pediatricians reported they lacked mental and behavioral health knowledge and skills**



# Scope of the Problem in Virginia

In the *State of Mental Health in America 2018* report:

- Virginia ranks **47<sup>th</sup> lowest in the country for mental health care** for children under 18 years of age
- 12.5% of Virginia children having had at least one major depressive episode (MDE)
- Ranked **49<sup>th</sup> lowest for providing mental health services to children who had a MDE**
- 7<sup>th</sup> highest rate of youth with alcohol dependence, 10<sup>th</sup> highest for marijuana use, 8<sup>th</sup> highest for cocaine use
- 55,000 children (**70.8%**) who have had a MDE not receiving mental health services in Virginia
- Of those who received treatment, only 15.5% received some consistent treatment



# Scope of the Problem in Virginia

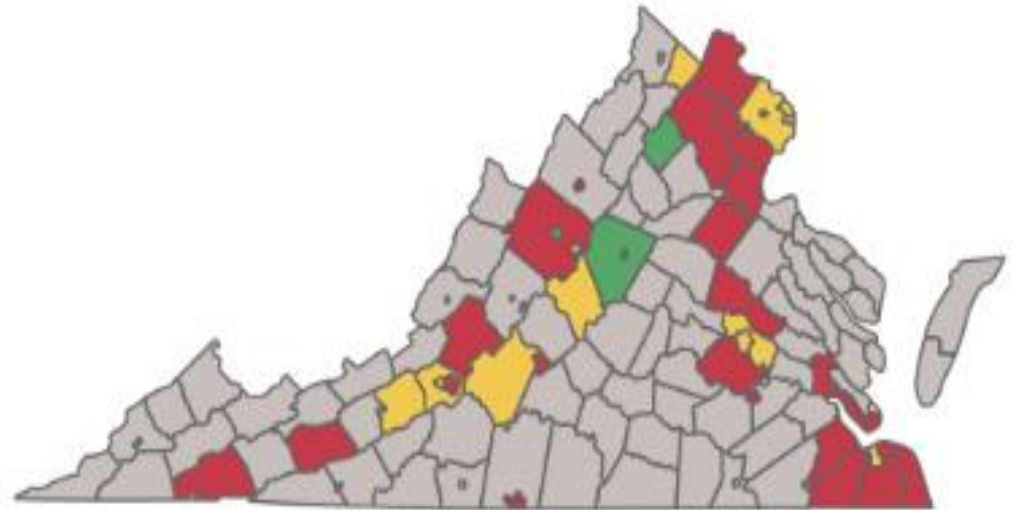
- Virginia ranks **42<sup>nd</sup> lowest** for the number of psychiatrists, psychologists, licensed social workers, counselors, therapist and advanced practice nurses specializing in mental health care per population
- Only two counties have sufficient numbers of child and adolescent psychiatrists which represents only 23,086 of the 1.86 million children in Virginia
- Virginia Youth Survey 2017 results showed that in middle and high school students that **1 in 5 females and 1 in 10 males in our state have seriously contemplated suicide** in the past twelve months



# Child and Adolescent Psychiatrists Workforce Shortage

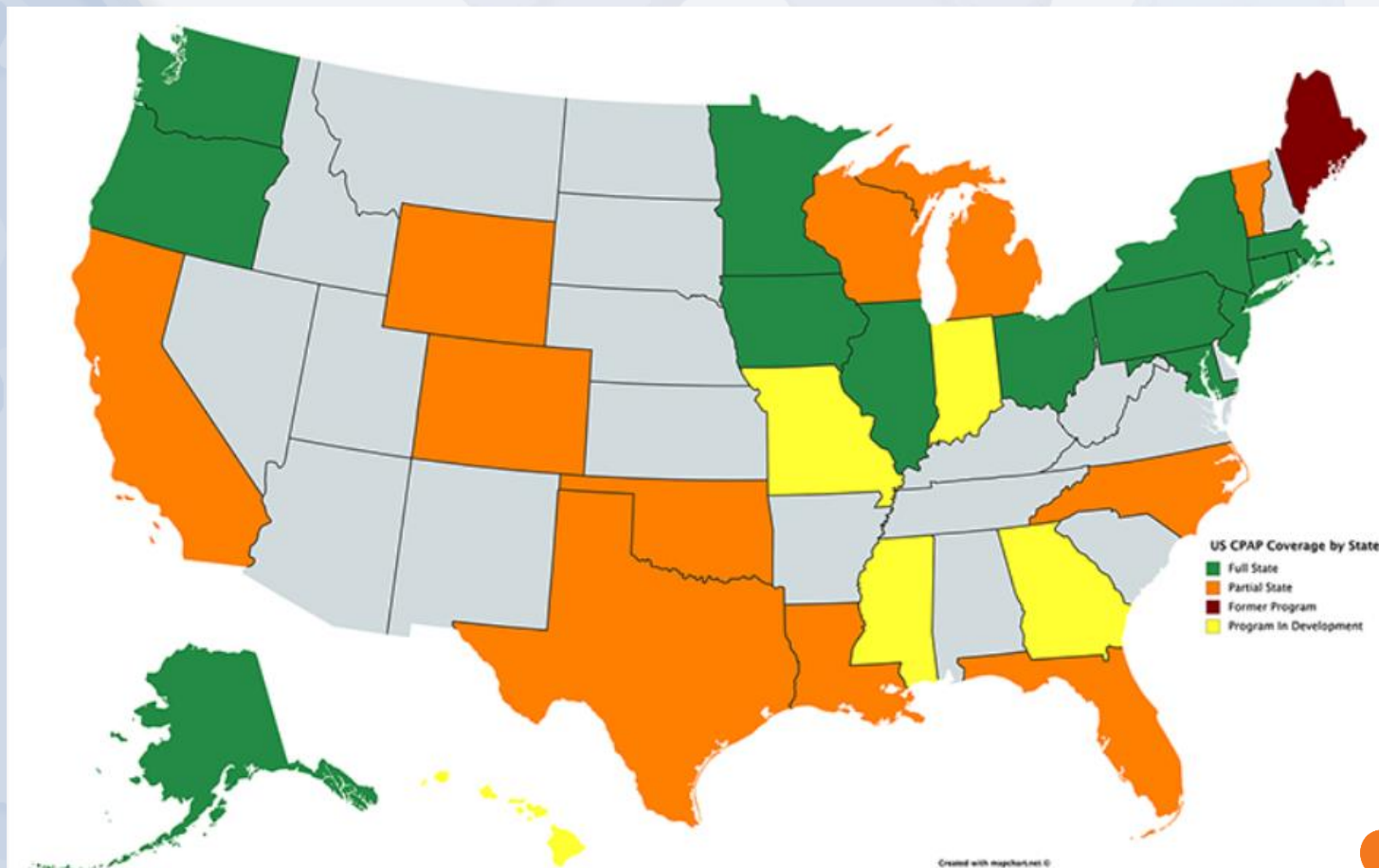
CAPs per 100K

- Mostly Sufficient Supply (>...)
- High Shortage (18-46)\*
- Severe Shortage (1-17)\*



VMAP

# A Solution: Pediatric Mental Health Access Programs

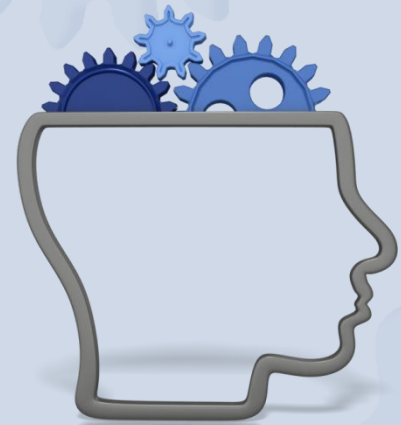


VMAP

# **VMAP** – a statewide Mental Health Access Program focused on children and adolescents

Key objectives of the Virginia Mental Health Access Program:

1. **Education for PCPs** on screening, diagnosis, management and treatment
2. **PCP telephonic/video consults with regional VMAP teams** comprised of child and adolescent psychiatrist, psychologist and/or social worker
3. **Telehealth visits** with psychiatrists or psychologists
4. **Care navigation** to help identify regional mental health resources





# Education/Training for PCPs

**Problem:** Child psychiatry workforce is in significant shortage, and PCPs are having to manage mental health issues to a greater extent and many are uncomfortable due to lack of training

## *VMAP Solution:*

**Education of PCPs in mental health screening, diagnosis, management and treatment**

REACH Institute model – “mini-fellowship” training in of depression, anxiety, ADHD

PROJECT ECHO – hub and spoke model of learners who are remotely with a central expert

QI PROJECTS – practice quality improvement projects to implement screening tools, implement integrated mental health, improve outcomes



# PCP Consults to Regional VMAP Teams

**Problem:** PCPs need support when patients are more complex, have complications, or when assessment is not straightforward

## *VMAP Solution:*

Five regions – northern, central, eastern, western and southwestern. **Regional VMAP Teams** – consists of child and adolescent psychiatrists, psychologists and/or social workers, care coordinator

PCPs use a central phone number to reach the on-call regional VMAP psychiatrist for support with patient mgmt

Patients with complex or second opinion assessment needs may be seen by on-call psychiatrist in-person or by video, then patient care will be returned to PCP or community psychiatrist



# Telehealth Mental Health Care

**Problem: Transportation and access challenges exist for rural and underserved regions and majority of existing telehealth programs do not offer pediatric mental health services**

## *VMAP Solution:*

**Training on how to provide telehealth visits for pediatric patients**

**Telehealth solutions for those regions who do not already have a platform available**

**Increase access to pediatric mental health through telehealth visits**

**Provide access to video consults or eConsults for PCP to specialists**



# Care Navigation

**Problem:** PCP practices have limited time and resources to spend on helping families find care due to availability issues and complexity of the mental healthcare system

## *VMAP Solution:*

PCP's practices use central phone number to reach a **Regional Care Navigator** or social worker for assistance in finding mental health resources for families

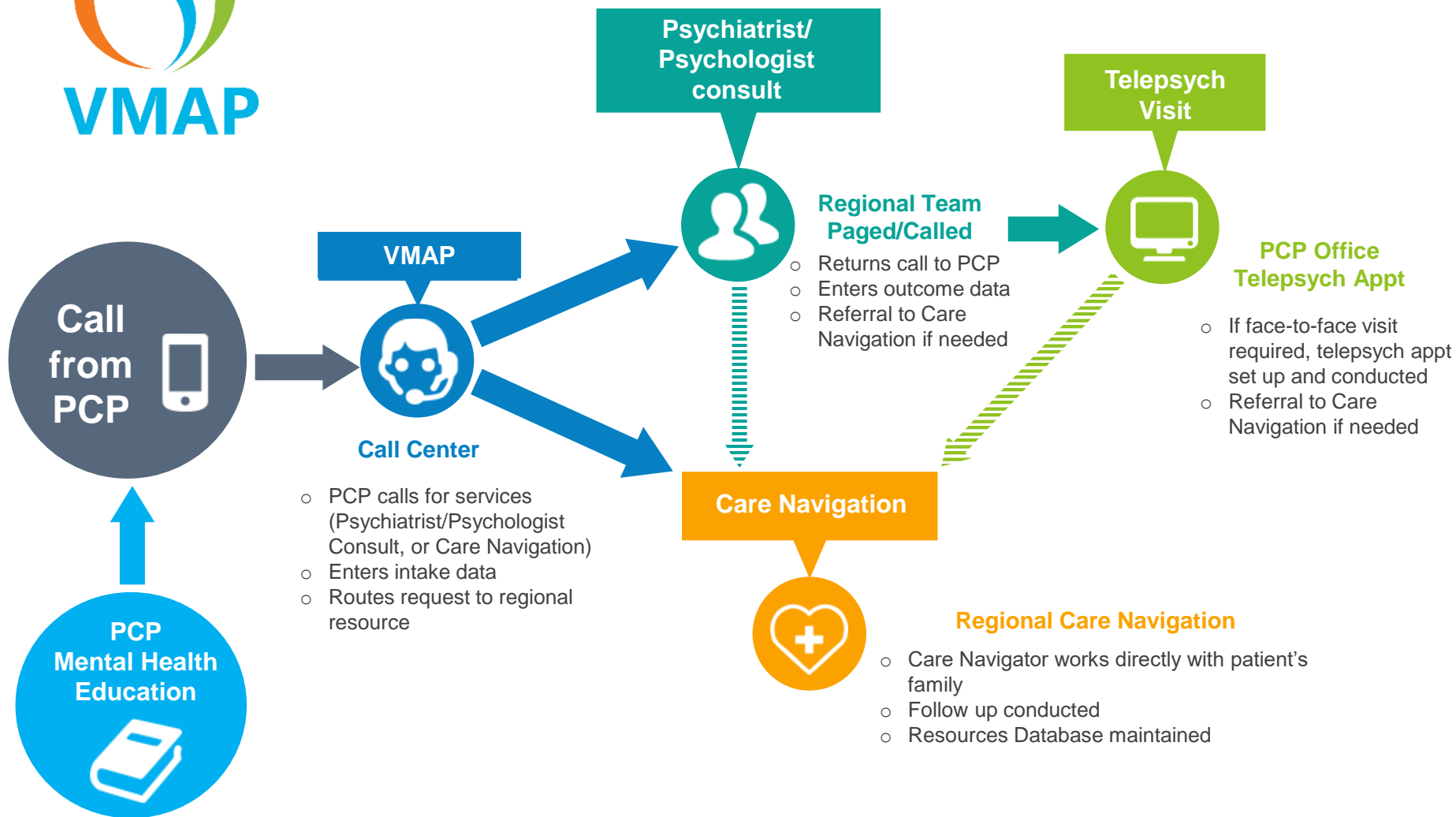
Care Navigator helps with finding in-network providers for patients who have insurance and services for patients who are uninsured or underinsured

Care Navigator expedites appointments for higher acuity, but non-emergent needs





# How Does VMAP Work?



## Virginia Regions

Northern (CNMC/Inova), Central (VCU/VTCC), Eastern (CHKD), Western (UVA/Centra), Southwestern (Carilion)

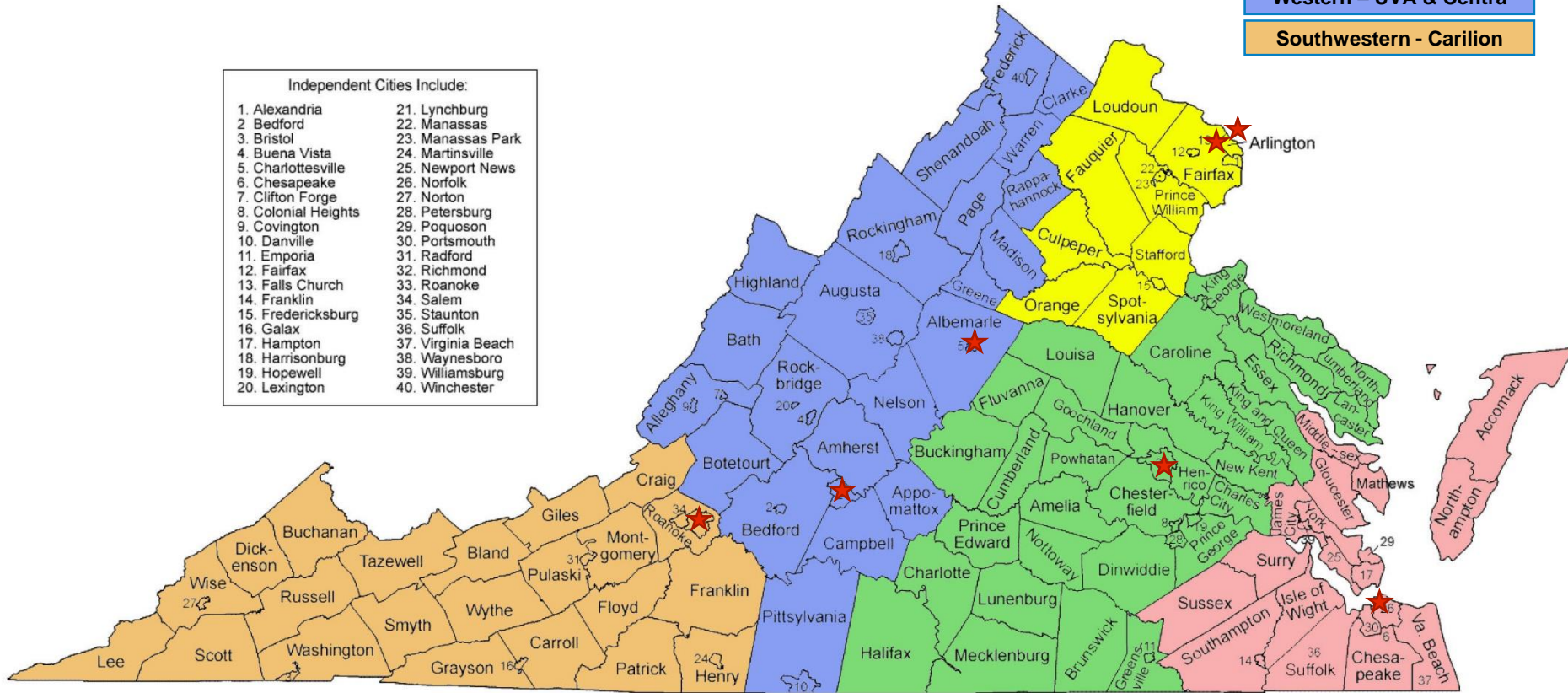


# Five Regional Hubs of VMAP

Northern – CNHS & Inova
Central - VCU
Eastern - CHKD
Western – UVA & Centra
Southwestern - Carilion

Independent Cities Include:

1. Alexandria	21. Lynchburg
2. Bedford	22. Manassas
3. Bristol	23. Manassas Park
4. Buena Vista	24. Martinsville
5. Charlottesville	25. Newport News
6. Chesapeake	26. Norfolk
7. Clifton Forge	27. Norton
8. Colonial Heights	28. Petersburg
9. Covington	29. Poquoson
10. Danville	30. Portsmouth
11. Emporia	31. Radford
12. Fairfax	32. Richmond
13. Falls Church	33. Roanoke
14. Franklin	34. Salem
15. Fredericksburg	35. Staunton
16. Galax	36. Suffolk
17. Hampton	37. Virginia Beach
18. Harrisonburg	38. Waynesboro
19. Hopewell	39. Williamsburg
20. Lexington	40. Winchester



# Supporting Organizations

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™  
Virginia Chapter



**VDH** VIRGINIA DEPARTMENT OF HEALTH  
*Protecting You and Your Environment*



Virginia Department of Behavioral Health & Developmental Services



VIRGINIA'S MEDICAID PROGRAM  
**DMAS**  
INNOVATION • QUALITY • VALUE

**Voices**  
For Virginia's Children

**CHILDREN'S**  
HOSPITAL OF RICHMOND AT **VCU**



VIRGINIA DEPARTMENT OF EDUCATION



**CARILION**  
CLINIC



**INOVA** HEALTH SYSTEM



**Cigna**



**Anthem**

**CHKD**



**Neighborhood Health**  
*Your Health. Our Passion.*



**YACBP**  
Virginia Association of Community-Based Providers



**Healthy Minds FAIRFAX**  
Supporting Emotional Wellness in Youth and Families



**NAMI Virginia**  
National Alliance on Mental Illness



VIRGINIA CENTER FOR HEALTH INNOVATION



**innovation HEALTH**  
Aetna | Inova PARTNERSHIP



**VAFP**  
VIRGINIA'S FAMILY PHYSICIANS

**MSV** MEDICAL SOCIETY OF VIRGINIA



**Medical Home Plus**  
Resources, outreach and community based support for all of us

**UNIVERSITY of VIRGINIA**  
HEALTH SYSTEM



**Children's National Health Network**



**GEORGE MASON UNIVERSITY**



**Beacon Tree**  
advocates for youth mental health



**VMAP**



# VMAP Steering Committee

**Chair and Medical Director – Sandy Chung, MD (President, VA-AAP)**

Virginia AAP – Jane Chappell, Aimee Perron-Sibert

State Agencies – Alexis Aplasca, Alyssa Ward, Cornelia Deagle, Nina Marino, Jenna Conway

Statewide Organizations – Ashley Everette (VOICES), Beth Bortz (VCHI), Debbie Oswalt (VHCF), Michael Carlin (VACBP), Laura May (NAMI-VA)

Psychiatrists - Bela Sood (VCU), Peter Dozier (CHKD), Roger Burket (UVA),  
Felicity Adams (Carilion), Ravinder Singh (Inova)

Pediatricians – Walter Chun, Charles Stein, Natasha Sriraman, Monica Woodhouse,  
Diane Dubinsky, Erin Rafferty, Arshia Qadir

Pediatric Department Chairs – David Ascher, Kimberly Dunsmore, Romesh  
Wijesooriya

Developmental Pediatricians - Ellen Davis, Michole Pinera

Psychologists – Nadia Islam, Robyn Mehlenbeck

Business Operations - Richard Leichtweis, Rachel Reynolds, Kacie Miller

Social Worker – Stephanie Osler, John Salay

CSBs – Alan Rasmussen, Rosa Morales-Theodore

Telehealth Experts – Tina Gustin (ODU), Carolyn Rutledge (ODU)

Data/Research Analysts – Marilyn Bartholmae (CHKD)

MAP Advisors - Lee Beers, Carter Batey





# Executive Team Regional and Services Leads



- Northern – Inova**– Richard Leichtweis, PhD
- Children’s National** - Lee Beers, MD (pediatrics)
- Central – VCU/VTCC** – Bela Sood, MD (psychiatry)
- Eastern – CHKD** – Stephanie Osler, LCSW (social work)
- Western – UVA** – Ellen Davis, MD (developmental pediatrics)
- Southwestern – Carilion Clinic** – Felicity Adams, MD (psychiatry)
- Telehealth** – Tina Gustin, PhD (ODU)
- Education** – Beth Ellen Davis, MD (UVA)
- Care Coordination** – Rachel Reynolds (CMHRC/VTCC)
- Medical Director** - Sandy Chung, MD (VA-AAP)
- Director** – Cornelia Deagle, PhD (VDH)



# Does it work? The MCPAP Example

% of PCPs who agreed or strongly agreed that there was adequate access to a child psychiatrist **increased from 5% to 33%** after the program was initiated

% of PCPs who agreed or strongly agreed that they were able to meet the needs of children with psychiatric problems **increased from 8% to 63%**

% of PCPs who were able to obtain a child psychiatry consultation in a timely manner **increased from 8% to 80%**



# Expenses of the Program

**Regional VMAP Teams (5 regions)** – 1 Team per region  
1 FTE Psychiatrist, 1 FTE Psychologist/Social Worker,  
1 FTE Care Coordinator

## **Centralized Services –**

Program Director, Program Manager, Medical Director  
Access phone number, website, telehealth services, data  
analytics, evaluation and outcomes research

## **Outreach and Training –**

PCP training and PCP education, Hub and spoke model (Project  
ECHO), REACH training, QI programs

## **Telehealth –**

Platform, Training and Education, Implementation, Services  
(Peer-to-Peer and Psychiatrist-to-Patient)



**VMAP**

# How To Fund VMAP?

HRSA Grant - \$445,000 per year  
for 5 years (awarded 9/18)

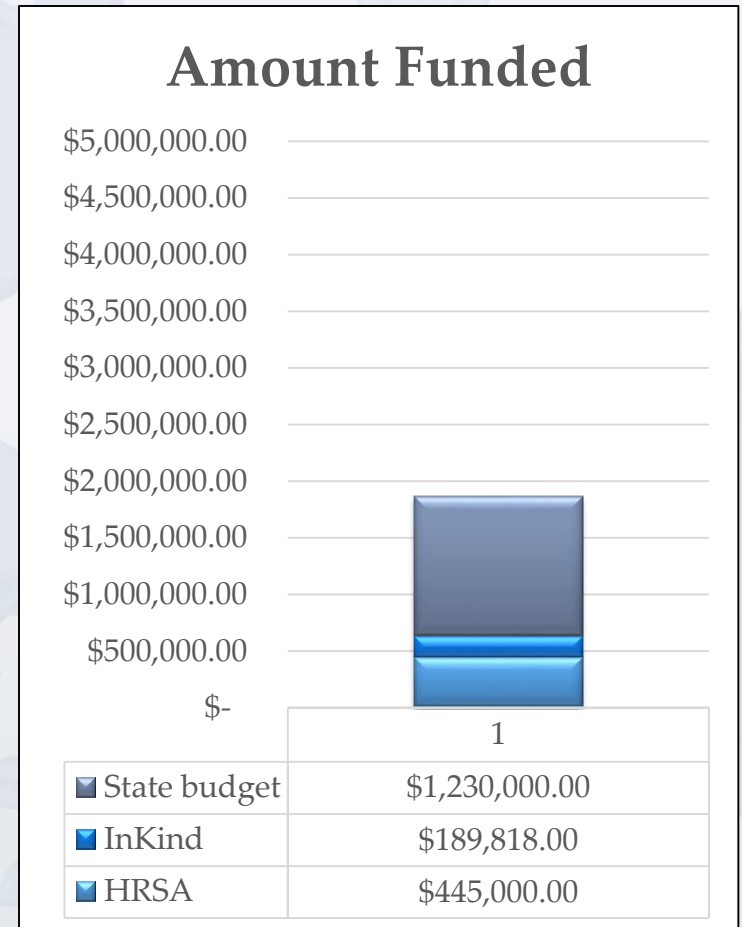
In Kind Support - \$189,818

Governor's Budget Proposal  
\$1.23 million for 2019-2020

CIGNA Grant \$100,000 for 2019

Overall budget need for statewide  
VMAP Program = \$5 million/year

Will need YOUR advocacy next fall!



# Where Are We Now?



REACH programs held in Fall 2019 and Spring 2019  
= 156 Providers Trained  
Fall 2019 REACH programs scheduled

Project ECHO – Northern VA launching June 2019  
Central VA to launch Fall 2019  
One other region also to launch Fall 2019



American  
Board of  
Pediatrics

Mental Health Screening QI Project -  
Offers ABP MOC Part 4 credit with over 50  
pediatricians enrolled started May 2019

- Pilot Practices to start using VMAP consult lines late summer 2019
- Telepsychiatry and e-consult development in progress
- Care Navigation database compilation and building underway with over 600 mental health providers so far
- Website: <https://www.vmapforkids.org/>



# QUESTIONS?



Sandy Chung, MD, FAAP, FACHE

[schung@fairfaxped.com](mailto:schung@fairfaxped.com)

[www.vmapforkids.org](http://www.vmapforkids.org)



Virginia Department of  
**Health Professions**  
Board of Social Work

# Reference Material for ASWB Presentation

*\*ASWB Comparison of State Supervision Requirements*

Jurisdiction	License Name	Min Post Degree Hrs Required Under Supervision	License Required During Supervision if Different?	Title of License Required Under Supervision	Min Time to Accrue Time	Max Time to Accrue Time	Specific Practice Experience Required	Min Direct Client Hrs Required	Min Direct Supervisor Contact Hrs Required	Min Hours Direct Observation with a Client	Direct Client Contact Details	Min Hrs Face to Face Supervision Required	Supervision Details
Alabama	Licensed Independent Clinical Social Worker	24 months	Yes	Licensed Masters Social Worker	36 months			96 hours					
Alabama	Licensed Master Social Worker												On-going supervision requirements: Post-licensure supervision is not required, unless the social worker is seeking to obtain clinical licensure.
Alabama	Licensed Bachelor Social Worker	Required, number of hours not specified			24 months	36 months		96 hours					On-going supervision requirements: An LBSW who has received two years or more of qualified supervision may engage in the practice of social work without further supervision as long as the LBSW remains in the same type of social work practice. If a social worker serves a different population, or assumes different duties, they must complete an additional six months of supervision.
Alaska	Licensed Clinical Social Worker	3000 hours			2 years	10 years		100 hours					
Alaska	Licensed Master Social Worker												On-going supervision requirements: Post-licensure supervision is not required, unless the social worker is seeking to obtain clinical licensure.
Alaska	Licensed Baccalaureate Social Worker												On-going supervision requirements: Post-licensure supervision is not required.
Alberta	Registered Social Worker-Clinical	1600 hours			2 years	5 years	1600 hours	100 hours					
Alberta	Registered Social Worker	1500 hours	Yes	Provisional RSW									



Min Frequency of Supervision	Max Frequency of Supervision	Distance Supervision Allowed?	Max Hours Distance Supervision Allowed	Acceptable Methods of Distance Supervision	Individual and Group Supervision Allowed?	Max Hrs Group Supervision Allowed	Max Size of Group	Group Supervision Details	Social Work Supervisor	Min Hrs Under Approved Supervisor	Other Profession Supervisor	Approved Supervisor Details
4 hours per month	4 hours per month	Yes		Individual supervision is defined as one supervisee meeting face-to-face with one supervisor. It can also be live, interactive, visual communication as long as all three components are met during the session.	Yes	6		LICSW or LICSW-PIP				LICSW working within the same agency or if not within agency LICSW-PIP with the same practice method on their PIP as the person being supervised
4 hours per month		No			Yes			LGSW, LCSW in agency; PIP out of agency				
				Distance supervision may be granted by exception by the board. To receive the exception an applicant who practices in a remote location must, before the supervision begins, submit a written request to the board to allow supervision by telephonic or electronic means. The board will approve a request for telephonic or electronic supervision of an applicant who practices in a remote location if the board determines that (1) approved clinical supervisors are not practicing at, or within a reasonable distance of, that location; or (2) the approved clinical supervisors practicing at that location cannot provide appropriate supervision because of the supervisor's relationship to the applicant, a possible conflict of interest, or other good cause shown. (e) For good cause shown to the board's satisfaction, the board will accept an alternate plan of supervision that varies from the requirement of this section, if the applicant: (1) submits the alternate plan in writing to the board; and (2) receives approval of the alternate plan by the board before the applicant begins the alternate supervised experience.	Yes	50 hours		Licensed Clinical Social Worker			Licensed Psychiatrist, Licensed Psychologist	
								LCSW				
		Yes			Yes	50 hours		RSW-C				

<b>Alberta</b>	Provisional Registered Social Worker												
<b>Arizona</b>	Licensed Clinical Social Worker	3200 hours			2 years	Not specified		1600 hours	100 hours	10 hours direct observation or a review of audiotapes or videotapes			"Clinical supervision" means face-to-face, videoconferencing or telephonic direction or oversight provided by a qualified individual to evaluate, guide and direct all behavioral health services provided by a licensee to assist the licensee to develop and improve the necessary knowledge, skills, techniques and abilities to allow the licensee to engage in the practice of behavioral health ethically, safely and competently.
<b>Arizona</b>	Licensed Master Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required at all times.
<b>Arizona</b>	Licensed Baccalaureate Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required at all times.
<b>Arkansas</b>	Licensed Certified Social Worker	4000 hours	Yes	Provisional Licensed Master Social Worker or Licensed Master Social Worker	2 years	Not specified		Not specified	100 hours	Not specified	Not specified	Approximately 100 hours	
<b>Arkansas</b>	Licensed Master Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required.
<b>Arkansas</b>	Licensed Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision by and LMSW or LCSW is required.
<b>ASWB Model Social Work Practice Act</b>	Licensed Baccalaureate Social Worker												
<b>ASWB Model Social Work Practice Act</b>	Licensed Master's Social Worker												
<b>ASWB Model Social Work Practice Act</b>	Licensed Clinical Social Worker	Not specified			Not specified	Not specified		Not specified	Not specified	Not specified		Not specified	Has completed supervised practice approved by the Board, or demonstrated to the Board's satisfaction that experience in the practice of clinical social work meets or exceeds the minimum supervisory requirements of the Board; All applicants for licensure as a Clinical Social Worker by examination shall obtain supervised experience in the practice of clinical social work after the receipt of a Master's or Doctorate degree in Social Work from an Approved Social Work Program, under such terms and conditions as the Board shall determine;

		Yes	25 hours	Telephonically lasting at least 30 minutes is acceptable; Videoconferencing counts as face to face per clinical supervision definition.	Yes	Group clinical supervision hours shall not exceed individual supervision hours	6		LCSW or other supervisor approved by board		An applicant may request an exemption for an alternate behavioral health professional; a maximum of 75 hours of clinical supervision is acceptable, 25 hours must be from a social worker (masters or higher level). When reviewing supervision exemption requests, the social work credentialing committee will only consider supervision provided by a masters or higher level professional certified or licensed at the independent level by a state behavioral health regulatory entity, a licensed psychologist, or a medical doctor with a specialty in psychiatry. The social work credentialing committee will take into consideration an applicant's ability to demonstrate that supervision by a certified or licensed social worker was not available or available supervision was not specific to the applicant's area of practice. When considering the availability of a certified or licensed social worker, the social work credentialing committee will consider the size of the professional setting in which the applicant worked and its geographic location.	
1 hour per week	4 hours per 40 hours practice experience	No	N/A	N/A	Yes	50 hours	4		LCSW		None	Does not approve supervisors
					No							
		No										
Not specified	Not specified											

<b>British Columbia</b>	Registered Clinical Social Worker	3000 hours							100 hours				
<b>British Columbia</b>	Registered Social Worker												
<b>California</b>	Licensed Clinical Social Worker	3000 hours	Yes	Associate Clinical Social Worker	2 years	6 years	Minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling; 750 hours shall be face-to-face Individual and group psychotherapy provided to clients. Maximum of 1,000 hours in client-centered advocacy, consultation, evaluation, and research.	750 hours	104 hours				A minimum of one hour direct supervision each week, for every five hours of direct clinical social work; two hours if more than ten hours of direct practice occurs. There is a maximum of six hours of direct supervision in one week. Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, triadic supervision or a combination of both.
<b>California</b>	Associate Clinical Social Worker												The ACSW license required for individuals working to obtain supervised clinical practice experience in order to qualify for the clinical license (LCSW).
<b>Colorado</b>	Licensed Clinical Social Worker	3360 hours			2 years		Half of the work experience hours (1,680) must include a professional relationship that involves treatment, diagnosis, testing, assessment, or counseling. One or more may occur during any of the following activities: 1) Assisting individuals or groups to alleviate mental disorders; 2) Understanding unconscious or conscious motivation; 3) Resolving emotional, relationship, or attitudinal conflicts; 4) Modifying behaviors that interfere with effective emotional, biopsychosocial or intellectual functioning.		96 hours			48 hours	
<b>Colorado</b>	Licensed Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required. There is no requirement for an LSW to provide documentation of ongoing supervision as part of maintaining an active license.

					Yes							
1 hour per week	5 hours per week	Yes	Not specified	Live two-way video conferencing	Yes	52 hours	8	Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, thus 52 weeks may be in group supervision.	LCSW	1700 of the 3200 required hours must be under supervision of an LCSW; 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker.	1500 hours may be gained under the supervision of a licensed mental health professional acceptable to the board;	
		Yes	Not specified	Two-way video conferencing is allowed for licensees working for a governmental entity, school, college, or university, or an institution that is both a nonprofit and charitable institution.								
1 hour per week		Yes		Acceptable modes of supervision include but are not limited to individual, group, telephone, electronic mail, audio-visual, process recording, direct observation, telecommunication (teleconferencing, fax, videotapes), and hospital rounds. The appropriate modality of supervision shall be determined by the training, education, and experience of the supervisee, and the treatment setting (i.e. urban/rural, or the availability of resources and at all times based on community standards and client needs)	Yes	52 hours	10		LCSW who at the time of supervision was licensed by the Board in the jurisdiction in which the applicants services were performed			

<b>Connecticut</b>	Licensed Clinical Social Worker	3000 hours							100 hours			100 hours	
<b>Connecticut</b>	Master's Level Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required.
<b>Delaware</b>	Licensed Clinical Social Worker	3200 hours			2 years				100 hours			100 hours	
<b>District of Columbia</b>	Licensed Independent Clinical Social Worker	3000 hours	Yes	Licensed Graduate Social Worker	2 years	4 years			100 hours				
<b>District of Columbia</b>	Licensed Independent Social Worker	3000 hours			2 years	4 years			94 hours				Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>District of Columbia</b>	Licensed Graduate Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required.
<b>District of Columbia</b>	Licensed Social Work Associate												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required.
<b>Florida</b>	Licensed Clinical Social Worker	1500 hours	Yes	Registered Clinical Social Work Intern	No less than 100 weeks		Providing psychotherapy face-to-face with clients	1500 hours	100 hours				
<b>Florida</b>	Registered Clinical Social Work Intern												On-going supervision is required to meet the requirements of the LCSW.

													A social worker may be approved as a supervisor, who, at the time of the supervision, was licensed at the highest possible level. The Board will accept any of the following as a supervisor: (1) A licensed clinical social worker (LCSW) who, at the time of supervision, was licensed by the Board in the jurisdiction in which the applicant's services were performed. Board of Social Work Examiners in another jurisdiction in which the applicant's services were performed. The Board will consider post-degree supervised experience obtained in another jurisdiction by an individual who is not certified or licensed as a social worker in the other jurisdiction, if the jurisdiction in which such person was practicing did not provide for such certification, licensure listing or registration. The applicant's supervisor shall document to the satisfaction of the Board her/his competence in the same field of social work as that in which the applicant is seeking licensure. A social worker may be approved as a supervisor, who, at the time of the supervision, was licensed at the highest possible level. The Board will accept any of the following as a supervisor: (1) A licensed clinical social worker (LCSW) who, at the time of supervision, was licensed by the Board in the jurisdiction in which the applicant's services were performed. Board of Social Work Examiners in another jurisdiction in which the applicant's services were performed.
		No			No				CISW or LCSW				
1 hour per week		Yes	No more than 50% of total supervision in any month	Live video conferencing	No				LCSW or approved MSW	50% under an approved supervisor (at least 1600 hours)	Licensed Psychiatrist, Licensed Psychologist		
1 hour supervision per 32 practice hours					Yes				LCSW		Under special circumstances approved by the Board, supervision by a licensed psychiatrist or psychologist may be substituted for up to 1500 hours of this requirement.		
1 hour supervision per 32 practice hours					Yes				LISW				
1 hour per 15 hours of practice		No			Yes	Each hour of group supervision must alternate with an hour of individual supervision	6		LCSW or equivalent approved supervisor				

<b>Florida</b>	Certified Master Social Worker	3000 hours			2 years	3 years	Three years of experience is required, of which two years must be postmaster's degree under the supervision of a person who meets the education and experience requirements for certification as a CMSW. (1) "Experience" as used in Section 491.0145(3), F.S., is defined as provision of services requiring application of advanced social work knowledge. Such experience shall include clinical social work practice, social work administration, social work program supervision, social work program planning and evaluation, social work staff development, research in social work, community organization, community social services, social planning, or human service advocacy. If an applicant worked less than 1,500 hours in any twelve month period, credit will be granted for the fraction of a year's experience represented by the number of hours actually practiced; however, no applicant shall be credited with more than 125 hours experience in any one calendar month.						Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>Georgia</b>	Licensed Clinical Social Worker	3000 hours	Yes	Licensed Masters Social Worker	36 months	108 months						120 hours	Supervision must be obtained in no less than 24 months or more than 108. Supervision may include w/out being limited to, the review of case presentations, audiotapes, videotapes, and direct observation. Three years of experience post degree is required, however only two years must be under supervision; 2000 hours of experience must be under supervision and direction in the practice of clinical social work
<b>Georgia</b>	Licensed Master Social Worker												On-going supervision requirements: The first two years of practice after the issuance of the Master of Social Work license shall be under direction and supervision. Private practice is allowed after a period of supervised experience. However, a master's licensee whose practice includes counseling or psychotherapeutic techniques may only engage in such practice under supervision and only for such period of time as is prescribed for qualification to take the clinical social work licensing examination.
<b>Guam</b>	Licensed Clinical Social Worker	3000 hours			2 years	5 years	2,000 hours of assessment, clinical diagnosis and psychotherapy; no more than a maximum of nine hundred 900 hours of client-centered advocacy, consultation, and evaluation	800 hours	100 hours			60 hours	
<b>Guam</b>	Licensed Master Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required.
<b>Guam</b>	Licensed Bachelor Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required.
<b>Hawaii</b>	Licensed Clinical Social Worker	3000 hours	No		2 years	5 years	2000 hours of assessment, clinical diagnosis, and psychotherapy; no more than a maximum of nine hundred hours of client-centered advocacy, consultation, and evaluation.					100 hours	Those individuals obtaining clinical experience in order to obtain a LCSW are exempt from licensure. An applicant who submits evidence of certification as a qualified clinical social worker or diplomate in clinical social work by the National Association of Social workers or as a board certified diplomate by the American Board of Examiners shall be deemed to have satisfied clinical experience requirements.



					Yes							
					Yes	60 hours	6		LCSW	At least 50% of required hours must be earned under an LCSW; 2000 hours of experience must be under supervision and direction in the practice of clinical social work	Professional Counselor, MFT, Psychologist, Psychiatrist	Must have practiced in their specialty for at least 2000 clock hours over a minimum of 2 years following licensure
		No		Electronic media that is visually and verbally interactive								
					Yes	40 hours	6		LCSW			A minimum of 4,500 hours post-masters clinical experience.
		Yes	N/A	Face-to-face supervision can be conducted electronically through a video conference service that is compliant with all federal and state privacy, security, and confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996.	Yes	40 hours	6		LCSW with 4500 hours post MSW clinical experience		If supervision took place prior to July 1, 2009, experience may have been supervised by: MSW, diplomate/board certified clinical social worker, board certified psychiatrist, psychologist, APRN with 4500 hours of post master's clinical social work experience. If supervision takes place after July 1, 2009, experience must be supervised by a LCSW.	

<b>Hawaii</b>	Licensed Social Worker												On-going supervision requirements: Post-licensure supervision is not required unless the social worker is seeking to obtain clinical licensure
<b>Hawaii</b>	Licensed Bachelor Social Worker												On-going supervision requirements: Post-licensure supervision is not required unless the social worker is seeking to obtain clinical licensure
<b>Idaho</b>	Licensed Clinical Social Worker	3000 hours			2 years	5 years	1250 hours in assessment, clinical diagnosis, and psychotherapy; no more than a maximum of nine hundred hours of client-centered advocacy, consultation, and evaluation	1750 hours	100 hours			100 hours	
<b>Idaho</b>	Licensed Master Social Worker												On-going supervision requirements: Independent practice is allowed after a period of supervised experience is completed per requirements for the Independent Practice designation.
<b>Idaho</b>	Licensed Social Worker												On-going supervision requirements: Independent practice is allowed after a period of supervised experience is completed per requirements for the Independent Practice designation.
<b>Illinois</b>	Licensed Clinical Social Worker 1	2000 hours											
<b>Illinois</b>	Licensed Clinical Social Worker 2	3000 hours											
<b>Illinois</b>	Licensed Social Worker 1												On-going supervision requirements: Independent practice is allowed after a period of supervised experience is completed.
<b>Illinois</b>	Licensed Social Worker 2	Three years			3 years								On-going supervision requirements: Independent practice is allowed after a period of supervised experience is completed.
<b>Indiana</b>	Licensed Clinical Social Worker	Two years	Yes	Licensed Social Worker	24 months				96 hours				One year of supervised practice experience is equal to 1,500 hours of full-time employment
<b>Indiana</b>	Licensed Social Worker												On-going supervision requirements: Independent practice is allowed after a period of supervised experience is completed.
<b>Indiana</b>	Licensed Bachelor Social Worker												On-going supervision requirements: Post licensure supervision is required
<b>Iowa</b>	Licensed Independent Social Worker	Required, number of hours not specified			2 years	6 years	Psychosocial assessment, diagnosis and treatment. At least one component of the diagnostic practice the identification of specific mental or emotional disorders or conditions demonstrating a working knowledge of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM), the current edition. Include the provision of treatment, which shall include but not be limited to evaluation of symptoms and behaviors; effects of the environment on behavior; psychosocial therapy with individuals, couples, families, or groups; establishment of treatment goals; and differential treatment planning.				100 hours		Supervised experience must have occurred within the five calendar years immediately preceding the date of application. Distance supervision may be by board upon request for approval
<b>Iowa</b>	Licensed Master Social Worker												On-going supervision requirements: Post-licensure supervision is not required unless the social worker is engaged in any form of clinical practice.

					No							
Regular and ongoing		No			Yes	50 hours	6	See formula to calculate time allowed per supervisee per group	LCSW	50% of the total hours required	Psychologist, Psychiatrist, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist (No more than 50% of the total hours required).	LCSW in good standing with 2 years experience
		No										
4 hours per month					Yes		5		LCSW			
4 hours per month					Yes							
N/A					Yes							
4 hours per month									CSSW, LCSW, LSW, diplomate in clinical social work, ACSW or other approved by board			
4 hours per month		Yes	Not specified	50% of supervision may occur through through virtual technology					LCSW or equivalent supervisor as determined by board		Licensed Physician, Licensed Psychologist	
1 hour for every 40 practice hours		Yes			Yes		6		LCSW, LMSW-AP			The board-approved supervisor must have completed a supervisor's training program acceptable to the board. (4) The board-approved supervisor must complete three hours of continuing education every biennium in supervision theory, skills,
		No			No							

Iowa	Licensed Bachelor Social Worker												On-going supervision requirements: Post-licensure supervision is not required.
Kansas	Licensed Specialist Clinical Social Worker	3000 hours	Yes	Licensed Masters Social Worker	2 years	6 years	500 hours	1500 hours	150 hours				If a qualified supervisor is not available from among staff in the supervisee's practice setting, the supervisee may secure an otherwise qualified supervisor outside of the practice setting if required conditions are satisfied.
Kansas	Licensed Master Social Worker												On-going supervision requirements: Post-licensure supervision is not required.
Kansas	Licensed Bachelor Social Worker												On-going supervision requirements: Post-licensure supervision is not required.
Kentucky	Licensed Clinical Social Worker	3600 hours	Yes	Certified Social Worker	2 years	3 years	Assessment, diagnosis, and treatment of and emotional disorder as related to the total individual. Section 2. Practice of Clinical Social Work. (1) The practice of clinical social work shall be based on knowledge of psychodynamics, human relations, crisis intervention, psychopathology, and group dynamics.	120 hours	200 hours	100 hours			Supervision must be concurrent with employment; the certified social worker must be in an approved clinical practice setting under a board approved contract.
Kentucky	Certified Social Worker	Required, number of hours not specified			2 years				200 hours				On-going supervision requirements: Post-licensure supervision is not required.
Kentucky	Licensed Social Worker 1												On-going supervision requirements: Post-licensure supervision is not required.
Kentucky	Licensed Social Worker 2	Required, number of hours not specified			2 years								On-going supervision requirements: Post-licensure supervision is not required.
Louisiana	Licensed Clinical Social Worker	5760 hours	Yes	Licensed Masters Social Worker					96 hours			96 hours	
Louisiana	Licensed Master Social Worker												On-going supervision requirements: Post-licensure supervision is not required unless the social worker is seeking to obtain clinical licensure.
Louisiana	Certified Social Worker												On-going supervision requirements: Post-licensure supervision is not required unless the social worker is engaged in any form of clinical practice.
Louisiana	Registered Social Worker												On-going supervision requirements: Post-licensure supervision is not required. The RSW can practice independent of supervision because a RSW must work for an agency (verses contract work) and is not authorized to provide clinical services.
Maine	Licensed Clinical Social Worker 1	3200 hours	Yes	Licensed Master Social Worker-Clinical Conditional	2 years		Clinical social work practice which encompasses interventions directed to interpersonal interactions, intrapsychic dynamics and life-support and management issues, including but not limited to individual, couples, family and group psychotherapy		96 hours			72 hours	Clinical licensing candidates with a non-clinical MSW degree must obtain twice the amount of supervised experience as candidates with a clinically-focused MSW degree.
Maine	Licensed Clinical Social Worker 2	6400 hours	Yes	Licensed Master Social Worker-Clinical Conditional	2 years		Clinical social work practice which encompasses interventions directed to interpersonal interactions, intrapsychic dynamics and life-support and management issues, including but not limited to individual, couples, family and group psychotherapy		192 hours			144 hours	Clinical licensing candidates with a non-clinical MSW degree must obtain twice the amount of supervised experience as candidates with a clinically-focused MSW degree.
Maine	Licensed Masters Social Worker, Clinical Conditional												
Maine	Licensed Master Social Worker												On-going supervision requirements: Post-licensure supervision is not required.

		No			No							
1 hour for every 20 practice hours	2 hours per 20 hours practice	Yes		Supervisees that use videoconferencing for a portion of their supervision must provide written verification of the technological security measure implemented to protect confidentiality.	Yes	75 hours or less	4		LCSW			LCSW must have 2 years post-licensure experience
		No			No							
		Yes		Eye-to-eye electronic media, while maintaining visual contact	No							
2 hours for every 2 weeks of practice		Yes	No more than 50% of total supervision in any month	Individual supervision may include electronic supervision of one direct meeting per month. Electronic supervision may be used for one (1) direct meeting per month but only after the first twenty-five (25) hours of individual supervision hours have been obtained in face-to-face, in-person meetings where the supervisor and supervisee are physically present in the same room. No more than fifty (50) percent of the individual supervision hours may be obtained in an electronic format.	Yes	100 hours	6		LCSW			LCSW must have 3 years post-licensure experience
2 hours for every 2 weeks of practice					Yes	100 hours	6		LCSW		Licensed Psychologist, Licensed Psychiatrist	
2 hours for every 80 practice hours					Yes	48 hours	5		approved clinical supervisors	At least 3840 hours (67% of total required)		
1 hour per week / 4 hours per month		Yes		Videoconference permitted but not telephone or any other audio-only technology	Yes	24 hours			LCSW, CSW-IP			
1 hour per week / 4 hours per month		Yes		Videoconference permitted but not telephone or any other audio-only technology	Yes	48 hours			LCSW, CSW-IP			

<b>Maine</b>	Licensed Social Worker 1												On-going supervision requirements: Post-licensure supervision is required for the first two years after the license was granted
<b>Maine</b>	Licensed Social Worker 2, Conditional	3200 hours	No						96 hours			72 hours	On-going supervision requirements: Post-licensure supervision is not required.
<b>Manitoba</b>	Registered Social Worker												
<b>Maryland</b>	Licensed Certified Social Worker-Clinical	3000 hours	Yes	Licensed Graduate Social Worker	2 years	6 years		1500 hours	144 hours				
<b>Maryland</b>	Licensed Certified Social Worker	3000 hours			2 years	6 years			100 hours				Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>Maryland</b>	Licensed Master Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required.
<b>Maryland</b>	Licensed Bachelor Social Worker												On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required. Licensee must work under a supervisor for duration of BSW licensure
<b>Massachusetts</b>	Licensed Independent Clinical Social Worker	3500 hours	Yes	Licensed Certified Social Worker					100 hours			50 hours	
<b>Massachusetts</b>	Licensed Certified Social Worker												On-going supervision requirements: Post-licensure supervision is not required unless the social worker is engaged in any form of clinical practice.
<b>Massachusetts</b>	Licensed Social Worker 1						Field placements supervisory reference is required						
<b>Massachusetts</b>	Licensed Social Worker 2	3,500 hours											
<b>Massachusetts</b>	Licensed Social Worker 3	8750 hours			5 years								On-going supervision requirements: Post-licensure supervision is not required.
<b>Massachusetts</b>	Licensed Social Worker 4	10500 hours			6 years								On-going supervision requirements: Post-licensure supervision is not required.
<b>Massachusetts</b>	Licensed Social Worker 5	12250 hours			8 years								On-going supervision requirements: Post-licensure supervision is not required.
<b>Massachusetts</b>	Licensed Social Worker 6	17,500 hours			10 years								On-going supervision requirements: Post-licensure supervision is not required.
<b>Massachusetts</b>	Licensed Social Work Associate 1												
<b>Massachusetts</b>	Licensed Social Work Associate 2												On-going supervision requirements: Post-licensure supervision is not required.
<b>Massachusetts</b>	Licensed Social Work Associate 3	4 years				4 years							On-going supervision requirements: Post-licensure supervision is not required.

		Yes	24 hours	Videoconference permitted but not telephone or any other audio-only technology	Yes	72 hours	8		IP, or LCSW (LSW depending on setting)			
3 hours per month					Yes	72 hours	6		LCSW or LCSWC accountable to the employer through an employment contract			
3 hours per month					Yes	72 hours	6		LCSW approved by the Board			
					No				LICSW or equivalent			
					No							
									IP, or LCSW (LSW depending on setting)			
1 hour per week					No				IP, or LCSW (LSW depending on setting)			
1 hour per week					No				IP, or LCSW (LSW depending on setting)			
1 hour per week					No				IP, or LCSW (LSW depending on setting)			
1 hour per week					No				IP, or LCSW (LSW depending on setting)			
1 hour per week					No				BSW, MSW, LCSW or LICSW			

Michigan	Licensed Master Social Worker-Clinical	4000 hours	Yes	Limited License Master's Social Worker				96 hours			2 hours per month	
Michigan	Licensed Master Social Worker - Macro	4000 hours	Yes	Limited License Master's Social Worker	2 years			96 hours			2 hours per month	Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
Michigan	Licensed Bachelor Social Worker	4000 hours	Yes	Limited Bachelor Social Worker	2 years		R 338.2941 (2) Qualifying experience for an applicant for licensure as a bachelor's social worker includes, but is not limited to, any of the following: (a) Assessment, planning, and intervention with individuals, couples, families, or groups to enhance or restore the capacity for social functioning. (b) Case management of health and human services. (c) Providing information about and referring individuals to resources. (d) Planning and collaborating with communities, organizations, or groups to improve their social or health services. (e) Working with clients in accessing, coordinating, or developing resources to develop solutions for interpersonal or community problems.					On-going supervision requirements: Post-licensure supervision is not required.
Michigan	Limited Bachelor Social Worker											
Michigan	Social Service Technician 1	350 hours	Yes	Limited Social Service Technician		1 year						Supervision must be concurrent with employment
Michigan	Social Service Technician 2	2000 hours	Yes	Limited Social Service Technician	1 year							Supervision must be concurrent with employment
Michigan	Social Service Technician 3	2000 hours	Yes	Limited Social Service Technician	1 year							Supervision must be concurrent with employment
Michigan	Limited Social Service Technician											
Minnesota	Licensed Independent Clinical Social Worker	4000 hours	Yes	Licensed Graduate Social Worker				100 hours			50 hours	
Minnesota	Licensed Independent Social Worker	4000 hours						100 hours			50 hours	Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
Minnesota	Licensed Graduate Social Worker	4000 hours (required once the license is issued)			4000 hours	8000 hours		200 hours				On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required. Licensees must submit required supervision plans, at the start of supervision and at license renewal. The supervision requirement applies to practice both within and outside of "agencies." Supervised practice is required for the LGSW once the license is issued. If engaged in non-clinical practice, 100 hours of on-going direct supervision per 4,000 hours practice is required. If engaged in clinical practice working towards the Licensed Independent Clinical social worker 200 hours of direct supervision per 4,000-8,000 hours is required. Supervised practice is required for the LSW once the license is issued. Once licensed 100 hours of direct on-going supervision per 4,000 hours of practice is required.



4 hours per month					Yes	48 hours			LMSW-Clinical		In cases of extreme hardship where an approved supervisor is not available, an alternative supervision arrangement by a related health practitioner may be approved by the board.	
4 hours per month									LMSW			
4 hours per month					Yes	72 hours			LMSW			
4 hours per month					Yes				LMSW, LBSW		In cases of extreme hardship the board may consider a supervisor from a related health field.	In cases of extreme hardship
4 hours per month					Yes				LMSW, LBSW		In cases of extreme hardship the board may consider a supervisor from a related health field.	
4 hours per month					Yes					LMSW, LBSW		In cases of extreme hardship the board may consider a supervisor from a related health field.
4 hours for every 160 practice hours	Maximum 8 hours per every 160 hours of practice	Yes	25 hours	Eye-to-eye electronic media, while maintaining visual contact.	Yes	100 hours	6		LICSW	75% of the total supervision hours required must be earned under an LICSW	25% of the total supervision hours required may be provided by an alternate supervisor	
4 hours for every 160 practice hours		Yes	25 hours	Eye-to-eye electronic media, while maintaining visual contac	Yes	100 hours			LICSW, LISW or LGSW who has completed supervised practice requirements	75% of total required.	25% of total required hours may be provided by an alternate supervisor.	
4 hours for every 160 practice hours												

<b>Minnesota</b>	Licensed Social Worker	4000 hours (required once the license is issued)							100 hours			50 hours	On-going supervision requirements: Licensees shall not engage in independent practice; on-going supervision is required. Licensees must submit required supervision plans, at the start of supervision and at license renewal. The supervision requirement applies to practice both within and outside of "agencies." Supervised practice is required for the LGSW once the license is issued. If engaged in non-clinical practice, 100 hours of on-going direct supervision per 4,000 hours practice is required. If engaged in clinical practice working towards the Licensed Independent Clinical social worker 200 hours of direct supervision per 4,000-8,000 hours is required. Supervised practice is required for the LSW once the license is issued. Once licensed 100 hours of direct on-going supervision per 4,000 hours of practice is required.
<b>Mississippi</b>	Licensed Certified Social Worker	24 months	Yes	Licensed Master Social Worker	24 months	36 months		1000 hours	100 hours			75 hours	For supervisors and supervisees who are not employed within the same agency, there must be a written plan
<b>Mississippi</b>	Licensed Master Social Worker												On-going supervision requirements: Post-licensure supervision is not required.
<b>Mississippi</b>	Licensed Social Worker												On-going supervision requirements: Post-licensure supervision is not required.
<b>Missouri</b>	Licensed Clinical Social Worker	3000 hours	Yes	Licensed Master Social Worker	24 months	48 months			100 hours				Time submitted for supervision must be consecutive; Supervision must be concurrent with employment
<b>Missouri</b>	Licensed Advanced Macro Social Worker	3000 hours	Yes	Licensed Master Social Worker	24 months	48 months							Time submitted for supervision must be consecutive; Supervision must be concurrent with employment. Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>Missouri</b>	Licensed Master Social Worker												On-going supervision requirements: Post-licensure supervision is not required unless the social worker is engaged in any form of clinical practice.

		Yes	25 hours	Eye-to-eye electronic media, while maintaining visual contact	Yes	50 hours	6				
1 hour per week		Yes	25 hours	Supervision may include alternate means of supervision by audio or audiovisual electronic device provided there is direct, interactive, live exchange between the supervisor and supervisee or provided that communication is verbally or visually interactive between the supervisor and the supervisee.	Yes	25 hours	5		Board approved LCSW supervisor		
2 hours for every 2 weeks of practice		Yes		The use of electronic communications is acceptable for meeting supervision requirements only if the ethical standards for confidentiality are maintained and the communication is verbally and visually interactive between the supervisor and the supervisee.	Yes	50 hours	6	No more than 50% may be group supervision. A group consists of more than 2, no more than 6.	LCSW		LCSW with a minimum of 5 years post-licensure clinical experience, an MSW or DSW and completion of a 16 hour supervision training course.
2 hours for every 2 weeks of practice		Yes		The use of electronic communications is acceptable for meeting supervision requirements only if the ethical standards for confidentiality are maintained and the communication is verbally and visually interactive between the supervisor and the supervisee.	Yes	50 hours			LCSW or LAMSW		

<b>Missouri</b>	Licensed Bachelors Social Worker	3000 hours											Time submitted for supervision must be consecutive; Supervision must be concurrent with employment. On-going supervision requirements: Independent practice is allowed after a period of supervised experience is completed per requirements for the Independent Practice designation. 3. If the licensed baccalaureate social worker has completed three thousand hours of supervised baccalaureate experience with a qualified baccalaureate supervisor in no less than twenty-four months and no more than forty-eight consecutive calendar months, the licensed baccalaureate social worker may engage in the independent practice of baccalaureate social work as defined in section 337.600 and subdivisions (1) to (10) of subsection 2 of this section. Upon demonstrating the successful completion of supervised experience, the state committee for social workers shall provide the licensee with a certificate clearly stating the individual's qualification to practice independently with the words "independent practice" or "IP" next to his or her licensure.
<b>Montana</b>	Licensed Clinical Social Worker	3000 hours			2 years			1500 hours	100 hours	10 hours		50 hours	
<b>Nebraska</b>	Licensed Mental Health Practitioner	3000 hours	Yes	Provisional Licensed Mental Health Practitioner or Certified Master Social Worker				1500 hours	300 hours			150 hours	While working under supervision as a PLMHP, LMHP applicants who wish to obtain the status of a Licensed Independent Mental Health Practitioner (LIMHP) must complete 50% of their client contact hours, within the 3,000 hours of supervised experience, with clients diagnosed under the major mental disease category. Supervision must be provided by a qualified physician, a licensed psychologist, or a licensed independent mental health practitioner.
<b>Nebraska</b>	Provisional Mental Health Practitioner												
<b>Nebraska</b>	Certified Master Social Worker	3000 hours						1500 hours					Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>Nebraska</b>	Provisional Certified Master Social Worker												
<b>Nebraska</b>	Certified Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>Nevada</b>	Clinical Social Worker	3000 hours	Yes	Social Worker	2 years	3 years	2000 hours must be in the area of psychotherapeutic methods and techniques to persons, families and groups to help in the diagnosis and treatment of mental and emotional conditions and 1,000 supporting clinical hours (i.e.: documentation, case management services related to the face to face hours)	2000 hours	104 hours			1 hour per month	Supervision must be concurrent with employment. A minimum of 1 hr. per month of face to face supervision is required. This must take place during a session which utilizes "psychotherapy" and may be in individual, family or group therapy. Permission form participants is obtained if direct observation occurs in either the family or group setting.
<b>Nevada</b>	Independent Social Worker	3000 hours											Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>Nevada</b>	Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>New Brunswick</b>	Registered Social Worker												
<b>New Hampshire</b>	Licensed Independent Clinical Social Worker	3000 hours			2 years				100 hours			100 hours	

2 hours for every 160 practice hours					Yes	50 hours			LCSW, LAMSW, LMSW or LBSW		50 hours of direct supervisor contact and 1,500 hours of the total hours required	Licensed Psychiatrist, Licensed Psychologist, Licensed Clinical Professional Counselor
1 hour per week									LMHP			Licensed Psychologist, Qualified Physician
1 hour per week									CMSW			
1 hour per week	N/A	Yes		Via any synchronous system of delivery eg. telephone, webinar, Skype, etc. Distance supervision must be pre-approved by the Board and is done on a case by case basis prior to the supervision.	Yes	24 hours			LCSW			Licensed mental health practitioner only for candidates licensed by endorsement
1 hour per week					No				LCSW or LISW			
1 hour per week					No				LICSW			

<b>New Jersey</b>	Licensed Clinical Social Worker	3000 hours	Yes	Licensed Social Worker	2 years	4 years	Experience must be clinical in nature. An LSW shall not provide clinical services through a private practice that the LSW owns either wholly or in part. An LSW may be employed by, or volunteer at, a private practice owned by a healthcare professional licensed to provide clinical mental health services.	1920 hours	96 hours				At least 1920 hours of the 3000 hours shall be face-to-face client contact and half of these 1,920 hours shall be in psychotherapeutic counseling. The other 1,080 hours can include time spent in supervision or other social work services.
<b>New Jersey</b>	Licensed Social Worker												On-going supervision requirements (not seeking clinical license): An LSW may provide clinical services under the supervision of a qualified LCSW. Clinical social work services include, but are not limited to, clinical assessment, clinical consultation, psychotherapeutic counseling and client centered advocacy. Non-clinical services may be provided without supervision as long as they are performed in a non-profit setting. See the scope of practice of an LSW at 13:44G-3.2 and the chapter on supervision at 13:44G-8.1.
<b>New Jersey</b>	Certified Social Worker 1												On-going supervision requirements: Post licensure supervision is not required
<b>New Jersey</b>	Certified Social Worker 2	1600 hours					15 years experience prior to 1995 in order to obtain this license without a BSW.						On-going supervision requirements: Post licensure supervision is not required
<b>New Mexico</b>	Licensed Clinical Social Worker	3600 hours	Yes	Licensed Master Social Worker	2 years	60 months			90 hours			67.5 hours	
<b>New Mexico</b>	Licensed Independent Social Worker	3600 hours			Not specified	60 months	Must declare area of practice for macro speciality.		90 hours			67.5 hours	Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>New Mexico</b>	Licensed Master Social Worker												On-going supervision requirements: Post-licensure supervision is not required unless the social worker is engaged in any form of clinical practice. 16.63.1.7 Definitions A. (3) Supervision for master level social workers practicing clinical social work, not aspiring to achieve licensure at the clinical independent level, shall be provided by an independent social worker licensed at the LISW or LCSW level who is engaged in direct clinical practice, or other supervision approved by the board.
<b>New Mexico</b>	Licensed Baccalaureate Social Worker												On-going supervision requirements: Post-licensure supervision is not required.
<b>New York</b>	Licensed Clinical Social Worker	2000 hours	Yes	Licensed Master Social Worker	36 months	72 months	Diagnosis, psychotherapy and assessment-based treatment planning; no other activities are acceptable.	2000 hours	100 hours	N/A		100 hours	Supervision must be concurrent with employment; employer must provide qualified supervisor
<b>New York</b>	Licensed Master Social Worker												On-going supervision requirements: Masters practice may include psychotherapy. Supervision is required for psychotherapy services but NOT other social work services.
<b>Newfoundland &amp; Labrador</b>	Registered Social Worker												
<b>North Carolina</b>	Licensed Clinical Social Worker	3000 hours	Yes	LCSW-Associate	2 years	6 years	Paid clinical social work experience per 21 NCAC 63 .0102(12) "...assessment, diagnosis, and treatment of one or more of the following disorders or conditions: mental, emotional, addictive, behavioral, or developmental..."	3000 hours	100 hours			100 hours	Supervision must be concurrent iwht employment; Supervision shall be provided on a regular basis
<b>North Carolina</b>	Licensed Clinical Social Worker Associate												
<b>North Carolina</b>	Certified Social Work Manager	3000 hours											Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.

1 hour per week		No		The supervisor must provide at least one hour of face-to-face individual or psychotherapy group clinical supervision per week or one hour of individual clinical supervision through synchronous video conferencing, which complies with the confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for no more than half of the total supervision hours.	Yes		4		LCSW with a minimum of 3 years LCSW licensure		Psychologist, Psychiatrist, and any other supervisor the Board may deem acceptable	
1 hour for every 40 practice hours		Yes	22.5 hours		Yes	54 hours	4		LCSW			
1 hour for every 40 practice hours		Yes	22.5 hours		Yes	54 hours	4					
No less than 2 hours per month		No	N/A	N/A	Yes	N/A	Not specified		LCSW		Psychologist, Psychiatrist	
1 hour for every 30 practice hours		No			Yes	25 hours			LCSW		Board approved alternate (psychiatrist or licensed mental health professional) may be pre-approved if there is no available LCSW (such as overseas deployment).	

<b>North Carolina</b>	Certified Master Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>North Carolina</b>	Certified Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>North Dakota</b>	Licensed Independent Clinical Social Worker	3000 hours				4 years				150 hours		150 hours	
<b>North Dakota</b>	Licensed Certified Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>North Dakota</b>	Licensed Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>Northern Mariana Islands</b>	Licensed Clinical Social Worker	2 years				2 years							
<b>Northern Mariana Islands</b>	Licensed Master Social Worker	Required, number of hours not specified				2 years							On-going supervision requirements: Post licensure supervision is not required
<b>Northern Mariana Islands</b>	Licensed Baccalaureate Social Worker	3500 hours				2 years							On-going supervision requirements: Post licensure supervision is not required
<b>Nova Scotia</b>	Registered Social Worker 1	36 hours											
<b>Nova Scotia</b>	Registered Social Worker 2	48 hours											
<b>Nova Scotia</b>	Registered Social Worker Candidate												
<b>Ohio</b>	Licensed Independent Social Worker	3000 hours	Yes	Licensed Social Worker	2 years					150 hours			Supervision must be concurrent with employment



		No			No							
Weekly		Yes		Telephone, audio or audiovisual electronic device.	Yes	50 hours	6	supervisor and more than one supervisee, including health professionals in related professions. Group supervision is facilitated by the supervisor and involves an exchange among all group members. The size of the group shall be limited to seven,	LICSW			
									LSW, LCSW, or equivalent supervisor as determined by board		Licensed Physician, Licensed Psychologist	
1 hour per week									IP, or LCSW (LSW depending on setting)			
1 hour for every 20 practice hours		No			Yes				LISW		Psychologist, Psychiatrist, Registered Nurse with a master's degree with a specialty in psychiatric nursing	LISW with supervision designation

Ohio	Licensed Social Worker													<p>Supervision must be concurrent with employment. Post-licensure supervision is not required; however because bachelors practice may also include psychotherapy, an LSW engaged in these activities cannot practice in a private setting or independent of clinical supervision. Supervision is required for psychotherapy services but NOT other social work services. A social worker is not required to submit hours for review by the board. Supervision must only be documented and submitted to the Board when the LSW wishes to be considered for an independent license. 4757-23-01 Social work supervision. This rule applies to all social work assistants; to all social workers employed in a private practice, partnership, or group practice; to all social workers engaged in social psychotherapy; and to all social workers seeking licensure as independent social workers. (A) Definitions of social work supervision: (1) "Clinical supervision" of social workers performing social psychotherapy and social workers employed in a private practice, partnership, or group practice means the quantitative and qualitative evaluation of the supervisee's performance; professional guidance to the supervisee; approval of the supervisee's intervention plans and their implementation; the assumption of responsibility for the welfare of the supervisee's clients; and assurance that the supervisee functions within the limits of their license. The assessment, diagnosis, treatment plan, revisions to the treatment plan and transfer or termination shall be cosigned by the supervisor and shall be available to the board upon request. (2) "Training supervision" means supervision for the purposes of obtaining a license and/or development of new areas of proficiency while providing services to clients. The training supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardized knowledge, skills, competency, and applicable ethical content in the practice setting. The supervisor and the supervisee both share responsibility for carrying out their role in this</p>
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Ohio	Social Work Assistant	Required, number of hours not specified											Supervision must be concurrent with employment. A social work assistant must work under the direct supervision of an approved behavioral health professional and may provide human, social and community services that include intake assessment and referral, screening, crisis intervention and resolution, community support, case management and outreach, record keeping, social assessment, visual observation of an individual in the individual's environment, assistance in facilitation with groups and families, advocacy, and orientation, education, and prevention services. A social worker is not required to submit hours for review by the board. Supervision must only be documented and submitted to the Board when the LSW wishes to be considered for an independent license. 4757-23-01 Social work supervision. This rule applies to all social work assistants; to all social workers employed in a private practice, partnership, or group practice; to all social workers engaged in social psychotherapy; and to all social workers seeking licensure as independent social workers. (A) Definitions of social work supervision: (1) "Clinical supervision" of social workers performing social psychotherapy and social workers employed in a private practice, partnership, or group practice means the quantitative and qualitative evaluation of the supervisee's performance; professional guidance to the supervisee; approval of the supervisee's intervention plans and their implementation; the assumption of responsibility for the welfare of the supervisee's clients; and assurance that the supervisee functions within the limits of their license. The assessment, diagnosis, treatment plan, revisions to the treatment plan and transfer or termination shall be cosigned by the supervisor and shall be available to the board upon request. (2) "Training supervision" means and/or development of new areas of proficiency while providing services to clients. The training supervisor is responsible for providing direction to the supervisee, who
Oklahoma	Licensed Clinical Social Worker	4000 hours	Yes	Licensed Social Worker-Administration or Licensed Master Social Worker	2 years	None	Job descriptions submitted must include scope of work that consists of clinically relevant social work, e.g., diagnosing, assessing, individual counseling, group counseling, etc.	3000 hours	100 hours			100 hours	Supervision must occur an average on one hour per week, but supervisee cannot go for a time period of longer than two weeks without meeting with their supervisor (they'll meet for two hours when this occurs), unless there are extenuating circumstances, in which case the Board Office is to be notified. Must meet face to face with Supervisor a minimum of one time monthly when electronic supervision has been approved. Distance supervision must be approved by the Board on a case by case basis prior to the supervision
Oklahoma	Licensed Social Worker-Administration	4000 hours	Yes	Licensed Social Worker-Administration or Licensed Master Social Worker	2 years				100 hours			100 hours	Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure. 675:12-1-4. Supervision and private or independent practice b. Engaging in the independent practice of social work requires holding of the LCSW, LSW-Adm or LSW license.
Oklahoma	Licensed Social Worker	4000 hours	No		2 years				100 hours			100 hours	Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure. 675:12-1-4. Supervision and private or independent practice b. Engaging in the independent practice of social work requires holding of the LCSW, LSW-Adm or LSW license.

1 hour per week		Yes		Video conference such as SKYPE, Face-time, Agency Video Conferencing, etc. Distance supervision must be pre-approved by the board and is done so on a case by case basis.	Yes	50 hours	4	All supervisees attending group must have same Board Approved Supervisor. Minimum 50% of supervision must be individual.	LCSW			A board approved LCSW with five years full time work experience beyond Masters Degree in Social Work with three of the five years including full time work experience at the licensure level in supervisory status is sought, and two of the five years must include CLINICAL SUPERVISORY EXPERIENCE.
		No			Yes				LSW-Administration			
		No			Yes				LCSW or LSW-Administration			

Oklahoma	Licensed Master Social Worker												On-going supervision is required for the LMSW but not the LSW or LSW-A. 675:12-1-4. Supervision and private or independent practice b. Engaging in the independent practice of social work requires holding of the LCSW, LSW-Adm or LSW license.
Oklahoma	Licensed Social Work Associate												On-going supervision requirements: Post licensure supervision is required.
Ontario	Registered Social Worker												In Ontario, supervision may be required as part of terms, conditions and limitations (TCL) when an applicant does not meet currency requirements. The Registrar or Deputy Registrar reviews these applications to determine if the applicant has practised in the past five years. The Registrar or Deputy Registrar also approves the supervisor (by reviewing their CV and ensuring that we are not aware of any concerns about their practice) and receives the reports. Both the supervisor and supervisee receive an information form about the requirements for the supervision and reports, but there is no template. Prior to being registered with aTCL, the applicant must sign an agreement agreeing to the TCL. The supervisor must indicate that in his or her view, the member is competent to practise without supervision. If the report doesn't contain this information, or if the supervisor doesn't believe this to be the case, then the member may have to agree to another TCL or their certificate of registration would expire.
Oregon	Licensed Clinical Social Worker	3500 hours	Yes	Certified Social Work Associate	2 years	5 years		2000 hours	100 hours				Supervision must be concurrent with employment. Distance supervision is allowed but at least one in-person meeting must be held per quarter.
Oregon	Certified Social Work Associate												This is the license required while working to obtain supervised experience necessary to satisfy clinical license requirements. The licensee must develop a plan approved by the board for completion of practice and supervision requirements as defined by the rules of the board.
Oregon	Licensed Master's Social Worker												On-going supervision requirements: Post licensure supervision is not required. RBSW and LMSW may work without supervision in any non-clinical employment. There is no provision in Oregon statute or rule for either of these licenses to expand their practice to include clinical practice by adding a supervisor. If a MSW holder wants to practice clinical social work, they must apply for the Clinical Social Work Associate, or CSWA license. A CSWA does not require that the person currently hold or previously have held a LMSW.
Oregon	Registered Baccalaureate Social Worker												On-going supervision requirements: Post licensure supervision is not required. RBSW and LMSW may work without supervision in any non-clinical employment. There is no provision in Oregon statute or rule for either of these licenses to expand their practice to include clinical practice by adding a supervisor. If a MSW holder wants to practice clinical social work, they must apply for the Clinical Social Work Associate, or CSWA license. A CSWA does not require that the person currently hold or previously have held a LMSW.

1 hour at least 2 times per month		Yes		Video conference	Yes	50 hours	5		LCSW		Other licensed mental health profession with board approval for geographic hardship	

<b>Pennsylvania</b>	Licensed Clinical Social Worker	3000 hours	Yes	Licensed Social Worker	2 years	6 years	At least half of the experience shall consist of providing services in one or more of the following areas: assessment, psychotherapy, other psychosocial-therapeutic interventions, consultation, family therapy, group therapy	1500 hours	150 hours			75 hours	
<b>Pennsylvania</b>	Licensed Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>Pennsylvania</b>	Licensed Bachelor Social Worker												
<b>Prince Edward Island</b>	Registered Social Worker												
<b>Quebec</b>	Social Worker												
<b>Rhode Island</b>	Licensed Independent Clinical Social Worker	3000 hours	Yes	Licensed Clinical Social Worker	2 years	6 years	24 months of experience while licensed as a Clinical Social Worker	1500 hours	150 hours			112.5 hours	
<b>Rhode Island</b>	Licensed Clinical Social Worker											112.5 hours	
<b>Saskatchewan</b>	Registered Social Worker												
<b>South Carolina</b>	Licensed Independent Social Worker-CP	3000 hours	Yes	Licensed Masters Social Worker	2 years	4 years				100 hours		100 hours	
<b>South Carolina</b>	Licensed Independent Social Worker-AP	3000 hours	Yes	Licensed Masters Social Worker	2 years	4 years				94 hours			Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>South Carolina</b>	Licensed Master Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>South Carolina</b>	Licensed Baccalaureate Social Worker												On-going supervision requirements: Post licensure supervision is not required however Baccalaureate Social Work is practiced only in organized settings such as social, medical, or governmental agencies and may not be practiced independently or privately.
<b>South Dakota</b>	Certified Social Worker Private Independent Practice	2 years					Experience must be in field of specialization in which the applicant will practice e.g. psychotherapy, community organization, or planning						
<b>South Dakota</b>	Certified Social Worker												
<b>South Dakota</b>	Licensed Social Worker 1												
<b>South Dakota</b>	Licensed Social Worker 2	Required, number of hours not specified			2 years								
<b>South Dakota</b>	Social Work Associate												
<b>Tennessee</b>	Licensed Clinical Social Worker	3000 hours	Yes	Licensed Masters Social Worker	2 years	6 years	Clinical experience includes, but is not limited to: The professional application of social work knowledge, values, and skills for the treatment and prevention of psychosocial dysfunction, or impairment, including emotional and mental disorders. Interventions directed to interpersonal interactions, intrapsychic dynamics, life-support, and management issues; and Assessment, diagnosis, and treatment involving the psychotherapy process based on counseling, client-centered advocacy, consultation, and evaluation of the professional application of social work knowledge values, and skills.			100 hours		60 hours	Supervision must be concurrent with employment



2 hours for every 40 practice hours		No			Yes	75 hours or less	6		LCSW		Hold a license and a master's or doctoral degree in a related field, and have 5 years experience within the last 10 years in that field	An LCSW with 5 years post-licensure experience within the last 10 years as a clinical social worker
2 hours for every 2 weeks of practice		No			Yes	37.5 hours			LICSW			
					Yes	37.5 hours	10		LISW			
1 hour supervision per 32 practice hours					Yes				LISW			
4 hours per month									LCSW-PIP		Psychiatrist, Psychologist	
1 hour for every 30 practice hours					Yes	40 hours	4		LCSW			An LCSW that begins supervision must have been continuously licensed as an LCSW for a period of no less than three (3) years prior to initiation of the supervision.

<b>Tennessee</b>	Licensed Advanced Practice Social Worker	3000 hours	Yes	Licensed Masters Social Worker	2 years	4 years			100 hours			60 hours	Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>Tennessee</b>	Licensed Master Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>Tennessee</b>	Licensed Baccalaureate Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>Texas</b>	Licensed Clinical Social Worker	3000 hours	Yes	Licensed Masters Social Worker	2 years	4 years			100 hours			100 hours	Supervised experience must have occurred within the five calendar years immediately preceding the date of application. Supervision must be concurrent with employment. Board must grant approval for distance supervision. No more than 10 hours of supervision may be counted in any one month, or 30-day period.
<b>Texas</b>	Licensed Master Social Worker-Advanced Practice	3000 hours	Yes	Licensed Masters Social Worker	2 years	4 years	Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.		100 hours	100 hours		10 hours per month	Supervised experience must have occurred within the five calendar years immediately preceding the date of application. Board approval is required for distance supervision.
<b>Texas</b>	Licensed Master Social Worker												On-going supervision requirements: Independent practice is allowed after a period of supervised experience is completed per requirements for the Independent Practice designation.
<b>Texas</b>	Licensed Baccalaureate Social Worker												On-going supervision requirements: Independent practice is allowed after a period of supervised experience is completed per requirements for the Independent Practice designation.
<b>Utah</b>	Licensed Clinical Social Worker	4000 hours			2 years		Supervision must include the following training requirements: (i) individual, family, and group therapy; (ii) crisis intervention; (iii) intermediate treatment; and (iv) long term treatment.		100 hours			100 hours	

					Yes	40 hours			LAPSW or LCSW			
1 hour for every 40 practice hours		Yes			Yes		6		LCSW			have completed a supervisor's training program acceptable to the board. (4) The board-approved supervisor must complete three hours of continuing education every biennium in supervision theory, skills, strategies, and/or evaluation.
1 hour for every 40 practice hours		Yes	40 hours		Yes		6		LICSW, LMSW-AP			
		Yes		Live video conferencing	No				LCSW			

Utah	Certified Social Worker												On-going supervision requirements: Masters practice may include psychotherapy. Supervision is required for psychotherapy services but NOT other social work services. 58-60-207. Scope of practice -- Limitations. (1) A clinical social worker may engage in all acts and practices defined as the practice of clinical social work without supervision, in private and independent practice, or as an employee of another person, limited only by the licensee's education, training, and competence. (2) To the extent an individual is professionally prepared by the education and training track completed while earning a master's or doctor of social work degree, a licensed certified social worker may engage in all acts and practices defined as the practice of certified social work consistent with the licensee's education, clinical training, experience, and competence: (a) under supervision of a clinical social worker and as an employee of another person when engaged in the practice of mental health therapy; (b) without supervision and in private and independent practice or as an employee of another person, if not engaged in the practice of mental health therapy; (c) including engaging in the private, independent, unsupervised practice of social work as a self-employed individual, in partnership with other licensed clinical or certified social workers, as a professional corporation, or in any other capacity or business entity, so long as he does not practice unsupervised psychotherapy; and (d) supervising social service workers as provided by division rule. R156-1-102a. Global Definitions of Levels of Supervision. (c) "General supervision" means that the supervising licensee: (i) has authorized the work to be performed by the person being supervised; R156-60a-602. Supervision - Scope of Practice - SSW. (5) "Supervising licensee" means a licensee who has satisfied any requirements to act as a supervisor and has agreed to provide supervision of an unlicensed individual or a licensee in a classification or licensure status that requires supervision in accordance with the provisions of
Utah	Social Service Worker 1												Post-licensure supervision is not required unless the social service worker is in a practice setting where clinical social work services are provided, in which case supervision by a mental health therapist is required.
Utah	Social Service Worker 2	2000 hours			2 years								Post-licensure supervision is not required unless the social service worker is in a practice setting where clinical social work services are provided, in which case supervision by a mental health therapist, as defined, is required.
Vermont	Licensed Independent Clinical Social Worker	3000 hours			2 years			2000 hours	75 hours			37.5 hours	
Vermont	Licensed Master Social Worker												
Virgin Islands	Certified Independent Social Worker	2 years											
Virgin Islands	Certified Social Worker												On-going supervision requirements: Post licensure supervision is not required
Virgin Islands	Social Worker 1												On-going supervision requirements: Post licensure supervision is not required
Virgin Islands	Social Worker 2	2 years											On-going supervision requirements: Post licensure supervision is not required
Virgin Islands	Social Work Associate												
Virginia	Licensed Clinical Social Worker	3000 hours	Yes	Registered Social Worker	2 years	4 years		1380 hours	100 hours			50 hours	



<b>Virginia</b>	Licensed Social Worker 1		No										On-going supervision requirements: Post licensure supervision is required for an LBSW by an LMSW
<b>Virginia</b>	Licensed Social Worker 2	3000 hours	Yes	Associate Social Worker	2 years	4 years							On-going supervision requirements: Post licensure supervision is not required
<b>Virginia</b>	Associate Social Worker												
<b>Washington</b>	Licensed Independent Clinical Social Worker	4000 hours	Yes	Licensed Social Worker Associate Independent Clinical	3 years			1000 hours	130 hours	800 hours		60 hours	
<b>Washington</b>	Licensed Social Worker Associate Independent Clinical												
<b>Washington</b>	Licensed Advanced Social Worker	3200 hours	Yes	Licensed Social Worker Associate Advanced	2 years			800 hours	90 hours	800 hours			Ongoing supervision requirements: Masters practice may include psychotherapy. Supervision is required for psychotherapy services but NOT other social work services. To provide psychotherapy an LASW must be under supervision by a licensed independent clinical social worker, psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or other mental health professionals defined by rules. The advanced social worker does not need to submit documentation concerning the supervision.
<b>Washington</b>	Licensed Social Worker Associate Advanced												Ongoing supervision requirements: Masters practice may include psychotherapy. Supervision is required for psychotherapy services but NOT other social work services. To provide psychotherapy an LASW must be under supervision by a licensed independent clinical social worker, psychiatrist, psychologist, psychiatric advanced registered nurse practitioner, psychiatric nurse, or other mental health professionals defined by rules. The advanced social worker does not need to submit documentation concerning the supervision.
<b>West Virginia</b>	Licensed Independent Clinical Social Worker	4000 hours	Yes	Licensed Graduate Social Worker	2 years				100 hours			60 hours	3000 hours if part time
<b>West Virginia</b>	Licensed Certified Social Worker	3000 hours			2 years								Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>West Virginia</b>	Licensed Graduate Social Worker												
<b>West Virginia</b>	Licensed Social Worker												On-going supervision: Post licensure supervision is not required.
<b>West Virginia</b>	Provisional Licensed Social Worker		No										On-going supervision: Four years of continuous, supervised employment in the field of social work is required to convert the provisional license to the LSW.
<b>Wisconsin</b>	Licensed Clinical Social Worker	3000 hours	Yes	Advanced Practice Social Worker or Independent Social Worker	2 years			1000 hours	104 hours				In lieu of supervised clinical field training required as part of the MSW or social work doctorate degree, applicants may submit an affidavit indicating that they have completed 1,500 hours of supervised clinical social work experience in not less than one year within a primary clinical setting, which includes at least 500 hours of face-to-face client contact and is supervised as provided in s. MPSW 4.01.

					Yes	50 hours						
1 hour per week										LSW		
		Yes	60 hours		Yes	70 hours	6			LICSW	70 hours	Licensed marriage and family therapist, Licensed psychologist, Licensed physician practicing as a psychiatrist, Licensed psychiatric nurse practitioner (up to 60 hours)
		Yes	40 hours		Yes	50 hours	6			LICSW, LASW	50 hours	Licensed Mental Health Practitioner, Licensed marriage and family therapist, Licensed psychologist, Licensed physician practicing as a psychiatrist, Licensed psychiatric nurse practitioner (Up to 40 hours)
		Yes	30 hours		Yes	60 hours				LCSW		
1 hour per week					Yes		6	Group supervision can not count towards the requirement for 104 "face to face" hours .		LCSW		Psychologist, Psychiatrist, Other supervisor approved by the board

<b>Wisconsin</b>	Licensed Social Worker Independent	3000 hours			2 years								Verification of certification from ACSW of NASW may replace 3000 hour requirement. Post-licensure supervision is not required; Independent practice is allowed after the period of supervised experience required for licensure.
<b>Wisconsin</b>	Advanced Practice Social Worker												Ongoing-supervision requirements: Masters practice may include psychotherapy. Supervision is required for psychotherapy services but NOT other social work services.
<b>Wisconsin</b>	Certified Social Worker												On-going supervision requirements: Post licensure supervision is not required
<b>Wisconsin</b>	Social Work Training Certificate	Human services internship or one year of social work employment			2 years		Wis. Stats. 457.09 Social worker training certificate. (4) During the period in which a social worker training certificate is valid (24 months), the certificate holder shall do all of the following: (a) Seek to attain social worker degree equivalency by completing courses relating to all of the following in a social work program or other human services program at an accredited college or university: 1. Social welfare policy and services. 2. Social work practice methods with individuals, families, small groups, communities, organizations and social institutions. 3. Human behavior in the social environment, including human growth and development and social systems theory. (b) Complete one of the following: 1. A human services internship that involves direct practice with clients and that is supervised by a social worker certified under this chapter who has a bachelor's or master's degree in social work. 2. One year of social work employment that involves direct practice with clients and that is supervised by a social worker certified under this chapter who has a bachelor's or master's degree in social work.						
<b>Wyoming</b>	Licensed Clinical Social Worker	3000 hours	Yes	Provisional Licensed Clinical Social Worker	18 months	36 months		1200 hours	100 hours			100 hours	
<b>Wyoming</b>	Provisional Licensed Clinical Social Worker												
<b>Wyoming</b>	Certified Social Worker												Post-licensure supervision is not required unless the certified social worker performs clinical social work in which case a qualified clinical social worker is required.



								Group supervision can not count towards the requirement for 100 "face to face" hours .	LCSW		Licensed psychologist, Licensed Psychiatrist	
									Social worker certified by the department who has a bachelor's or masters's degree in social work.			
1 hour for every 30 practice hours		Yes				No			LCSW		Licensed Marriage and Family Therapist, Psychologist, Psychiatrist, Addictions therapist, Advance practice nurse with psychiatric specialty	

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
<b>Alabama</b>								
	LICSW		Masters, Doctorate	24 months	Clinical	Yes	Yes	
	LMSW		Masters, Doctorate	none	Master's	Only allowed if not seeking to obtain clinical licensure	Only if under supervision toward clinical licensure	Yes if not seeking clinical license
	LBSW		Bachelor's	yes	Bachelor's	After 2 years of supervision	No	Yes
<b>Alaska</b>								
	LCSW		Masters, Doctorate	3000 hours	Clinical	Yes	Yes	
	LMSW		Masters, Doctorate	none	Master's	Yes unless seeking clinical licensure	no unless seeking clinical license	Yes if not seeking clinical license
	LBSW		Bachelor's	none	Bachelor's	no	no	yes
<b>Arizona</b>								
	LCSW		Masters , Doctorate	3200 hours	Clinical	Yes	Yes	
	LMSW		Masters, Doctorate	none	Master's	No	?	?
	LBSW		Bachelor's	none	Bachelor's	No	No	yes
<b>Arkansas</b>								
	LCSW		Master's	4000 hours	Clinical	yes	Yes	
	LMSW		Master's	none	Master's			
	LSW		Bachelor's	None	Bachelor's			
<b>California</b>								
	LCSW		Master's	3000 hours	clinical	yes	yes	
	ACSW	Associate Clinical Social Worker	Master's	none	none			
<b>Colorado</b>								
	LCSW		Master's, Doctorate	3360 hours	Clinical	Yes	Yes	
	LSW		Master's	none	Master's, Advanced Generalist, Clinical			

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
<b>Connecticut</b>	LCSW		Master's, Doctorate	3000 hours	Clinical	Yes	Yes	
	MLSW	Master's Level Social	Master's	none	Master's			
<b>Delaware</b>								
	LCSW		Master's, Doctorate	3200 hours	Clinical	Yes	Yes	
<b>DC</b>								
	LICSW		Master's, Doctorate	3000 hours	Clinical	Yes	Yes	
	LISW		Master's, Doctorate	3000 hours	Advanced Generalist	Yes		
	LGSW	Licensed Graduate Social Worker	Master's, Doctorate	none	Master's			
	LSWA	Licensed Social Work	Bachelor's	none	Bachelor's			
<b>Florida</b>								
	LCSW		Master's, Doctorate	1500 hours	Clinical	yes	yes	
	RCSW-I	Registered Clinical Social Worker Intern	Master's	none	None			This is Supervisee in SW
	CMSW	Certified Master	Master's, Doctorate	3000 hours	Advanced Generalist			
<b>Georgia</b>								
	LCSW		Master's	3000 hours	clinical	yes	yes	
	LMSW		Master's	none	master's			
<b>Hawaii</b>								
	LCSW		Master's, Doctorate	3000 hours	clinical	yes	yes	
	LSW		Master's	none	Master's			
	LBSW		Bachelor's	none	Bachelor's			
<b>Idaho</b>								
	LCSW		Master's, Doctorate	3000 hours	clinical	yes	yes	
	LMSW		Master's, Doctorate	none	Master's			
	LSW		Bachelor's	none	Bachelor's			
<b>Illinois</b>								
	LCSW1		Doctorate	2000 hours	clinical	yes	yes	
	LCSW2		Master's	3000 hours	clinical	yes	yes	
	LSW1		Master's	none	Master's			
	LSW2		Bachelor's	3 years	Master's			
<b>Indiana</b>								
	LCSW		Master's, Doctorate	2 years	Clinical	yes	yes	

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
Iowa	LSW		Master's	none	Master's			
	LBSW		Bachelor's	none	Bachelor's			
Kansas	LISW		Master's, Doctorate	yes, not specified	clinical	yes	yes	
	LMSW		Master's, Doctorate	none	Master's			
	LBSW		Bachelor's	none	Bachelor's			
Kentucky	LSCSW	Licensed Specialist Clinical Social Worker	Master's, Doctorate	4000 hours	clinical	yes	yes	
	LMSW		Master's	none	Master's			
	LBSW		Bachelor's	none	Bachelor's			
Louisiana	LCSW		Master's, Doctorate	3600	clinical	yes	yes	
	CSW		Master's, Doctorate	yes, not specified	master's			
	LSW1		Bachelor of SW	none	bachelor's			
	LSW2		Bachelor of Arts, Bachelor of Science	yes, not specified	bachelor's			
Maine	LCSW		Master	5750	clinical	yes	yes	
	LMSW		Master's	none	master's			
	CSW		Master's	none	none; for SWs who have not passed exam			
	RSW		Bachelor's	none	none			
Maryland	LCSW1		Master's, Doctorate	3200	clinical			
	LCSW2		Master's, Doctorate	6400	Clinical			
	LMSW-CC	Licensed Masters Social Worker, Clinical	master's	none	master's		yes	
	LMSW		master's	none	master's			
	LSW1		Bachelor's	none	Bachelor's			
	LSW2-C	Licensed Social Worker, Conditional	Bachelor's of Arts, Bachelor's of Science	3200 hours	none			

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
Massachusetts	LCSW-C	Licensed Certified Social Worker -	Master's	3000 hours	clinical			
	LCSW	Licensed Certified Social Worker	Master's	3000 hours	Advanced Generalist			
	LMSW		Master's	none	master's			
	LBSW		Bachelor's	none	Bachelor's			
	LICSW		Master's, Doctorate	3500 hours	clinical			
	LCSW	Licensed Certified Social Worker	Master's, Doctorate	none	master's			
	LSW1		Bachelor's	none	Bachelor's			
	LSW2		Bachelor's of Arts, Bachelor's of Science	3500 hours	Bachelor's			
	LSW3		2.5 years college	8750 hours	Bachelor's			
	LSW4		2 years of college	10500 hours	Bachelor's			
	LSW5		1 year of college	12250 hours	Bachelor's			
	LSW6		High School Diploma	17,500 hours	Bachelor's			
	LSWA1		Bachelor of Arts, Bachelor of Science	none	Associates			
	LSW2		Associate/Diploma	none	Associates			
LSWA3		High School Diploma	4 years	Associates				
Michigan	LMSW-C		Master's, Doctorate	4000 hours	clinical			
	LMSW-M	Licensed Masters Social Worker, Macro	Master's, Doctorate	4000 hours	Advanced Generalist			
	LBSW		Bachelor's	4000 hours	Bachelor's			
	LBSW	Limited Bachelor	Bachelor's	none	none			
	SST1	Social Service	Associate degree in SW	350 hours	none			
	SST2		2 years college with 4 courses in HS or HS diploma	2000 hours	none			
	SST3		not specified	2000 hours	none			
	LSST	Limited Social Service Technician	2 years of college	none	none			
Minnesota	LICSW		Master's, Doctorate	4000 hours	clinical			

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
Mississippi	LSW		Master's, Doctorate	4000 hours	Advanced Generalist			
	LGSW		Master's, Doctorate	4000 hours (required once licensed issued)	Master's			
	LSW		Bachelor's	4000 hours (required once licensed issued)	Bachelor's			
	LCSW	Licensed Certified Social Worker	Master's, Doctorate	24 months	Advanced Generalist, Clinical			
	LMSW		Master's, Doctorate	none	master's			
Missouri	LSW		Bachelor's	none	bachelor's			
	LCSW		Master's, Doctorate	3000 hours	clinical			
	LAMSW	Licensed Advanced Macro Social Worker	Master's, Doctorate	3000 hours	Advanced Generalist			
	LMSW		Master's, Doctorate	none	Master's			
Montana	LBSW		Bachelor's	3000 hours	Bachelor's			
	LCSW		Master's, Doctorate	3000 hours	clinical			
Nebraska	LMHP		Master's, Doctorate with clinical focus	3000 hours	clinical			
	PMHP	Provisional Mental Health Practitioner	Master's, Doctorate with clinical focus	none	none			
	CMSW		Master's, Doctorate	3000 hours	Advanced Generalist,			
	PCMSW	Provisional Certified Master Social Worker	Master's, Doctorate	none	none			
	CSW		Bachelor's, Masters, Doctorate	none	none			
Nevada								

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
New Hampshire	CSW		Master's, Doctorate	3000 hours	clinical			
	ISW	Independent Social	Master's, Doctorate	3000 hours	advanced generalist			
	SW		Bachelor's, Masters	none	Bachelor's			
New Jersey	LICSW		Masters, Doctorate with clinical focus	3000 hours	clinical			
	LCSW		Master's, Doctorate	3000 hours	clinical			
	LSW		Master's, Doctorate	none	masters			
New Mexico	CSW1		Bachelor's	none	none			
	CSW2		Bachelor's of Arts, Bachelor's of Science	1600 hours	none			
	LCSW		Master's	3600 hours	clinical			
	LISW		Master's	3600 hours	advanced generalist			
New York	LMSW		Master's	none	Master's			
	LBSW		Bachelor's	none	Bachelor's			
	LCSW		Master's	2000 hours	clinical			
North Carolina	LMSW		Master's	none	master's			
	LCSW		Master's, Doctorate	3000 hours	clinical			
	LCSWA	Licensed Clinical Social Worker	Master's, Doctorate	none	none			
	CSWM	Certified Social Worker Manager	Bachelor's, Masters, Doctorate	3000 hours	Advanced Generalist			
	CMSW		Master's, Doctorate	none	master's			
	CSW		Bachelor's	none	Bachelor's			
North Dakota	LCSW		Master's, Doctorate	3000 hours	clinical			
	LCSW	Licensed Certified Social Worker	Masters, Doctorate	none	master's			
	LSW		Bachelor's	none	Bachelor's			
Ohio	LISW		Master's	3000 hours	Advanced Generalist,			

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
Oklahoma	LSW		Bachelor's, Masters, Ph.D in SW	none	Bachelor's, Masters			
	RSWA	Social Work Assistant	Associate degree	yes, not specified	none			
	LCSW		Master's	4000 hours	clinical			
	LSW-ADM	Licensed Social Worker,	Master's	4000 hours	advanced generalist			
	LSW		Master's	4000 hours	advanced generalist			
	LMSW		Master's	none	master's			
Oregon	LSWA		Bachelor's	none	Bachelor's			
	LCSW		Master's	3000 hours	clinical			
	CSWA		Master's	none	none			
	LMSW		Master's	none	Master's			
Pennsylvania	RBSW	Registered Baccalaureate Social	Bachelor's	none	Bachelors			
	LCSW		Master's, Doctorate	3000 hours	Clinical			
	LSW		Master's, Doctorate	none	masters			
Rhode Island	LBSW		Bachelor's	none	bachelors			
	LICSW		Master's, Doctorate	3000 hours	clinical			
South Carolina	LCSW	Licensed Clinical	master's, doctorate	none	master's			
	LISW-CP	Licensed Independent Social Worker -	master's, doctorate	3000 hours	clinical			
	LISW-AP	Licensed Independent Social Worker -	master's, doctorate	3000 hours	advanced generalist			
	LMSW		master's, doctorate	none	masters			
	LBSW		bachelor's	none	bachelors			
South Dakota	CSW-PIP	Certified Social Worker - Private	masters, doctorate	2 years	clinical			
	CSW	Certified Social	master's, doctorate	none	master's			



Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
Tennessee	LSW1		Bachelor's	none	bachelors			
	LSW2		Bachelor's of Arts, bachelor's of Science	yes, not specified	Bachelor's			
	SWA	Social Work Associate	associate	none	Associates			
	LCSW		master's, doctorate	3000 hours	clinical			
	LAPSW	Licensed Advanced Practice Social Worker	master's, doctorate	3000 hours	advanced generalist			
	LMSW		master's, doctorate	none	master's			
	LBSW		bachelor's	none	bachelor's			
Texas	LCSW		Master's, doctorate	3000 hours	clinical			
	LMSW-AP	Licensed Masters Social Worker -	master's, doctorate	3000 hours	advanced generalist			
	LMSW		Master's, doctorate	none	master's			
	LBSW		bachelor's	none	bachelor's			
Utah	LCSW		master's, doctorate with clinical focus	4000 hours	clinical			
	CSW		master's, doctorate with clinical focus	none	master's, clinical			
	SSW1		bachelor's, master's	none	bachelor's			
	SSW2		Bachelor's of arts, bachelor's of science	2000 hours	bachelor's			
	LICSW		master's, doctorate	3000 hours	clinical			
Vermont	LMSW		masters, doctorate	none	master's			
	LCSW		master's	3000 hours	clinical	yes	yes	
Virginia	LSW1		master's	none	bachelor's			
	LBSW		bachelor's	3000 hours	bachelor's			
	ASW							
	LICSW		Master's, doctorate	4000 hours	clinical			
Washington								

Jurisdiction	Categories of Licensure	Name	Education Requirement	Post-Degree Supervised Experience Required	Exam Requirement	Independent Practice Allowed	Clinical	Non-clinical
West Virginia	LSWAIC	Licensed Social Worker Associate	masters, doctorate	none	none			
	LASW	Licensed Advanced Social Worker	master's, doctorate	3200 hours	advanced generalist			
	LSWAA	Licensed Social Worker Associate	master's, doctorate	none	none			
	LICSW		masters, doctorate	4000 hours	clinical			
	LCSW		masters	3000 hours	advanced generalist			
	LGSW		master's	none	master's			
	LSW		bachelors	none	bachelors			
Wisconsin	LSW-P	Provisional Licensed Social Worker	Bachelor's of Arts, Bachelor's of Science	none	Bachelor's			
	LCSW		Master's, Doctorate	3000 hours	clinical			
	LSWI	Licensed Social Worker Independent	Master's, doctorate	3000 hours	advanced generalist			
	APSW	Advanced Practice Social Worker	master's, doctorate	none	masters			
	CSW		bachelor's, master's	none	bachelor's			
Wyoming	SWTC	Social Worker Training Certificate	Bachelor of Arts, Bachelor of Science	1 year	bachelor's			
	LCSW		master's	3000 hours	advanced generalist,			
	PLCSW	Provisional Licensed Clinical Social Worker	masters, doctorate	none				
	CSW		bachelor's	none	Bachelor's, Masters			



Virginia Department of  
**Health Professions**  
Board of Social Work

# Executive Director's Report

Virginia Department of Health Professions  
Cash Balance  
As of April 30, 2019

	<u>110- Social Work</u>
<b>Board Cash Balance as June 30, 2018</b>	\$ 641,588
<b>YTD FY19 Revenue</b>	222,345
<b>Less: YTD FY19 Direct and Allocated Expenditures</b>	<u>473,335</u>
<b>Board Cash Balance as April 30, 2019</b>	<u><u>390,598</u></u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11000 - Social Work  
For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	168,360.00	141,075.00	(27,285.00)	119.34%
4002406	License & Renewal Fee	37,565.00	593,730.00	556,165.00	6.33%
4002407	Dup. License Certificate Fee	1,455.00	850.00	(605.00)	171.18%
4002409	Board Endorsement - Out	5,225.00	4,625.00	(600.00)	112.97%
4002421	Monetary Penalty & Late Fees	9,645.00	780.00	(8,865.00)	1236.54%
4002432	Misc. Fee (Bad Check Fee)	70.00	35.00	(35.00)	200.00%
	<b>Total Fee Revenue</b>	<b>222,320.00</b>	<b>741,095.00</b>	<b>518,775.00</b>	<b>30.00%</b>
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	25.00	-	(25.00)	0.00%
	<b>Total Sales of Prop. &amp; Commodities</b>	<b>25.00</b>	<b>-</b>	<b>(25.00)</b>	<b>0.00%</b>
	<b>Total Revenue</b>	<b>222,345.00</b>	<b>741,095.00</b>	<b>518,750.00</b>	<b>30.00%</b>
5011110	Employer Retirement Contrib.	5,356.53	6,123.00	766.47	87.48%
5011120	Fed Old-Age Ins- Sal St Emp	2,966.48	3,465.00	498.52	85.61%
5011140	Group Insurance	519.12	594.00	74.88	87.39%
5011150	Medical/Hospitalization Ins.	7,193.50	8,244.00	1,050.50	87.26%
5011160	Retiree Medical/Hospitalizatn	463.86	530.00	66.14	87.52%
5011170	Long term Disability Ins	246.45	281.00	34.55	87.70%
	<b>Total Employee Benefits</b>	<b>16,745.94</b>	<b>19,237.00</b>	<b>2,491.06</b>	<b>87.05%</b>
5011200	Salaries				
5011230	Salaries, Classified	39,623.43	45,284.00	5,660.57	87.50%
5011250	Salaries, Overtime	522.49	-	(522.49)	0.00%
	<b>Total Salaries</b>	<b>40,145.92</b>	<b>45,284.00</b>	<b>5,138.08</b>	<b>88.65%</b>
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,450.00	2,800.00	1,350.00	51.79%
5011380	Deferred Compnsth Match Pmts	210.00	480.00	270.00	43.75%
	<b>Total Special Payments</b>	<b>1,660.00</b>	<b>3,280.00</b>	<b>1,620.00</b>	<b>50.61%</b>
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	<b>Total Personal Services</b>	<b>58,551.86</b>	<b>67,801.00</b>	<b>9,249.14</b>	<b>86.36%</b>
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	537.00	537.00	0.00%
5012140	Postal Services	6,506.46	4,411.00	(2,095.46)	147.51%
5012150	Printing Services	62.25	67.00	4.75	92.91%
5012160	Telecommunications Svcs (VITA)	289.67	550.00	260.33	52.67%
5012190	Inbound Freight Services	9.50	-	(9.50)	0.00%
	<b>Total Communication Services</b>	<b>6,867.88</b>	<b>5,565.00</b>	<b>(1,302.88)</b>	<b>123.41%</b>
5012200	Employee Development Services				
5012210	Organization Memberships	500.00	1,500.00	1,000.00	33.33%
5012240	Employee Trainng/Workshop/Conf	975.00	-	(975.00)	0.00%
	<b>Total Employee Development Services</b>	<b>1,475.00</b>	<b>1,500.00</b>	<b>25.00</b>	<b>98.33%</b>
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	10,914.63	5,500.00	(5,414.63)	198.45%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11000 - Social Work  
For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over)	
5012440	Management Services	85.58	212.00	126.42	40.37%
	Total Mgmt and Informational Svcs	11,000.21	5,712.00	(5,288.21)	192.58%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	577.22	-	(577.22)	0.00%
	Total Repair and Maintenance Svcs	577.22	-	(577.22)	0.00%
5012600	Support Services				
5012630	Clerical Services	28,952.06	62,208.00	33,255.94	46.54%
5012640	Food & Dietary Services	983.05	480.00	(503.05)	204.80%
5012660	Manual Labor Services	17.81	2,188.00	2,170.19	0.81%
5012670	Production Services	245.13	2,405.00	2,159.87	10.19%
5012680	Skilled Services	9,038.06	24,297.00	15,258.94	37.20%
	Total Support Services	39,236.11	91,578.00	52,341.89	42.84%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	3,467.86	3,809.00	341.14	91.04%
5012830	Travel, Public Carriers	1,097.36	-	(1,097.36)	0.00%
5012850	Travel, Subsistence & Lodging	637.87	3,107.00	2,469.13	20.53%
5012880	Trvl, Meal Reimb- Not Rptble	304.75	2,417.00	2,112.25	12.61%
	Total Transportation Services	5,507.84	9,333.00	3,825.16	59.01%
	Total Contractual Svs	64,664.26	113,688.00	49,023.74	56.88%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	763.73	276.00	(487.73)	276.71%
5013130	Stationery and Forms	-	41.00	41.00	0.00%
	Total Administrative Supplies	763.73	317.00	(446.73)	240.92%
5013200	Energy Supplies				
5013230	Gasoline	30.50	-	(30.50)	0.00%
	Total Energy Supplies	30.50	-	(30.50)	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	2.39	-	(2.39)	0.00%
5013530	Electrcal Repair & Maint Matrl	0.68	-	(0.68)	0.00%
	Total Repair and Maint. Supplies	3.07	-	(3.07)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	21.00	21.00	0.00%
5013630	Food Service Supplies	-	82.00	82.00	0.00%
5013640	Laundry and Linen Supplies	7.20	-	(7.20)	0.00%
	Total Residential Supplies	7.20	103.00	95.80	6.99%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	2.26	-	(2.26)	0.00%
	Total Specific Use Supplies	2.26	-	(2.26)	0.00%
	Total Supplies And Materials	806.76	420.00	(386.76)	192.09%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	38.32	26.00	(12.32)	147.38%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11000 - Social Work  
For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	Amount		Under/(Over)	
		Amount	Budget	Budget	% of Budget
	Total Insurance-Fixed Assets	38.32	26.00	(12.32)	147.38%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	393.03	540.00	146.97	72.78%
5015350	Building Rentals	10.80	-	(10.80)	0.00%
5015390	Building Rentals - Non State	10,187.01	11,775.00	1,587.99	86.51%
	Total Operating Lease Payments	10,590.84	12,315.00	1,724.16	86.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	137.54	97.00	(40.54)	141.79%
5015540	Surety Bonds	8.12	6.00	(2.12)	135.33%
	Total Insurance-Operations	145.66	103.00	(42.66)	141.42%
	Total Continuous Charges	10,774.82	12,444.00	1,669.18	86.59%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	43.00	43.00	0.00%
	Total Educational & Cultural Equip	-	43.00	43.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	21.00	21.00	0.00%
	Total Office Equipment	-	21.00	21.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	18.89	-	(18.89)	0.00%
	Total Specific Use Equipment	18.89	-	(18.89)	0.00%
	Total Equipment	18.89	64.00	45.11	29.52%
	Total Expenditures	134,816.59	194,417.00	59,600.41	69.34%
	Allocated Expenditures				
20100	Behavioral Science Exec	68,513.76	87,500.00	18,986.24	78.30%
30100	Data Center	82,791.44	89,238.58	6,447.14	92.78%
30200	Human Resources	3,680.62	6,815.37	3,134.75	54.00%
30300	Finance	29,545.16	39,167.54	9,622.38	75.43%
30400	Director's Office	13,544.23	15,557.71	2,013.48	87.06%
30500	Enforcement	94,530.88	104,382.79	9,851.91	90.56%
30600	Administrative Proceedings	17,765.64	29,295.20	11,529.56	60.64%
30700	Impaired Practitioners	828.02	1,681.09	853.07	49.25%
30800	Attorney General	9,337.84	2,253.29	(7,084.55)	414.41%
30900	Board of Health Professions	9,937.40	12,537.00	2,599.60	79.26%
31100	Maintenance and Repairs	10.13	2,748.01	2,737.87	0.37%
31300	Emp. Recognition Program	60.23	151.21	90.98	39.83%
31400	Conference Center	217.44	240.43	22.99	90.44%
31500	Pgm Devlpmnt & Implmnt	7,755.17	9,101.95	1,346.78	85.20%
	Total Allocated Expenditures	338,517.96	400,670.17	62,152.21	84.49%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (250,989.55)	\$ 146,007.83	\$ 396,997.38	171.90%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	Total
4002400 Fee Revenue												
4002401	Application Fee	19,790.00	17,280.00	14,310.00	17,545.00	17,115.00	12,730.00	20,310.00	16,475.00	17,870.00	14,935.00	168,360.00
4002406	License & Renewal Fee	30,802.50	1,840.00	1,235.00	825.00	470.00	515.00	580.00	420.00	317.50	560.00	37,565.00
4002407	Dup. License Certificate Fee	245.00	115.00	120.00	75.00	170.00	140.00	145.00	200.00	160.00	85.00	1,455.00
4002409	Board Endorsement - Out	475.00	725.00	450.00	425.00	560.00	415.00	500.00	625.00	650.00	400.00	5,225.00
4002421	Monetary Penalty & Late Fees	4,325.00	1,165.00	505.00	640.00	335.00	890.00	515.00	510.00	365.00	395.00	9,645.00
4002432	Misc. Fee (Bad Check Fee)	-	-	-	35.00	-	-	35.00	-	-	-	70.00
	Total Fee Revenue	55,637.50	21,125.00	16,620.00	19,545.00	18,650.00	14,690.00	22,085.00	18,230.00	19,362.50	16,375.00	222,320.00
4003000 Sales of Prop. & Commodities												
4003020	Misc. Sales-Dishonored Payments	-	-	-	-	-	-	25.00	-	-	-	25.00
	Total Sales of Prop. & Commodities	-	-	-	-	-	-	25.00	-	-	-	25.00
	Total Revenue	55,637.50	21,125.00	16,620.00	19,545.00	18,650.00	14,690.00	22,110.00	18,230.00	19,362.50	16,375.00	222,345.00
5011000 Personal Services												
5011100 Employee Benefits												
5011110	Employer Retirement Contrib.	764.73	510.20	510.20	510.20	510.20	510.20	510.20	510.20	510.20	510.20	5,356.53
5011120	Fed Old-Age Ins- Sal St Emp	424.59	277.99	277.99	277.99	277.99	278.00	277.99	277.99	277.99	317.96	2,966.48
5011140	Group Insurance	74.16	49.44	49.44	49.44	49.44	49.44	49.44	49.44	49.44	49.44	519.12
5011150	Medical/Hospitalization Ins.	1,010.50	687.00	687.00	687.00	687.00	687.00	687.00	687.00	687.00	687.00	7,193.50
5011160	Retiree Medical/Hospitalizatn	66.42	44.16	44.16	44.16	44.16	44.16	44.16	44.16	44.16	44.16	463.86
5011170	Long term Disability Ins	35.85	23.40	23.40	23.40	23.40	23.40	23.40	23.40	23.40	23.40	246.45
	Total Employee Benefits	2,376.25	1,592.19	1,592.19	1,592.19	1,592.19	1,592.20	1,592.19	1,592.19	1,592.19	1,632.16	16,745.94
5011200 Salaries												
5011230	Salaries, Classified	5,660.49	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	39,623.43
5011250	Salaries, Overtime	-	-	-	-	-	-	-	-	-	522.49	522.49
	Total Salaries	5,660.49	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	3,773.66	4,296.15	40,145.92
5011340	Specified Per Diem Payment	200.00	-	-	300.00	-	400.00	150.00	-	200.00	200.00	1,450.00
5011380	Deferred Compnsth Match Pmts	30.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	210.00



Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	Total
	Total Special Payments	230.00	20.00	20.00	320.00	20.00	420.00	170.00	20.00	220.00	220.00	1,660.00
	Total Personal Services	8,266.74	5,385.85	5,385.85	5,685.85	5,385.85	5,785.86	5,535.85	5,385.85	5,585.85	6,148.31	58,551.86
5012000	Contractual Svcs											-
5012100	Communication Services											-
5012140	Postal Services	1,874.48	2,287.56	595.62	79.23	154.39	587.32	456.16	79.86	168.76	223.08	6,506.46
5012150	Printing Services	-	-	62.25	-	-	-	-	-	-	-	62.25
5012160	Telecommunications Svcs (VITA)	17.80	35.60	17.80	18.48	32.38	30.58	31.81	32.10	36.17	36.95	289.67
5012190	Inbound Freight Services	-	-	-	-	-	-	-	9.50	-	-	9.50
	Total Communication Services	1,892.28	2,323.16	675.67	97.71	186.77	617.90	487.97	121.46	204.93	260.03	6,867.88
5012200	Employee Development Services											
5012210	Organization Memberships	250.00	-	-	-	-	-	-	250.00	-	-	500.00
5012240	Employee Training/Workshop/Conf	-	-	-	-	-	-	-	975.00	-	-	975.00
	Total Employee Development Services	250.00	-	-	-	-	-	-	1,225.00	-	-	1,475.00
5012400	Mgmt and Informational Svcs											
5012420	Fiscal Services	10,486.04	-	280.98	69.76	-	19.32	33.54	8.01	16.98	-	10,914.63
5012440	Management Services	-	26.49	-	22.19	-	21.03	-	10.08	-	5.79	85.58
	Total Mgmt and Informational Svcs	10,486.04	26.49	280.98	91.95	-	40.35	33.54	18.09	16.98	5.79	11,000.21
5012500	Repair and Maintenance Svcs											
5012530	Equipment Repair & Maint Srvc	-	-	-	-	693.83	(116.12)	(18.35)	17.86	-	-	577.22
	Total Repair and Maintenance Svcs	-	-	-	-	693.83	(116.12)	(18.35)	17.86	-	-	577.22
5012600	Support Services											
5012630	Clerical Services	2,381.26	3,067.94	2,198.25	1,292.25	7,590.36	2,376.60	3,128.40	2,540.40	2,215.00	2,161.60	28,952.06
5012640	Food & Dietary Services	182.40	-	-	187.50	-	316.20	-	-	97.15	199.80	983.05
5012660	Manual Labor Services	-	-	15.75	-	-	-	2.06	-	-	-	17.81
5012670	Production Services	-	-	70.25	10.03	94.65	-	59.40	-	10.80	-	245.13
5012680	Skilled Services	1,355.42	1,084.16	813.12	813.12	813.12	813.12	813.12	837.51	857.86	837.51	9,038.06
	Total Support Services	3,919.08	4,152.10	3,097.37	2,302.90	8,498.13	3,505.92	4,002.98	3,377.91	3,180.81	3,198.91	39,236.11
5012800	Transportation Services											

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	Total
5012820	Travel, Personal Vehicle	393.49	-	-	675.81	-	761.92	643.10	-	375.26	618.28	3,467.86
5012830	Travel, Public Carriers	-	68.26	-	-	524.10	505.00	-	-	-	-	1,097.36
5012850	Travel, Subsistence & Lodging	-	-	-	-	-	106.50	318.37	-	-	213.00	637.87
5012880	Trvl, Meal Reimb- Not Rprtle	-	-	-	-	-	51.75	149.50	-	-	103.50	304.75
	Total Transportation Services	393.49	68.26	-	675.81	524.10	1,425.17	1,110.97	-	375.26	934.78	5,507.84
	Total Contractual Svcs	16,940.89	6,570.01	4,054.02	3,168.37	9,902.83	5,473.22	5,617.11	4,760.32	3,777.98	4,399.51	64,664.26
5013000	Supplies And Materials											
5013100	Administrative Supplies											-
5013120	Office Supplies	9.03	73.39	82.89	41.47	105.18	87.60	78.25	77.64	119.68	88.60	763.73
	Total Administrative Supplies	9.03	73.39	82.89	41.47	105.18	87.60	78.25	77.64	119.68	88.60	763.73
5013200	Energy Supplies											
5013230	Gasoline	-	30.50	-	-	-	-	-	-	-	-	30.50
	Total Energy Supplies	-	30.50	-	-	-	-	-	-	-	-	30.50
5013500	Repair and Maint. Supplies											
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	2.39	-	-	-	2.39
5013530	Electrcal Repair & Maint Matrl	-	-	-	-	-	-	-	0.68	-	-	0.68
	Total Repair and Maint. Supplies	-	-	-	-	-	-	2.39	0.68	-	-	3.07
5013600	Residential Supplies											
5013640	Laundry and Linen Supplies	-	-	-	-	-	-	-	2.71	-	4.49	7.20
	Total Residential Supplies	-	-	-	-	-	-	-	2.71	-	4.49	7.20
5013700	Specific Use Supplies											
5013730	Computer Operating Supplies	-	-	-	-	-	-	-	-	-	2.26	2.26
	Total Specific Use Supplies	-	-	-	-	-	-	-	-	-	2.26	2.26
	Total Supplies And Materials	9.03	103.89	82.89	41.47	105.18	87.60	80.64	81.03	119.68	95.35	806.76

5015000 Continuous Charges

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	Total
5015100	Insurance-Fixed Assets											-
5015160	Property Insurance	38.32	-	-	-	-	-	-	-	-	-	38.32
	Total Insurance-Fixed Assets	38.32	-	-	-	-	-	-	-	-	-	38.32
5015300	Operating Lease Payments											
5015340	Equipment Rentals	42.98	42.19	41.87	42.98	41.87	41.87	41.87	48.70	48.70	-	393.03
5015350	Building Rentals	-	3.60	-	-	3.60	-	-	3.60	-	-	10.80
5015390	Building Rentals - Non State	950.01	970.56	949.86	949.86	1,033.94	959.40	949.86	1,021.21	949.86	1,452.45	10,187.01
	Total Operating Lease Payments	992.99	1,016.35	991.73	992.84	1,079.41	1,001.27	991.73	1,073.51	998.56	1,452.45	10,590.84
5015500	Insurance-Operations											
5015510	General Liability Insurance	137.54	-	-	-	-	-	-	-	-	-	137.54
5015540	Surety Bonds	8.12	-	-	-	-	-	-	-	-	-	8.12
	Total Insurance-Operations	145.66	-	-	-	-	-	-	-	-	-	145.66
	Total Continuous Charges	1,176.97	1,016.35	991.73	992.84	1,079.41	1,001.27	991.73	1,073.51	998.56	1,452.45	10,774.82
5022000	Equipment											
5022710	Household Equipment	-	-	-	-	-	-	-	-	-	18.89	18.89
	Total Specific Use Equipment	-	-	-	-	-	-	-	-	-	18.89	18.89
	Total Equipment	-	-	-	-	-	-	-	-	-	18.89	18.89
	Total Expenditures	26,393.63	13,076.10	10,514.49	9,888.53	16,473.27	12,347.95	12,225.33	11,300.71	10,482.07	12,114.51	134,816.59
	Allocated Expenditures											
20100	Behavioral Science Exec	9,633.23	6,603.74	6,379.57	6,387.47	6,553.71	6,567.96	6,657.80	6,450.22	6,387.06	6,892.99	68,513.76
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-	-	-	-
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-	-	-	-	-
30100	Data Center	12,135.95	7,292.28	6,689.83	9,944.31	3,119.03	7,331.20	6,938.15	11,855.01	7,484.80	10,000.87	82,791.44

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11000 - Social Work

For the Period Beginning July 1, 2018 and Ending April 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	Total
30200	Human Resources	541.90	62.03	69.60	2,239.23	372.25	55.26	59.31	67.43	73.89	139.72	3,680.62
30300	Finance	3,606.15	2,850.93	2,725.00	2,565.28	2,917.73	2,716.00	3,402.99	2,813.28	2,977.05	2,970.75	29,545.16
30400	Director's Office	1,926.91	1,263.01	1,283.89	1,229.08	1,267.33	1,255.25	1,273.38	1,270.04	1,367.70	1,407.64	13,544.23
30500	Enforcement	13,172.07	9,521.28	9,804.30	8,110.05	7,129.81	6,965.07	7,567.77	8,601.27	10,008.25	13,651.01	94,530.88
30600	Administrative Proceedings	2,329.84	-	-	631.68	4,664.45	157.40	371.47	-	250.10	9,360.69	17,765.64
30700	Impaired Practitioners	122.15	61.65	58.32	87.80	61.17	62.77	105.14	63.89	66.88	138.24	828.02
30800	Attorney General	-	-	2,334.46	2,334.46	-	-	2,334.46	-	-	2,334.46	9,337.84
30900	Board of Health Professions	1,214.31	1,099.62	949.17	1,036.18	990.09	642.93	970.79	1,005.90	841.84	1,186.57	9,937.40
31000	SRTA	-	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	10.13	-	-	10.13
31300	Emp. Recognition Program	1.45	-	-	5.96	1.76	17.28	-	-	0.66	33.11	60.23
31400	Conference Center	8.28	27.83	13.66	8.36	20.07	5.49	100.23	17.43	10.83	5.27	217.44
31500	Pgm Devlpmt & Implmntn	1,397.89	823.32	965.39	708.40	933.46	653.34	553.41	561.66	534.05	624.25	7,755.17
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-	-
	Total Allocated Expenditures	46,090.13	29,605.67	31,273.20	35,288.29	28,030.86	26,429.96	30,334.90	32,716.27	30,003.12	48,745.56	338,517.96
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (16,846.26)	\$ (21,556.77)	\$ (25,167.69)	\$ (25,631.82)	\$ (25,854.13)	\$ (24,087.91)	\$ (20,450.23)	\$ (25,786.98)	\$ (21,122.69)	\$ (44,485.07)	\$ (250,989.55)



# COMMONWEALTH of VIRGINIA

David E. Brown, D.C.  
Director

## Department of Health Professions

Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

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TEL (804) 367- 4400  
FAX (804) 527- 4475

### MEMORANDUM

TO: Members, Board of Social Work

FROM: David E. Brown, D.C. *DeB*

DATE: May 13, 2019

SUBJECT: Revenue and Expenditure Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The adjustment can be either an increase or decrease.

The Board of Social Work ended the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) with a cash balance of \$641,588. Current projections indicate that revenue for the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) will exceed expenditures by approximately \$316,459. When combined with the Board's \$641,588 cash balance as of June 30, 2018, the Board of Social Work projected cash balance on June 30, 2018, is \$958,046.

To reduce the Board's projected cash surplus we recommend a one-time renewal fee decrease. Please note that these projections are based on internal agency assumptions and are, subject to change based on actions by the Governor, the General Assembly and other state agencies.

We are grateful for continued support and cooperation as we work together managing the fiscal affairs of the Board and the Department.

Please do not hesitate to call me if you have questions.

cc: Jaime Hoyle, Executive Director  
Lisa R. Hahn, Chief Deputy Director  
Charles E. Giles, Budget Manager  
Elaine Yeatts, Senior Policy Analyst

## Virginia Board of Social Work Satisfaction Results 3<sup>rd</sup> Quarter 2019

Board	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	CURRENT Q3 2019
Social Work	100%	97%	100%	91%	92%	91%	93%	93%	82%	82%	79%	96%

**Comments for Overall Experience:**

*Critical Comments and comments on areas of improvement*

Clearer instructions in the website; better quality website.

*Rating: 9 out of 10*

the overall experience was good. I did not have any problems with the overall application process.

*Rating:10 out of 10*

**What could we do to improve our service to you?**

The process was easy to navigate.

Thank you for the additional two years of preparation which was beneficial for helping me pass the ASWB exam.



Virginia Department of  
**Health Professions**  
Board of Social Work

# Deputy Executive Director's Discipline Report

## Staff Discipline Reports

03/01/2019 - 05/30/2019

NEW CASES RECEIVED IN BOARD 03/01/2019 - 05/30/2019				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	106	36	41	<b>183</b>

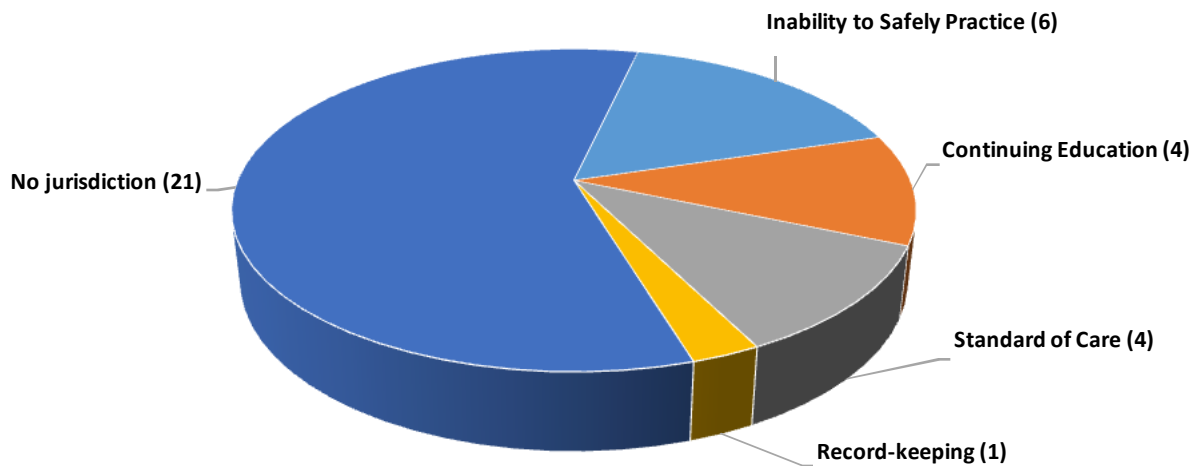
OPEN CASES AT BOARD LEVEL (as of 05/30/2019)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	80	23	56	<b>159</b>
Scheduled for Informal Conferences	14	2	2	<b>18</b>
Scheduled for Formal Hearings	1	1	0	<b>2</b>
Consent Orders (offered and pending)	0	0	1	<b>1</b>
Cases with APD for processing (IFC, FH, Consent Order)	17	9	1	<b>27</b>
<b>TOTAL CASES AT BOARD LEVEL</b>	<b>112</b>	<b>35</b>	<b>60</b>	<b>207</b>
<b>OPEN INVESTIGATIONS</b>	<b>82</b>	<b>40</b>	<b>34</b>	<b>156</b>
<b>TOTAL OPEN CASES</b>	<b>194</b>	<b>75</b>	<b>94</b>	<b>363</b>

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	August 9, 2019 October 25, 2019 November 15, 2019
Formal Hearings	Held following scheduled board meetings, as necessary



CASES CLOSED (03/01/2019 - 05/30/2019)	
Closed – no violation	30
Closed – undetermined	2
Closed – violation	4
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
<b>TOTAL CASES CLOSED</b>	<b>36</b>

**Closed Case Categories**



AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	124
Avg. time in Enforcement (investigations)	55
Avg. time in APD (IFC/FH preparation)	52
Avg. time in Board (includes hearings, reviews, etc).	70
Avg. time with board member (probable cause review)	8



## AGENCY REPORTS

### CASES RECEIVED, OPEN, & CLOSED REPORT SUMMARY BY BOARD

FISCAL YEAR 2019, QUARTER ENDING MARCH 30, 2019

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

<b>COUNSELING</b>	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Number of Cases Received	26	27	17	40	35	28	37	31	45	56	54	76
Number of Cases Open	116	98	69	58	56	61	72	84	102	124	150	176
Number of Cases Closed	27	44	43	60	42	26	29	23	33	29	28	51

<b>PSYCHOLOGY</b>	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Number of Cases Received	14	18	26	13	22	23	23	28	26	20	31	38
Number of Cases Open	68	76	87	49	34	46	44	52	57	64	83	75
Number of Cases Closed	20	9	17	52	38	16	24	19	24	13	11	46

<b>SOCIAL WORK</b>	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Number of Cases Received	15	19	12	28	21	14	27	15	34	35	25	33
Number of Cases Open	127	78	70	54	39	39	48	52	71	93	95	97
Number of Cases Closed	8	62	17	46	39	15	19	11	18	13	23	31



## AGENCY REPORTS

### AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER FISCAL YEAR 2019, QUARTER ENDING MARCH 30, 2019

\*The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

<b>BOARD</b>	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Counseling	323.7	375.5	292.8	247.9	106.1	251.5	128.2	153.7	185	164.2	161.3	251
Psychology	287.3	380	291.7	357.7	252.7	119.5	183.3	118.8	175.2	170.4	228.6	225
Social Work	226	469.7	407.6	366.2	228.8	292.7	123.6	277.5	237.2	113.8	200.7	263
Agency Totals	188.5	202.7	207.7	222.8	194.1	255.7	186.5	196.4	201.1	173.8	169.2	258

### PERCENTAGE OF CASES OF ALL TYPES CLOSED WITHIN 365 CALENDAR DAYS\*

#### FISCAL YEAR 2019, QUARTER ENDING MARCH 30, 2019

\*The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, the percent of cases that were closed in less than one year.

<b>BOARD</b>	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019
Counseling	55.6%	45.5%	78.6%	84.7%	97.5%	76.9%	97.0%	91.3%	84.8%	89.7%	89.3%	73.8%
Psychology	50.0%	44.4%	50.0%	44.2%	81.6%	92.9%	85.2%	100.0%	90.5%	92.3%	81.8%	86.4%
Social Work	75.0%	30.7%	62.5%	41.3%	92.3%	73.3%	100.0%	81.8%	66.7%	84.2%	78.3%	50.9%
Agency Totals	85.6%	82.0%	85.1%	81.7%	86.7%	82.2%	86.7%	87.6%	80.6%	85.5%	84.0%	76.4%



# Licensing Manager's Report

## 2019 STATISTICAL LICENSURE INFORMATION

(March 1, 2019- March 31, 2019)

- Number of Social Work Licenses/Registrations Issued in March 2019

2019 (Mar 1- Mar 31)	Licensed Clinical Social Workers	Endorsement	28	
		Examination	42	
		Reinstatement	4	
	Licensed Social Worker	Endorsement	4	
		Examination	5	
		Reinstatement	0	
	LSW Supervision	Application	0	
	LCSW Registration of Supervision	Add/Change	59	
		Initial Application	43	
	<b>Total # of Social Work Licenses/Registrations Issued:</b>			<b>185</b>

- 2019 Online Applications Received

(Mar 1- Mar 31)	By Endorsement	By Examination	Total
LCSW	29	33	62
LSW	2	18	20

(Mar 1- Mar 31)	Initial Application	By Add/Change	Total
LSW Supervision	0	0	0
LCSW Registration of Supervision	61	52	113

**Total # of online applications received in March: 195**

- Current active & current inactive Social Work Licenses/Registrations as of 03/31/2019:

	Current Active	Current Inactive	Total
Associate Social Worker	1	0	1
Licensed Clinical Social Worker	6,932	189	7,121
Licensed Social Worker	799	18	817
LSW Supervision	6	0	6
Registered Social Worker	10	0	10
Registration of Supervision	2,161	2	2,163
<b>Total</b>			<b>10,118</b>

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**Social Work 2019 Total Count- all license types (March 1, 2019- March 31, 2019)**

New Applications (initial, add/change, exam & endorsement- paper & online)	201
Duplicate License Request (LCSW- 8; LSW- 0)	8
Duplicate Wall Certificate Request (LCSW- 1; LSW- 0)	1
Verification of VA License Request (LCSW- 21; LSW- 5; ROS- 0)	26
Inactive Renewal (LCSW- 0; LSW- 0)	0
Inactive to Active (LCSW- 0; LSW- 1)	1
Reinstatement Applications (LCSW- 1; LSW- 2)	3
Renewals (LCSW- 0; LSW- 0; Registered SW- 0; Associate SW-0)	0
Late Renewals (LCSW-1; LSW-3)	4
Address Changes	27

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## 2019 STATISTICAL LICENSURE INFORMATION

(April 1, 2019- April 30, 2019)

- Number of Social Work Licenses/Registrations Issued in April 2019

2019 (Apr 1- Apr 30)	Licensed Clinical Social Workers	Endorsement	34	
		Examination	34	
		Reinstatement	2	
	Licensed Social Worker	Endorsement	11	
		Examination	8	
		Reinstatement	3	
	LSW Supervision	Application	0	
	LCSW Registration of Supervision	Add/Change	50	
		Initial Application	67	
	<b>Total # of Social Work Licenses/Registrations Issued:</b>			<b>209</b>

- 2019 Online Applications Received

(Apr 1- Apr 30)	By Endorsement	By Examination	Total
LCSW	23	30	53
LSW	7	11	18

(Apr 1- Apr 30)	Initial Application	By Add/Change	Total
LSW Supervision	0	0	0
LCSW Registration of Supervision	41	32	73

**Total # of online applications received in April: 144**

- Current active & current inactive Social Work Licenses/Registrations as of 04/30/2019:

	Current Active	Current Inactive	Total
Associate Social Worker	1	0	1
Licensed Clinical Social Worker	7,007	190	7,197
Licensed Social Worker	822	17	839
LSW Supervision	6	0	6
Registered Social Worker	10	0	10
Registration of Supervision	2,183	2	2,185
<b>Total</b>			<b>10,238</b>

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**Social Work 2019 Total Count- all license types (April 1, 2019- April 30, 2019)**

New Applications (initial, add/change, exam & endorsement- paper & online)	151
Duplicate License Request (LCSW- 4; LSW- 0)	4
Duplicate Wall Certificate Request (LCSW- 1; LSW- 0)	1
Verification of VA License Request (LCSW- 10; LSW- 6; ROS- 0)	16
Inactive Renewal (LCSW- 1; LSW- 0)	1
Inactive to Active (LCSW- 0; LSW- 0)	0
Reinstatement Applications (LCSW- 1; LSW- 0)	1
Renewals (LCSW- 5; LSW- 1; Registered SW- 0; Associate SW-0)	6
Late Renewals (LCSW-5; LSW-1)	6
Address Changes	32

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## 2019 STATISTICAL LICENSURE INFORMATION (May 1, 2019- May 31, 2019)

- Number of Social Work Licenses/Registrations Issued in May 2019

2019 (May 1- May 31)	Licensed Clinical Social Workers	Endorsement	28
		Examination	27
		Reinstatement	1
	Licensed Social Worker	Endorsement	12
		Examination	10
		Reinstatement	0
	LSW Supervision	Application	0
	LCSW Registration of Supervision	Add/Change	30
		Initial Application	36
	<b>Total # of Social Work Licenses/Registrations Issued:</b>		<b>144</b>

- 2019 Online Applications Received

(May 1- May 31)	By Endorsement	By Examination	Total
LCSW	21	31	52
LSW	11	21	32

(May 1- May 31)	Initial Application	By Add/Change	Total
LSW Supervision	0	0	0
LCSW Registration of Supervision	73	57	130

**Total # of online applications received in May: 214**

- Current active & current inactive Social Work Licenses/Registrations as of 05/31/2019:

	Current Active	Current Inactive	Total
Associate Social Worker	1	0	1
Licensed Clinical Social Worker	7,047	208	7,255
Licensed Social Worker	843	18	861
LSW Supervision	6	0	6
Registered Social Worker	10	0	10
Registration of Supervision	2,193	2	2,195
<b>Total</b>			<b>10,328</b>

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**Social Work 2019 Total Count- all license types (May 1, 2019- May 31, 2019)**

New Applications (initial, add/change, exam & endorsement- paper & online)	222
Duplicate License Request (LCSW- 5; LSW- 2)	7
Duplicate Wall Certificate Request (LCSW- 4; LSW- 2)	6
Verification of VA License Request (LCSW- 18; LSW- 6; ROS- 0)	24
Inactive Renewal (LCSW- 53; LSW- 4)	57
Inactive to Active (LCSW- 0; LSW- 0)	0
Reinstatement Applications (LCSW- 3; LSW- 1)	4
Renewals (LCSW- 2,583; LSW- 234; Registered SW- 4; Associate SW-1)	2,822
Late Renewals (LCSW-5; LSW-1)	6
Address Changes	32

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## 2019 STATISTICAL EXAMINATION INFORMATION

(January 1, 2019- May 31, 2019)

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- Number of Social Work Applicants approved to test

2019 (Jan 1- Jan 31)	Licensed Clinical Social Workers Applicants	Clinical Exam	59
	Licensed Social Worker Applicants	Bachelors Exam	8
<b>Total # of Social Work Applicants Approved to test:</b>			<b>67</b>

2019 (Feb 1- Feb 28)	Licensed Clinical Social Workers Applicants	Clinical Exam	29
	Licensed Social Worker Applicants	Bachelors Exam	10
<b>Total # of Social Work Applicants Approved to test:</b>			<b>39</b>

2019 (Mar 1- Mar 31)	Licensed Clinical Social Workers Applicants	Clinical Exam	30
	Licensed Social Worker Applicants	Bachelors Exam	8
<b>Total # of Social Work Applicants Approved to test:</b>			<b>38</b>

2019 (Apr 1- Apr 30)	Licensed Clinical Social Workers Applicants	Clinical Exam	34
	Licensed Social Worker Applicants	Bachelors Exam	11
<b>Total # of Social Work Applicants Approved to test:</b>			<b>45</b>

2019 (May 1- May 31)	Licensed Clinical Social Workers Applicants	Clinical Exam	43
	Licensed Social Worker Applicants	Bachelors Exam	14
<b>Total # of Social Work Applicants Approved to test:</b>			<b>57</b>

<b>GRAND TOTAL</b> 2019 (Jan 1- Apr 30)	Licensed Clinical Social Workers Applicants	Clinical Exam	195
	Licensed Social Worker Applicants	Bachelors Exam	51
<b>Total # of Social Work Applicants Approved to test:</b>			<b>246</b>



Association of Social Work Boards



**BOARD OF DIRECTORS**

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**MAR 20 2019**  
**DHP**

**TO:** Social Work Board Administrators  
**FROM:** Mary Jo Monahan, MSW, LCSW  
ASWB Chief Executive Officer  
**DATE:** March 15, 2019  
**RE:** 2018 ASWB Examination Pass Rates

Enclosed are the 2018 pass rate reports for North America and your jurisdiction.

These reports include pass rates for both “first-time” and “total group” test-takers. From a psychometric standpoint, first-time test-taker data give the most accurate indication of passing ability. Results for the total group of test-takers include candidates who are retaking the examination because of a previous failed attempt. The chances of failure are greater for candidates retaking the exam than for the first-time test-takers.

As is often the case with data related to performance, a larger N (number) tends to provide a more reliable basis for any analysis. Data for groups with small numbers more likely reflect the ability of the people in those groups. This is true of pass rate percentages related to the ASWB examinations. As you share this pass rate information with your regulatory board, please advise caution when reviewing reports that include small numbers of test-takers. As a general rule, ASWB recommends particular care be taken with drawing broad inferences from groups with an N of 200 or fewer test-takers.

In addition to providing member boards with these pass rate data, ASWB is committed to supporting your mission, particularly as it relates to social work regulation. Programs such as New Board Member Training and Executive Leadership Training, publications such as the Model Social Work Practice Act, and research services and tracking of regulatory issues are just some of the resources available to you to help advance your board’s mission of public protection.

Thank you once again for all you do to protect the public. If you have any questions, please contact Tanya Carpenter, Director of Examination Administration, at 800.225.6880 ext. 3003 or [tcarpenter@aswb.org](mailto:tcarpenter@aswb.org).

Enclosures



**North American Pass Rates  
For the ASWB Examinations 2018**

Exam Category and Group Type	Total Number of Examinations	Pass Rate	
		Number	Percentage
<b>Associate</b>			
First-Time	405	292	72.1
Repeat Group	163	68	41.7
<b>Total Group</b>	<b>568</b>	<b>360</b>	<b>63.4</b>
<b>Bachelors</b>			
First-Time	3,691	2,553	69.2
Repeat Group	974	288	29.6
<b>Total Group</b>	<b>4,665</b>	<b>2,841</b>	<b>60.9</b>
<b>Masters</b>			
First-Time	16,781	12,669	75.5
Repeat Group	5,536	1,418	25.6
<b>Total Group</b>	<b>22,317</b>	<b>14,087</b>	<b>63.1</b>
<b>Advanced Generalist</b>			
First-Time	146	82	56.2
Repeat Group	45	10	22.2
<b>Total Group</b>	<b>191</b>	<b>92</b>	<b>48.2</b>
<b>Clinical</b>			
First-Time	15,991	11,713	73.2
Repeat Group	6,771	2,274	33.6
<b>Total Group</b>	<b>22,762</b>	<b>13,987</b>	<b>61.4</b>
<b>Total</b>	<b>50,503</b>	<b>31,367</b>	<b>62.1</b>



**Pass Rates of VA in 2018**

Exam Category and Group Type	Total Number of Examinations	Pass Rate	
		Number	Percentage
<b>Associate</b>			
First-Time			
Repeat Group			
Total Group			
<b>Bachelors</b>			
First-Time	72	65	90.3
Repeat Group	5	2	40.0
Total Group	77	67	87.0
<b>Masters</b>			
First-Time			
Repeat Group			
Total Group			
<b>Advanced Generalist</b>			
First-Time			
Repeat Group			
Total Group			
<b>Clinical</b>			
First-Time	334	268	80.2
Repeat Group	128	46	35.9
Total Group	462	314	68.0
<b>Total</b>	<b>539</b>	<b>381</b>	<b>70.7</b>



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March 28, 2019

VIA FEDERAL EXPRESS

MAR 29 2019  
DHP

**Jaime Hoyle**  
Virginia Board of Social Work  
9960 Mayland Drive  
Suite 300  
Henrico, VA 23233

Dear Jaime Hoyle,

Enclosed are copies of the pass rates for graduates of each social work education program in your jurisdiction for the year 2018. These data are for candidates for social work licensure taking the ASWB examinations.

As is often the case with data related to performance, a larger N (number) tends to provide a more reliable basis for any analysis. Data for groups with small numbers more likely reflect the ability of the people in those groups. This is true of pass rate percentages related to the ASWB examinations. As a general rule, ASWB recommends particular care be taken with drawing broad inferences from groups with an N of 200 or fewer test-takers.

These reports also include pass rates for both "first-time" and "total group" test-takers. From a psychometric standpoint, first-time test-taker data give the most accurate indication of passing ability. Results for the total group of test-takers include candidates who are retaking the examination because of a previous failed attempt. The chances of failure are greater for candidates retaking the exam than for the first-time test-takers. The passing rate is determined by the difficulty of the test form, the cut score, and the quality of the group of candidates who take the examination at that particular time. Because the quality of the group of candidates taking the test varies slightly from group to group, the passing rate also varies. The larger the group of candidates, the smaller the amount of variation. Even with an N of 200 or more, it is common to have a variation in the passing rate of a few points or more merely by chance. Also, please be aware that the data reflect numbers of examinations administered, not numbers of candidates taking the examination.

Please note that once you receive this information, it will probably be subject to disclosure under law regarding freedom to access public information. Therefore, the schools of social work in your jurisdiction have the right to request the pass rate information for their graduates from your office.

Please let me know if you have questions.

Sincerely,

**Tanya Carpenter**  
Director of Examination Administration

Enclosures



## School Pass/Fail Summary Report

**School: George Mason University**

**Examination: CLINICAL**

The following table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total examinees who passed the Clinical examination during the year(s) 2018. Note that failing examinees may repeat the examination more than once.

Year	First-Time				Repeat				Total			
	Pass	Fail	Total	Rate	Pass	Fail	Total	Rate	Pass	Fail	Total	Rate
2018	46	7	53	87%	5	3	8	62%	51	10	61	84%

The following table provides the North American percentages of passing candidates for first-time, repeat, and total examinees for the year(s) 2018. These data are provided for comparative purposes only.

North American Pass Rates			
Year	First-Time	Repeat	Total
2018	73%	34%	61%

*Inferences and suppositions cannot be reliably made from pass rate data for groups of fewer than 200 candidates.*

## School Pass/Fail Summary Report

**School: Norfolk State University**

**Examination: CLINICAL**

The following table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total examinees who passed the Clinical examination during the year(s) 2018. Note that failing examinees may repeat the examination more than once.

Year	First-Time				Repeat				Total			
	Pass	Fail	Total	Rate	Pass	Fail	Total	Rate	Pass	Fail	Total	Rate
2018	18	15	33	55%	15	31	46	33%	33	46	79	42%

The following table provides the North American percentages of passing candidates for first-time, repeat, and total examinees for the year(s) 2018. These data are provided for comparative purposes only.

Year	North American Pass Rates		
	First-Time	Repeat	Total
2018	73%	34%	61%

*Inferences and suppositions cannot be reliably made from pass rate data for groups of fewer than 200 candidates.*

## School Pass/Fail Summary Report

**School: Radford University**

**Examination: CLINICAL**

The following table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total examinees who passed the Clinical examination during the year(s) 2018. Note that failing examinees may repeat the examination more than once.

Year	First-Time				Repeat				Total			
	Pass	Fail	Total	Rate	Pass	Fail	Total	Rate	Pass	Fail	Total	Rate
2018	25	13	38	66%	7	10	17	41%	32	23	55	58%

The following table provides the North American percentages of passing candidates for first-time, repeat, and total examinees for the year(s) 2018. These data are provided for comparative purposes only.

North American Pass Rates			
Year	First-Time	Repeat	Total
2018	73%	34%	61%

*Inferences and suppositions cannot be reliably made from pass rate data for groups of fewer than 200 candidates.*

## School Pass/Fail Summary Report

**School: Virginia Commonwealth University**

**Examination: CLINICAL**

The following table presents the numbers of examinations administered to candidates who indicated that they attended the college or university listed above. Figures indicate the percentage of first-time, repeat, and total examinees who passed the Clinical examination during the year(s) 2018. Note that failing examinees may repeat the examination more than once.

Year	First-Time				Repeat				Total			
	Pass	Fail	Total	Rate	Pass	Fail	Total	Rate	Pass	Fail	Total	Rate
2018	124	20	144	86%	12	16	28	43%	136	36	172	79%

The following table provides the North American percentages of passing candidates for first-time, repeat, and total examinees for the year(s) 2018. These data are provided for comparative purposes only.

North American Pass Rates			
Year	First-Time	Repeat	Total
2018	73%	34%	61%

*Inferences and suppositions cannot be reliably made from pass rate data for groups of fewer than 200 candidates.*



# Health Records Code

§ 32.1-127.1:03

## § 32.1-127.1:03. Health records privacy

A. There is hereby recognized an individual's right of privacy in the content of his health records. Health records are the property of the health care entity maintaining them, and, except when permitted or required by this section or by other provisions of state law, no health care entity, or other person working in a health care setting, may disclose an individual's health records.

Pursuant to this subsection:

1. Health care entities shall disclose health records to the individual who is the subject of the health record, except as provided in subsections E and F and subsection B of § 8.01-413.
2. Health records shall not be removed from the premises where they are maintained without the approval of the health care entity that maintains such health records, except in accordance with a court order or subpoena consistent with subsection C of § 8.01-413 or with this section or in accordance with the regulations relating to change of ownership of health records promulgated by a health regulatory board established in Title 54.1.
3. No person to whom health records are disclosed shall redisclose or otherwise reveal the health records of an individual, beyond the purpose for which such disclosure was made, without first obtaining the individual's specific authorization to such redisclosure. This redisclosure prohibition shall not, however, prevent (i) any health care entity that receives health records from another health care entity from making subsequent disclosures as permitted under this section and the federal Department of Health and Human Services regulations relating to privacy of the electronic transmission of data and protected health information promulgated by the United States Department of Health and Human Services as required by the Health Insurance Portability and Accountability Act (HIPAA)(42 U.S.C. § 1320d et seq.) or (ii) any health care entity from furnishing health records and aggregate or other data, from which individually identifying prescription information has been removed, encoded or encrypted, to qualified researchers, including, but not limited to, pharmaceutical manufacturers and their agents or contractors, for purposes of clinical, pharmaco-epidemiological, pharmaco-economic, or other health services research.
4. Health care entities shall, upon the request of the individual who is the subject of the health record, disclose health records to other health care entities, in any available format of the requester's choosing, as provided in subsection E.

B. As used in this section:

"Agent" means a person who has been appointed as an individual's agent under a power of attorney for health care or an advance directive under the Health Care Decisions Act (§ 54.1-2981 et seq.).

"Certification" means a written representation that is delivered by hand, by first-class mail, by overnight delivery service, or by facsimile if the sender obtains a facsimile-machine-generated confirmation reflecting that all facsimile pages were successfully transmitted.

"Guardian" means a court-appointed guardian of the person.

"Health care clearinghouse" means, consistent with the definition set out in 45 C.F.R. § 160.103, a public or private entity, such as a billing service, repricing company, community health management information system or community health information system, and "value-added" networks and switches, that performs either of the following functions: (i) processes or facilitates the processing of health information received from another entity in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction; or (ii) receives a standard transaction from another entity and processes or facilitates the processing of health information into nonstandard format or nonstandard data content for the receiving entity.

"Health care entity" means any health care provider, health plan or health care clearinghouse.

"Health care provider" means those entities listed in the definition of "health care provider" in § 8.01-581.1, except that state-operated facilities shall also be considered health care providers for the purposes of this section. Health care provider shall also include all persons who are licensed, certified, registered or permitted or who hold a multistate licensure privilege issued by any of the health regulatory boards within the Department of Health Professions, except persons regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine.

"Health plan" means an individual or group plan that provides, or pays the cost of, medical care. "Health plan" includes any entity included in such definition as set out in 45 C.F.R. § 160.103.

"Health record" means any written, printed or electronically recorded material maintained by a health care entity in the course of providing health services to an individual concerning the individual and the services provided. "Health record" also includes the substance of any communication made by an individual to a health care entity in confidence during or in connection with the provision of health services or information otherwise acquired by the health care entity about an individual in confidence and in connection with the provision of health services to the individual.

"Health services" means, but shall not be limited to, examination, diagnosis, evaluation, treatment, pharmaceuticals, aftercare, habilitation or rehabilitation and mental health therapy of any kind, as well as payment or reimbursement for any such services.

"Individual" means a patient who is receiving or has received health services from a health care entity.

"Individually identifying prescription information" means all prescriptions, drug orders or any other prescription information that specifically identifies an individual.

"Parent" means a biological, adoptive or foster parent.

"Psychotherapy notes" means comments, recorded in any medium by a health care provider who is a mental health professional, documenting or analyzing the contents of conversation during a private counseling session with an individual or a group, joint, or family counseling session that are separated from the rest of the individual's health record. "Psychotherapy notes" does not include annotations relating to medication and prescription monitoring, counseling session start and stop times, treatment modalities and frequencies, clinical test results, or any summary of any symptoms, diagnosis, prognosis, functional status, treatment plan, or the individual's progress to date.

C. The provisions of this section shall not apply to any of the following:

1. The status of and release of information governed by §§ 65.2-604 and 65.2-607 of the Virginia Workers' Compensation Act;
2. Except where specifically provided herein, the health records of minors;
3. The release of juvenile health records to a secure facility or a shelter care facility pursuant to § 16.1-248.3; or
4. The release of health records to a state correctional facility pursuant to § 53.1-40.10 or a local or regional correctional facility pursuant to § 53.1-133.03.

D. Health care entities may, and, when required by other provisions of state law, shall, disclose health records:

1. As set forth in subsection E, pursuant to the written authorization of (i) the individual or (ii) in the case of a minor, (a) his custodial parent, guardian or other person authorized to consent to treatment of minors pursuant to § 54.1-2969 or (b) the minor himself, if he has consented to his own treatment pursuant to § 54.1-2969, or (iii) in emergency cases or situations where it is impractical to obtain an individual's written authorization, pursuant to the individual's oral authorization for a health care provider or health plan to discuss the individual's health records with a third party specified by the individual;
2. In compliance with a subpoena issued in accord with subsection H, pursuant to a search warrant or a grand jury subpoena, pursuant to court order upon good cause shown or in compliance with a subpoena issued pursuant to subsection C of § 8.01-413. Regardless of the manner by which health records relating to an individual are compelled to be disclosed pursuant to this subdivision, nothing in this subdivision shall be construed to prohibit any staff or employee of a health care entity from providing information about such individual to a law-enforcement officer in connection with such subpoena, search warrant, or court order;
3. In accord with subsection F of § 8.01-399 including, but not limited to, situations where disclosure is reasonably necessary to establish or collect a fee or to defend a health care entity or the health care entity's employees or staff against any accusation of wrongful conduct; also as required in the course of an investigation, audit, review or proceedings regarding a health care entity's conduct by a duly authorized law-enforcement, licensure, accreditation, or professional review entity;
4. In testimony in accordance with §§ 8.01-399 and 8.01-400.2;
5. In compliance with the provisions of § 8.01-413;
6. As required or authorized by law relating to public health activities, health oversight activities, serious threats to health or safety, or abuse, neglect or domestic violence, relating to contagious disease, public safety, and suspected child or adult abuse reporting requirements, including, but not limited to, those contained in §§ 16.1-248.3, 32.1-36, 32.1-36.1, 32.1-40, 32.1-41, 32.1-127.1:04, 32.1-276.5, 32.1-283, 32.1-283.1, 32.1-320, 37.2-710, 37.2-839, 53.1-40.10, 53.1-133.03, 54.1-2400.6, 54.1-2400.7, 54.1-2400.9, 54.1-2403.3, 54.1-2506, 54.1-2966, 54.1-2967, 54.1-2968, 54.1-3408.2, 63.2-1509, and 63.2-1606;
7. Where necessary in connection with the care of the individual;



8. In connection with the health care entity's own health care operations or the health care operations of another health care entity, as specified in 45 C.F.R. § 164.501, or in the normal course of business in accordance with accepted standards of practice within the health services setting; however, the maintenance, storage, and disclosure of the mass of prescription dispensing records maintained in a pharmacy registered or permitted in Virginia shall only be accomplished in compliance with §§ 54.1-3410, 54.1-3411, and 54.1-3412;
9. When the individual has waived his right to the privacy of the health records;
10. When examination and evaluation of an individual are undertaken pursuant to judicial or administrative law order, but only to the extent as required by such order;
11. To the guardian ad litem and any attorney representing the respondent in the course of a guardianship proceeding of an adult patient who is the respondent in a proceeding under Chapter 20 (§ 64.2-2000 et seq.) of Title 64.2;
12. To the guardian ad litem and any attorney appointed by the court to represent an individual who is or has been a patient who is the subject of a commitment proceeding under § 19.2-169.6, Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1, or a judicial authorization for treatment proceeding pursuant to Chapter 11 (§ 37.2-1100 et seq.) of Title 37.2;
13. To a magistrate, the court, the evaluator or examiner required under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or § 37.2-815, a community services board or behavioral health authority or a designee of a community services board or behavioral health authority, or a law-enforcement officer participating in any proceeding under Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1, § 19.2-169.6, or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2 regarding the subject of the proceeding, and to any health care provider evaluating or providing services to the person who is the subject of the proceeding or monitoring the person's adherence to a treatment plan ordered under those provisions. Health records disclosed to a law-enforcement officer shall be limited to information necessary to protect the officer, the person, or the public from physical injury or to address the health care needs of the person. Information disclosed to a law-enforcement officer shall not be used for any other purpose, disclosed to others, or retained;
14. To the attorney and/or guardian ad litem of a minor who represents such minor in any judicial or administrative proceeding, if the court or administrative hearing officer has entered an order granting the attorney or guardian ad litem this right and such attorney or guardian ad litem presents evidence to the health care entity of such order;
15. With regard to the Court-Appointed Special Advocate (CASA) program, a minor's health records in accord with § 9.1-156;
16. To an agent appointed under an individual's power of attorney or to an agent or decision maker designated in an individual's advance directive for health care or for decisions on anatomical gifts and organ, tissue or eye donation or to any other person consistent with the provisions of the Health Care Decisions Act (§ 54.1-2981 et seq.);
17. To third-party payors and their agents for purposes of reimbursement;
18. As is necessary to support an application for receipt of health care benefits from a governmental agency or as required by an authorized governmental agency reviewing such

application or reviewing benefits already provided or as necessary to the coordination of prevention and control of disease, injury, or disability and delivery of such health care benefits pursuant to § 32.1-127.1:04;

19. Upon the sale of a medical practice as provided in § 54.1-2405; or upon a change of ownership or closing of a pharmacy pursuant to regulations of the Board of Pharmacy;

20. In accord with subsection B of § 54.1-2400.1, to communicate an individual's specific and immediate threat to cause serious bodily injury or death of an identified or readily identifiable person;

21. Where necessary in connection with the implementation of a hospital's routine contact process for organ donation pursuant to subdivision B 4 of § 32.1-127;

22. In the case of substance abuse records, when permitted by and in conformity with requirements of federal law found in 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2;

23. In connection with the work of any entity established as set forth in § 8.01-581.16 to evaluate the adequacy or quality of professional services or the competency and qualifications for professional staff privileges;

24. If the health records are those of a deceased or mentally incapacitated individual to the personal representative or executor of the deceased individual or the legal guardian or committee of the incompetent or incapacitated individual or if there is no personal representative, executor, legal guardian or committee appointed, to the following persons in the following order of priority: a spouse, an adult son or daughter, either parent, an adult brother or sister, or any other relative of the deceased individual in order of blood relationship;

25. For the purpose of conducting record reviews of inpatient hospital deaths to promote identification of all potential organ, eye, and tissue donors in conformance with the requirements of applicable federal law and regulations, including 42 C.F.R. § 482.45, (i) to the health care provider's designated organ procurement organization certified by the United States Health Care Financing Administration and (ii) to any eye bank or tissue bank in Virginia certified by the Eye Bank Association of America or the American Association of Tissue Banks;

26. To the Office of the State Inspector General pursuant to Chapter 3.2 (§ 2.2-307 et seq.) of Title 2.2;

27. To an entity participating in the activities of a local health partnership authority established pursuant to Article 6.1 (§ 32.1-122.10:001 et seq.) of Chapter 4, pursuant to subdivision 1;

28. To law-enforcement officials by each licensed emergency medical services agency, (i) when the individual is the victim of a crime or (ii) when the individual has been arrested and has received emergency medical services or has refused emergency medical services and the health records consist of the prehospital patient care report required by § 32.1-116.1;

29. To law-enforcement officials, in response to their request, for the purpose of identifying or locating a suspect, fugitive, person required to register pursuant to § 9.1-901 of the Sex Offender and Crimes Against Minors Registry Act, material witness, or missing person, provided that only the following information may be disclosed: (i) name and address of the person, (ii) date and place of birth of the person, (iii) social security number of the person, (iv) blood type of the person, (v) date and time of treatment received by the person, (vi) date and time of death of the

person, where applicable, (vii) description of distinguishing physical characteristics of the person, and (viii) type of injury sustained by the person;

30. To law-enforcement officials regarding the death of an individual for the purpose of alerting law enforcement of the death if the health care entity has a suspicion that such death may have resulted from criminal conduct;

31. To law-enforcement officials if the health care entity believes in good faith that the information disclosed constitutes evidence of a crime that occurred on its premises;

32. To the State Health Commissioner pursuant to § 32.1-48.015 when such records are those of a person or persons who are subject to an order of quarantine or an order of isolation pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of Chapter 2;

33. To the Commissioner of the Department of Labor and Industry or his designee by each licensed emergency medical services agency when the records consist of the prehospital patient care report required by § 32.1-116.1 and the patient has suffered an injury or death on a work site while performing duties or tasks that are within the scope of his employment;

34. To notify a family member or personal representative of an individual who is the subject of a proceeding pursuant to Article 16 (§ 16.1-335 et seq.) of Chapter 11 of Title 16.1 or Chapter 8 (§ 37.2-800 et seq.) of Title 37.2 of information that is directly relevant to such person's involvement with the individual's health care, which may include the individual's location and general condition, when the individual has the capacity to make health care decisions and (i) the individual has agreed to the notification, (ii) the individual has been provided an opportunity to object to the notification and does not express an objection, or (iii) the health care provider can, on the basis of his professional judgment, reasonably infer from the circumstances that the individual does not object to the notification. If the opportunity to agree or object to the notification cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the health care provider may notify a family member or personal representative of the individual of information that is directly relevant to such person's involvement with the individual's health care, which may include the individual's location and general condition if the health care provider, in the exercise of his professional judgment, determines that the notification is in the best interests of the individual. Such notification shall not be made if the provider has actual knowledge the family member or personal representative is currently prohibited by court order from contacting the individual;

35. To a threat assessment team established by a local school board pursuant to § 22.1-79.4, by a public institution of higher education pursuant to § 23.1-805, or by a private nonprofit institution of higher education; and

36. To a regional emergency medical services council pursuant to § 32.1-116.1, for purposes limited to monitoring and improving the quality of emergency medical services pursuant to § 32.1-111.3.

Notwithstanding the provisions of subdivisions 1 through 35, a health care entity shall obtain an individual's written authorization for any disclosure of psychotherapy notes, except when disclosure by the health care entity is (i) for its own training programs in which students, trainees, or practitioners in mental health are being taught under supervision to practice or to improve their skills in group, joint, family, or individual counseling; (ii) to defend itself or its employees or staff against any accusation of wrongful conduct; (iii) in the discharge of the duty,

in accordance with subsection B of § 54.1-2400.1, to take precautions to protect third parties from violent behavior or other serious harm; (iv) required in the course of an investigation, audit, review, or proceeding regarding a health care entity's conduct by a duly authorized law-enforcement, licensure, accreditation, or professional review entity; or (v) otherwise required by law.

E. Health care records required to be disclosed pursuant to this section shall be made available electronically only to the extent and in the manner authorized by the federal Health Information Technology for Economic and Clinical Health Act (P.L. 111-5) and implementing regulations and the Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.) and implementing regulations. Notwithstanding any other provision to the contrary, a health care entity shall not be required to provide records in an electronic format requested if (i) the electronic format is not reasonably available without additional cost to the health care entity, (ii) the records would be subject to modification in the format requested, or (iii) the health care entity determines that the integrity of the records could be compromised in the electronic format requested. Requests for copies of or electronic access to health records shall (a) be in writing, dated and signed by the requester; (b) identify the nature of the information requested; and (c) include evidence of the authority of the requester to receive such copies or access such records, and identification of the person to whom the information is to be disclosed; and (d) specify whether the requester would like the records in electronic format, if available, or in paper format. The health care entity shall accept a photocopy, facsimile, or other copy of the original signed by the requester as if it were an original. Within 30 days of receipt of a request for copies of or electronic access to health records, the health care entity shall do one of the following: (1) furnish such copies of or allow electronic access to the requested health records to any requester authorized to receive them in electronic format if so requested; (2) inform the requester if the information does not exist or cannot be found; (3) if the health care entity does not maintain a record of the information, so inform the requester and provide the name and address, if known, of the health care entity who maintains the record; or (4) deny the request (A) under subsection F, (B) on the grounds that the requester has not established his authority to receive such health records or proof of his identity, or (C) as otherwise provided by law. Procedures set forth in this section shall apply only to requests for health records not specifically governed by other provisions of state law.

F. Except as provided in subsection B of § 8.01-413, copies of or electronic access to an individual's health records shall not be furnished to such individual or anyone authorized to act on the individual's behalf when the individual's treating physician or the individual's treating clinical psychologist has made a part of the individual's record a written statement that, in the exercise of his professional judgment, the furnishing to or review by the individual of such health records would be reasonably likely to endanger the life or physical safety of the individual or another person, or that such health record makes reference to a person other than a health care provider and the access requested would be reasonably likely to cause substantial harm to such referenced person. If any health care entity denies a request for copies of or electronic access to health records based on such statement, the health care entity shall inform the individual of the individual's right to designate, in writing, at his own expense, another reviewing physician or clinical psychologist, whose licensure, training and experience relative to the individual's condition are at least equivalent to that of the physician or clinical psychologist upon whose opinion the denial is based. The designated reviewing physician or clinical psychologist shall make a judgment as to whether to make the health record available to the individual.

The health care entity denying the request shall also inform the individual of the individual's right to request in writing that such health care entity designate, at its own expense, a physician or clinical psychologist, whose licensure, training, and experience relative to the individual's condition are at least equivalent to that of the physician or clinical psychologist upon whose professional judgment the denial is based and who did not participate in the original decision to deny the health records, who shall make a judgment as to whether to make the health record available to the individual. The health care entity shall comply with the judgment of the reviewing physician or clinical psychologist. The health care entity shall permit copying and examination of the health record by such other physician or clinical psychologist designated by either the individual at his own expense or by the health care entity at its expense.

Any health record copied for review by any such designated physician or clinical psychologist shall be accompanied by a statement from the custodian of the health record that the individual's treating physician or clinical psychologist determined that the individual's review of his health record would be reasonably likely to endanger the life or physical safety of the individual or would be reasonably likely to cause substantial harm to a person referenced in the health record who is not a health care provider.

Further, nothing herein shall be construed as giving, or interpreted to bestow the right to receive copies of, or otherwise obtain access to, psychotherapy notes to any individual or any person authorized to act on his behalf.

G. A written authorization to allow release of an individual's health records shall substantially include the following information:

**AUTHORIZATION TO RELEASE CONFIDENTIAL HEALTH RECORDS**

Individual's Name \_\_\_\_\_

Health Care Entity's Name \_\_\_\_\_

Person, Agency, or Health Care Entity to whom disclosure is to be made

\_\_\_\_\_

Information or Health Records to be disclosed

\_\_\_\_\_

Purpose of Disclosure or at the Request of the Individual

\_\_\_\_\_

As the person signing this authorization, I understand that I am giving my permission to the above-named health care entity for disclosure of confidential health records. I understand that the health care entity may not condition treatment or payment on my willingness to sign this authorization unless the specific circumstances under which such conditioning is permitted by law are applicable and are set forth in this authorization. I also understand that I have the right to revoke this authorization at any time, but that my revocation is not effective until delivered in writing to the person who is in possession of my health records and is not effective as to health records already disclosed under this authorization. A copy of this authorization and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original health records. I understand that health information disclosed under this authorization

might be redisclosed by a recipient and may, as a result of such disclosure, no longer be protected to the same extent as such health information was protected by law while solely in the possession of the health care entity.

This authorization expires on (date) or (event) \_\_\_\_\_

Signature of Individual or Individual's Legal Representative if Individual is Unable to Sign

\_\_\_\_\_

Relationship or Authority of Legal Representative

\_\_\_\_\_

Date of Signature \_\_\_\_\_

H. Pursuant to this subsection:

1. Unless excepted from these provisions in subdivision 9, no party to a civil, criminal or administrative action or proceeding shall request the issuance of a subpoena duces tecum for another party's health records or cause a subpoena duces tecum to be issued by an attorney unless a copy of the request for the subpoena or a copy of the attorney-issued subpoena is provided to the other party's counsel or to the other party if pro se, simultaneously with filing the request or issuance of the subpoena. No party to an action or proceeding shall request or cause the issuance of a subpoena duces tecum for the health records of a nonparty witness unless a copy of the request for the subpoena or a copy of the attorney-issued subpoena is provided to the nonparty witness simultaneously with filing the request or issuance of the attorney-issued subpoena.

No subpoena duces tecum for health records shall set a return date earlier than 15 days from the date of the subpoena except by order of a court or administrative agency for good cause shown. When a court or administrative agency directs that health records be disclosed pursuant to a subpoena duces tecum earlier than 15 days from the date of the subpoena, a copy of the order shall accompany the subpoena.

Any party requesting a subpoena duces tecum for health records or on whose behalf the subpoena duces tecum is being issued shall have the duty to determine whether the individual whose health records are being sought is pro se or a nonparty.

In instances where health records being subpoenaed are those of a pro se party or nonparty witness, the party requesting or issuing the subpoena shall deliver to the pro se party or nonparty witness together with the copy of the request for subpoena, or a copy of the subpoena in the case of an attorney-issued subpoena, a statement informing them of their rights and remedies. The statement shall include the following language and the heading shall be in boldface capital letters:

**NOTICE TO INDIVIDUAL**

The attached document means that (insert name of party requesting or causing issuance of the subpoena) has either asked the court or administrative agency to issue a subpoena or a subpoena has been issued by the other party's attorney to your doctor, other health care providers (names of health care providers inserted here) or other health care entity (name of health care entity to be inserted here) requiring them to produce your health records. Your doctor, other health care

provider or other health care entity is required to respond by providing a copy of your health records. If you believe your health records should not be disclosed and object to their disclosure, you have the right to file a motion with the clerk of the court or the administrative agency to quash the subpoena. If you elect to file a motion to quash, such motion must be filed within 15 days of the date of the request or of the attorney-issued subpoena. You may contact the clerk's office or the administrative agency to determine the requirements that must be satisfied when filing a motion to quash and you may elect to contact an attorney to represent your interest. If you elect to file a motion to quash, you must notify your doctor, other health care provider(s), or other health care entity, that you are filing the motion so that the health care provider or health care entity knows to send the health records to the clerk of court or administrative agency in a sealed envelope or package for safekeeping while your motion is decided.

2. Any party filing a request for a subpoena duces tecum or causing such a subpoena to be issued for an individual's health records shall include a Notice in the same part of the request in which the recipient of the subpoena duces tecum is directed where and when to return the health records. Such notice shall be in boldface capital letters and shall include the following language:

**NOTICE TO HEALTH CARE ENTITIES**

**A COPY OF THIS SUBPOENA DUCES TECUM HAS BEEN PROVIDED TO THE INDIVIDUAL WHOSE HEALTH RECORDS ARE BEING REQUESTED OR HIS COUNSEL. YOU OR THAT INDIVIDUAL HAS THE RIGHT TO FILE A MOTION TO QUASH (OBJECT TO) THE ATTACHED SUBPOENA. IF YOU ELECT TO FILE A MOTION TO QUASH, YOU MUST FILE THE MOTION WITHIN 15 DAYS OF THE DATE OF THIS SUBPOENA.**

**YOU MUST NOT RESPOND TO THIS SUBPOENA UNTIL YOU HAVE RECEIVED WRITTEN CERTIFICATION FROM THE PARTY ON WHOSE BEHALF THE SUBPOENA WAS ISSUED THAT THE TIME FOR FILING A MOTION TO QUASH HAS ELAPSED AND THAT:**

**NO MOTION TO QUASH WAS FILED; OR**

**ANY MOTION TO QUASH HAS BEEN RESOLVED BY THE COURT OR THE ADMINISTRATIVE AGENCY AND THE DISCLOSURES SOUGHT ARE CONSISTENT WITH SUCH RESOLUTION.**

**IF YOU RECEIVE NOTICE THAT THE INDIVIDUAL WHOSE HEALTH RECORDS ARE BEING REQUESTED HAS FILED A MOTION TO QUASH THIS SUBPOENA, OR IF YOU FILE A MOTION TO QUASH THIS SUBPOENA, YOU MUST SEND THE HEALTH RECORDS ONLY TO THE CLERK OF THE COURT OR ADMINISTRATIVE AGENCY THAT ISSUED THE SUBPOENA OR IN WHICH THE ACTION IS PENDING AS SHOWN ON THE SUBPOENA USING THE FOLLOWING PROCEDURE:**

**PLACE THE HEALTH RECORDS IN A SEALED ENVELOPE AND ATTACH TO THE SEALED ENVELOPE A COVER LETTER TO THE CLERK OF COURT OR ADMINISTRATIVE AGENCY WHICH STATES THAT CONFIDENTIAL HEALTH RECORDS ARE ENCLOSED AND ARE TO BE HELD UNDER SEAL PENDING A RULING ON THE MOTION TO QUASH THE SUBPOENA. THE SEALED ENVELOPE AND THE COVER LETTER SHALL BE PLACED IN AN OUTER ENVELOPE OR PACKAGE FOR TRANSMITTAL TO THE COURT OR ADMINISTRATIVE AGENCY.**

3. Upon receiving a valid subpoena duces tecum for health records, health care entities shall have the duty to respond to the subpoena in accordance with the provisions of subdivisions 4, 5, 6, 7, and 8.

4. Except to deliver to a clerk of the court or administrative agency subpoenaed health records in a sealed envelope as set forth, health care entities shall not respond to a subpoena duces tecum for such health records until they have received a certification as set forth in subdivision 5 or 8 from the party on whose behalf the subpoena duces tecum was issued.

If the health care entity has actual receipt of notice that a motion to quash the subpoena has been filed or if the health care entity files a motion to quash the subpoena for health records, then the health care entity shall produce the health records, in a securely sealed envelope, to the clerk of the court or administrative agency issuing the subpoena or in whose court or administrative agency the action is pending. The court or administrative agency shall place the health records under seal until a determination is made regarding the motion to quash. The securely sealed envelope shall only be opened on order of the judge or administrative agency. In the event the court or administrative agency grants the motion to quash, the health records shall be returned to the health care entity in the same sealed envelope in which they were delivered to the court or administrative agency. In the event that a judge or administrative agency orders the sealed envelope to be opened to review the health records in camera, a copy of the order shall accompany any health records returned to the health care entity. The health records returned to the health care entity shall be in a securely sealed envelope.

5. If no motion to quash is filed within 15 days of the date of the request or of the attorney-issued subpoena, the party on whose behalf the subpoena was issued shall have the duty to certify to the subpoenaed health care entity that the time for filing a motion to quash has elapsed and that no motion to quash was filed. Any health care entity receiving such certification shall have the duty to comply with the subpoena duces tecum by returning the specified health records by either the return date on the subpoena or five days after receipt of the certification, whichever is later.

6. In the event that the individual whose health records are being sought files a motion to quash the subpoena, the court or administrative agency shall decide whether good cause has been shown by the discovering party to compel disclosure of the individual's health records over the individual's objections. In determining whether good cause has been shown, the court or administrative agency shall consider (i) the particular purpose for which the information was collected; (ii) the degree to which the disclosure of the records would embarrass, injure, or invade the privacy of the individual; (iii) the effect of the disclosure on the individual's future health care; (iv) the importance of the information to the lawsuit or proceeding; and (v) any other relevant factor.

7. Concurrent with the court or administrative agency's resolution of a motion to quash, if subpoenaed health records have been submitted by a health care entity to the court or administrative agency in a sealed envelope, the court or administrative agency shall: (i) upon determining that no submitted health records should be disclosed, return all submitted health records to the health care entity in a sealed envelope; (ii) upon determining that all submitted health records should be disclosed, provide all the submitted health records to the party on whose behalf the subpoena was issued; or (iii) upon determining that only a portion of the submitted health records should be disclosed, provide such portion to the party on whose behalf the subpoena was issued and return the remaining health records to the health care entity in a sealed envelope.

8. Following the court or administrative agency's resolution of a motion to quash, the party on whose behalf the subpoena duces tecum was issued shall have the duty to certify in writing to the subpoenaed health care entity a statement of one of the following:



a. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are consistent with such resolution; and, therefore, the health records previously delivered in a sealed envelope to the clerk of the court or administrative agency will not be returned to the health care entity;

b. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are consistent with such resolution and that, since no health records have previously been delivered to the court or administrative agency by the health care entity, the health care entity shall comply with the subpoena duces tecum by returning the health records designated in the subpoena by the return date on the subpoena or five days after receipt of certification, whichever is later;

c. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are not consistent with such resolution; therefore, no health records shall be disclosed and all health records previously delivered in a sealed envelope to the clerk of the court or administrative agency will be returned to the health care entity;

d. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are not consistent with such resolution and that only limited disclosure has been authorized. The certification shall state that only the portion of the health records as set forth in the certification, consistent with the court or administrative agency's ruling, shall be disclosed. The certification shall also state that health records that were previously delivered to the court or administrative agency for which disclosure has been authorized will not be returned to the health care entity; however, all health records for which disclosure has not been authorized will be returned to the health care entity; or

e. All filed motions to quash have been resolved by the court or administrative agency and the disclosures sought in the subpoena duces tecum are not consistent with such resolution and, since no health records have previously been delivered to the court or administrative agency by the health care entity, the health care entity shall return only those health records specified in the certification, consistent with the court or administrative agency's ruling, by the return date on the subpoena or five days after receipt of the certification, whichever is later.

A copy of the court or administrative agency's ruling shall accompany any certification made pursuant to this subdivision.

9. The provisions of this subsection have no application to subpoenas for health records requested under § 8.01-413, or issued by a duly authorized administrative agency conducting an investigation, audit, review or proceedings regarding a health care entity's conduct.

The provisions of this subsection shall apply to subpoenas for the health records of both minors and adults.

Nothing in this subsection shall have any effect on the existing authority of a court or administrative agency to issue a protective order regarding health records, including, but not limited to, ordering the return of health records to a health care entity, after the period for filing a motion to quash has passed.

A subpoena for substance abuse records must conform to the requirements of federal law found in 42 C.F.R. Part 2, Subpart E.

I. Health care entities may testify about the health records of an individual in compliance with §§ 8.01-399 and 8.01-400.2.

J. If an individual requests a copy of his health record from a health care entity, the health care entity may impose a reasonable cost-based fee, which shall include only the cost of supplies for and labor of copying the requested information, postage when the individual requests that such information be mailed, and preparation of an explanation or summary of such information as agreed to by the individual. For the purposes of this section, "individual" shall subsume a person with authority to act on behalf of the individual who is the subject of the health record in making decisions related to his health care.

K. Nothing in this section shall prohibit a health care provider who prescribes or dispenses a controlled substance required to be reported to the Prescription Monitoring Program established pursuant to Chapter 25.2 (§ 54.1-2519 et seq.) of Title 54.1 to a patient from disclosing information obtained from the Prescription Monitoring Program and contained in a patient's health care record to another health care provider when such disclosure is related to the care or treatment of the patient who is the subject of the record.

1997, c. 682;1998, c. 470;1999, cc. 812, 956, 1010;2000, cc. 810, 813, 923, 927;2001, c. 671;2002, cc. 568, 658, 835, 860;2003, cc. 471, 907, 983;2004, cc. 49, 64, 65, 66, 67, 163, 773, 1014, 1021; 2005, cc. 39, 101, 642, 697;2006, c. 433;2007, c. 497;2008, cc. 315, 782, 850, 870;2009, cc. 606, 651, 813, 840;2010, cc. 185, 340, 406, 456, 524, 778, 825;2011, cc. 499, 668, 798, 812, 844, 871;2012, cc. 386, 402, 479;2016, c. 554;2017, cc. 457, 712, 720;2018, c. 165.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.



AND



Virginia Society for Clinical Social Work  
5537 Solaris Drive  
Chesterfield Virginia 23832

March 15, 2019

PUBLIC COMMENT  
TO  
Virginia Board of Social Work

Thank you for the opportunity to make public comment to the Virginia Board of Social Work at your Board meeting today. My comments today are concerning your agenda item “Regulatory Committee Report.” I attended the Regulatory Committee’s meeting yesterday and anticipate that the committee’s report today will address items on the committee’s agenda yesterday.

1. “Discussion to Amend Code 32.1-127.1:03(F) (Health Records Privacy) to include clinical social workers.”

I made public comment to the committee about this agenda item. As I listened to the discussion, I realized that I identified the part of this Code section that contained outdated language, but I did not include any suggestion on the language that might be used to amend the Code section. Below is one possible choice (See bold and italics).

**§ 32.1-127.1:03. Health records privacy**

F. Except as provided in subsection B of § 8.01-413, copies of or electronic access to an individual's health records shall not be furnished to such individual or anyone authorized to act on the individual's behalf when the individual's treating physician, ~~or the~~ individual's treating clinical psychologist, ***or the treating licensed mental health professional (as defined in §54.1-2400.1, § 54.1-3600 and §54.1-3500)*** has made a part of the individual's record a written statement that, in the exercise of his professional judgment, the furnishing to or review by the individual of such health records would be reasonably likely to endanger the life or physical safety of the individual or another person, or that such health record makes reference to a person other than a health care provider and the access requested would be reasonably likely to cause substantial harm to such referenced person.

This example of amended language:

- Does not take anything away from “treating physician” or “treating clinical psychologist” that are included in the current Code.
- Adds language to include Clinical Social Workers and cites existing Code definitions for Clinical Social Workers
- Adds language to include Professional Counselors and cites existing Code definitions for Professional Counselors (I hope the Board of Counseling would see their inclusion as a friendly amendment but if not then ***and §54.1-3500*** could be removed).

Another existing Code section (54.1-2400.1) is cited to make clear that this amended language only applies to “Mental Health Professionals” who are licensed. In 54.1.2400.1 definitions are made for both “Mental Health Professional” and “Qualified Mental Health Professional.” Below are both definitions. The language makes clear that a QMHP does not meet the definition of “Mental Health Professional” in that they are **not licensed, may only deliver services as an employee of or contractor with DBHDS and the services a QMHP may provide are limited to “collaborative mental health services.”**

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses which interfere with mental health and development.

"Qualified mental health professional" means a person who by education and experience is professionally qualified and registered by the Board of Counseling to provide collaborative mental health services for adults or children. A qualified mental health professional shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or a provider licensed by the Department of Behavioral Health and Developmental Services.

*Thank You*

*Joseph G. Lynch*



Virginia Department of  
**Health Professions**  
Board of Social Work

# Board of Social Work Bylaws

# VIRGINIA BOARD OF SOCIAL WORK BYLAWS

## ARTICLE I: AUTHORIZATION

### **A. Statutory Authority**

The Virginia Board of Social Work (“Board”) is established and operates pursuant to §§ 54.1-2400 and 54.1-3700, et seq., of the *Code of Virginia*. Regulations promulgated by the Virginia Board of Social Work may be found in 18VAC140-20-10 et seq., “Regulations Governing the Practice of Social Work”.

### **B. Duties**

The Virginia Board of Social Work is charged with promulgating and enforcing regulations governing the licensure and practice of social work and clinical social work in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses, certificates, or registrations; setting standards of practice; and implementing a system of disciplinary action.

### **C. Mission**

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

## ARTICLE II: THE BOARD

### **A. Membership**

1. The Board shall consist of nine (9) members, appointed by the Governor as follows:
  - a. Seven (7) shall be licensed social workers in Virginia, who have been in active practice of social work for at least five years prior to appointment and,
  - b. Two (2) shall be citizen members.
2. The terms of the members of the Board shall be four (4) years.
3. Members of the Board of Social Work holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

### **B. Officers**

1. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.
3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting and/or formal administrative hearing.

### C. Duties of Members

1. Each member shall participate in all matters before the Board.
2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chairperson shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.
3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to §2.2-108.

### D. Election of Officers

1. The Nomination Committee shall present a slate of officers for Chairman and Vice-Chairman at the first scheduled Board meeting following scheduled ~~prior to~~ July 1 of each even year. The election of officers shall then occur at the first scheduled Board meeting following July 1 of each even year, and elected officers shall assume their duties at the end of the meeting.
2. Officers shall be elected at a meeting of the Board with a quorum present.
3. The Chairperson shall ask for additional nominations from the floor by office.
4. Voting shall be by voice vote, roll call, or show of hands. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.
5. Special elections shall be held in the same manner in the event of a vacancy of a position to fill the unexpired term.
6. The election shall occur in the following order: Chairperson, Vice-Chairperson.
7. All officers shall be elected for a single term of two years ~~one year, and may serve no more than two consecutive terms.~~

### E. Meetings

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of Business at Meetings:
  - a. Period of Public Comment
  - b. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.
  - c. Reports of Officers and staff
  - d. Reports of Committees
  - e. Election of Officers (as needed)

- f. Unfinished Business
  - g. New Business
3. The order of business may be changed at any meeting by a majority vote.

### **ARTICLE III: COMMITTEES**

#### **A. Duties and Frequency of Meetings.**

- 1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.
- 2. All standing committees shall meet as necessary to conduct the business of the Board.

#### **B. Standing Committees**

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee  
 Special Conference Committee  
 Credentials Committee  
 Nomination Committee  
 Any other Standing Committees created by the Board.

1. Regulatory/Legislative Committee

- a. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Board.
- b. The Chairperson of the Committee shall be appointed by the Chairperson of the Board.
- c. The Committee shall consider all questions bearing upon state legislation and regulation governing the professions regulated by the Board.
- d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
- e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.

2. Special Conference Committee

- a. The Special Conference Committee shall consist of two (2) Board members.
- b. The Special Conference Committee shall conduct informal conferences pursuant to §§2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia* as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.
- c. The Special Conference Committee shall hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
- d. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.



- e. Should the caseload increase to the level that additional special conference committees are needed, the Chairperson of the Board may appoint additional committees.

3. Credentials Committee

- a. The Credentials Committee shall consist of at least two (2) Board members appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
- b. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
- c. The Committee member who conducted the initial review shall provide guidance to staff on action to be taken.
- d. The Credentials Committee shall not be required to meet collectively to conduct initial reviews.

4. Nomination Committee

- a. The Nomination Committee shall be composed of at least two members of the Board appointed by the Chairman of the Board, with the Chairman of the Committee to be appointed by the Chairman of the Board.
- b. The Nomination Committee shall consult with Bard members and staff to recommend nominee(s) for the Board positions of Chairman and Vice-Chairman.
- c. Sitting officers shall not serve on the Nomination Committee.

## **ARTICLE IV: GENERAL DELEGATION OF AUTHORITY**

The Board delegates the following functions:

1. The Board delegates to Board staff the authority to issue and renew licenses, certificates, or registrations and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.
2. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure and registration applications, renewal forms, and documents used in the disciplinary process.

3. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.
4. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.
5. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date.
6. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.
7. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.
8. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.
9. The Board delegates to the Executive Director, who may consult with a member of the Special Conference Committee, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
10. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.
11. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Board member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.
12. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.

13. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.
14. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.
15. The Board delegates to the Chairperson, the authority to represent the Board in instances where Board “consultation” or “review” may be requested where a vote of the Board is not required and a meeting is not feasible.
16. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.
17. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

#### **ARTICLE V: AMENDMENTS**

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board’s legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Adopted: 12/17/96

Revised: 10/3/2008; 4/17/2009; 10/25/2013; 10/27/2017; 6/15/2018