



**Virginia Board of Psychology**  
**Public Hearing Meeting Minutes**  
**Monday, September 9, 2024, at 10:00 a.m.**  
**9960 Mayland Drive, Henrico, VA 23233**  
**Board Room 3**

**PRESIDING:** Erin Barrett, JD, Director of Legislative and Regulatory Affairs,  
Department of Health Professions

**BOARD STAFF PRESENT:** Jaime Hoyle, JD, Executive Director  
Charlotte Lenart, Deputy Executive Director  
Meagan Ohlsson, Licensing Supervisor

**PURPOSE OF HEARING:** To receive public comment on the Board's proposed exempt regulations to licensed psychological practitioners pursuant to HB1499 and SB155 of the 2024 General Assembly.

**CALL TO ORDER:** Ms. Barrett called the public hearing to order at 1:06 p.m.

**PUBLIC ATTENDEES:** Dr. Cynthia Favret, Ph.D.  
Dr. Ann VanSkiver, Psy.D., Oceanside Evaluations  
Shannon McDuffie, Diamond Counseling L.L.C.  
Dr. James Werth, Jr. Ph.D., ABPP, Radford University,  
Department of Psychology  
Grace Westcott, VCU Psychology  
Chloe Soboleski, VCU Psychology  
Daniella Olivares, VCU Psychology  
Whitney Redemer, VCU Psychology  
Brighton Payne, VCU Psychology

**PUBLIC COMMENT:** Dr. Cynthia Favret, Ph.D., provided written and verbal public comment (Attachment A)

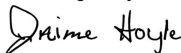
Dr. Ann VanSkiver, Psy.D., Oceanside Evaluations, provided written and verbal public comment (Attachment B)

Dr. James Werth, Jr. Ph.D., ABPP, Radford University, Department of Psychology, provided written and verbal public comment (Attachment C)

Shannon Mc Duffie, Diamond Counseling L.L.C., provided written and verbal public comment (Attachment D)

**ADJOURNMENT:**

Ms. Barrett adjourned the Public Hearing at 1:36 p.m.

DocuSigned by:  
  
E858AEB08A9E4A4

1/13/2025

---

Jaime Hoyle, JD  
Executive Director

My name is Dr. Cynthia Favret and I am, and have been, a clinical psychologist licensed in the Commonwealth of Virginia since February of 1987. After initially receiving my education and licensure in Ohio, I have lived in Virginia and practiced here for 37 years. My career has been primarily focused on assessment as well as forensic and practice management consultation.

I arranged to come to Richmond today primarily to ask questions of the board regarding this proposed change. I scheduled my attendance nearly 5 months ago when this date was publicized as part of the public minutes from the Virginia Board of Psychology meeting (May 15, 2024). I am extremely disappointed and frankly quite shocked to discover that no one from the board could commit to attendance for this event. I had hoped to come today and learn about why this change was being proposed, what the scope of practice proposed for the new licensure designation will be, and how the board proposes to ensure that the public was not exposed to confusion, ethical and clinical compromise. If this opportunity for public questions and comment is truly meaningful and our input is seriously considered as part of the process, I do not understand why Board Members are not in full attendance, especially given (1) the profound nature of the change proposed and (2) the ample advance notice given regarding the date.

I had planned to ask that the Board postpone definitive action on this proposal due to the lack of clarity as to the rationale, specifics, and implementation. Now, my concerns are heightened and intensified, given the lack of opportunity to ask questions and the inability to realize full understanding, as well as transparency.

I wanted to ask Board members what exactly precipitated this proposal. According to my understanding of the annual survey results of renewing licensed psychologists, there has not been a seismic shift in data to indicate a projected shortage of clinical psychologists. Why is it deemed necessary to add an additional licensure process for Masters-level psychology practitioners when it currently exists enabling social workers, counselors and family/marriage therapists to provide these services independently? If there is truly a shortage of mental health resources, it is well-documented to be in the area of medication management, especially for children and adolescents. Why, instead, is the Board not advocating for appropriately-trained clinical psychologists to be afforded prescription privileges?

Those of us who practice in the area of assessment, and particularly forensics, have particular concerns:

- The current draft of requirements for licensure as a "psychological practitioner" specifies a passing score for Masters-level practitioners on the Examination for Professional Practice of Psychology. Furthermore, it stipulates that "The Board shall establish passing scores on all steps of the examination." However, I was unable to determine what this "passing score" was, and was not clear as to whether "all steps of the examination" included both Academic and Skills portions of the exam.
- The addition of a licensure track to process for Masters-level psychological practitioners can only further stretch the present staff at DHP. Already, each regulatory body has been forced to delegate disciplinary reviews to subordinate staff, precluding their ability to exercise other mandated tasks such as Continuing Education audits. While current staff have demonstrated admirable time management, the reality is that investigation times exceed that which is in the best interest of the public. Adding an additional layer of licensure application and discipline resolution will be untenable for existing staff.

- The ASPPB (Association of State and Provincial Psychology Boards) gathered a Task Force and produced The ASPPB Potential Regulatory Implications of Masters-Level Licensure (PRI-LM) which was made available to the Virginia Board of Psychology. In addition to stipulating specific educational and supervisory requirements, this document includes Model Statutory Language that identifies three separate tracks in which a qualified masters-level psychological practitioner may function. This document includes Model Statutory Language that delineates the scope of practice included and excluded within each of three tracks. The delineation of specific assessment/forensic referrals (e.g., intellectual assessment, fitness for duty, parental capacity) to doctoral-level practitioners with demonstrated education, expertise and experience seems reasonable and highly advisable. As such, I would endorse the Boards' adoption of the ASPPB proposed standards, should licensure of Masters-level practitioners proceed.

In closing, I would like to state that I do not understand or agree with the need to licensure of Masters-level psychological practitioners. The current status of Masters-level social work, counselor, and marriage and family therapists seems more than sufficient to meet the appropriate needs of Virginia, particularly now with the changes that enable residents/interns in training from a number of disciplines to deliver services. Formal psychological assessment and evaluation, particularly within the forensic realm, requires specialized education, training and experience that is afforded only within the confines of clinical psychology. To lower the bar in this highly specialized area is not only unnecessary, but endangers the very essence of psychology. The current DHP staff struggles to manage an avalanche of data, applications, disciplinary cases and inquiries. Protecting the public is an essential and valued function we all expect from government. We can do better- by focusing on the most meaningful priorities for Virginia citizens.

Cynthia Favret, Ph.D.

757.503.0444

166 Devon Road, Williamsburg, VA 23188

Good afternoon. My name is Dr. Ann VanSkiver and I am a licensed clinical and licensed school psychologist in the state of Virginia and have been since 2013. I currently own a group practice called Oceanside Evaluations in Williamsburg, Virginia, and our practice specializes in providing neuropsychological and psychological assessments to youth in the Hampton Roads and Richmond area. I also contract with multiple facilities to complete their psychological testing.

Prior to owning my practice, I was employed by the state hospital system as a forensic psychologist for nine years. My position was largely assessment-based, and I completed risk management evaluations for Not Guilty by Reason of Insanity acquittees, as well as competency to stand trial and mental status at the time of the offense evaluations as an independent evaluator.

I'm not going to reiterate what my colleagues Dr. Favret and Dr. Schaefer have already stated, though I agree wholeheartedly with every point. The particular concern that I'm coming to you with is from the position of having worked with masters level psychologists both in the state hospital system and in my own private practice. I would argue that none of us come out of our doctorate programs ready and prepared to do the work that we are supposedly trained to do. The most meaningful years for almost every psychologist are their internship year and their post doc year. That's the year when we begin to figure out who we are as psychologists, what kind of work we are fit to do, and the type of practice that we should be in, based on not just our scholarly learning, but on our personalities and developmental stage as a psychologist as well.

There are so many areas in which I believe masters level counselors and therapists excel. Most specifically, counseling and therapy. Our training as psychologists is so diverse that that is a small portion of what we learn to do, where that is their only focus. However, doctoral-level training in assessment is absolutely unparalleled in any masters level class, and simply could not be replicated due to the length of time that they are in coursework. That is why there is a level C requirement for assessments (see Dr. Schaefer's reference). While I believe that *administration* of assessments can be done by master level psychologist interpretation, and drawing conclusions, most certainly cannot. This is not explained in the scope of practice of the master's level psychologist proposal.

I believe this does is try to fill a hole in our profession of empty positions. There are not nearly enough assessment psychologists or psychologists willing to work in the state and county or public systems. However, the answer to that is not to lower the bar for what our profession is uniquely qualified to do. The answer to filling more positions is not to lower the passing grade for the EPPP and to take away years of coursework and supervised study in order to qualify somebody to do the job that a doctoral-level practitioner should be doing. The answer to that is fair wages, mentorship programs, and ensuring that psychologists as a whole are not being burnt out by the work that they are being asked to do in public mental health. The answer to that is lobbying for fair reimbursement by insurance companies so that independent practitioners can actually serve the underserved. We would not allow nurses to take over the job of physicians because of a staffing shortage, and I would argue that this proposal is similar.

As it is, there are currently 15 states that allow masters-level practitioners to practice as some form of psychological associate. Of those 15, five only allow it for school psychologists practicing within the school. Out of those five, only two allow independent practice as a school psychologist, and one of them allows it only at a doctoral school psych level.

Of the remaining 10, eight required direct supervision by a psychologist of the doctoral level and required the use of a very distinctive title such as "technician". The scope of practice is limited. Should Virginia choose to move forward with this proposal, I'd argue that there is significant boundaries needing to be described.

I won't belabor the point, but I urge you to think about the unique nature of our profession and maintain our professional standards as doctoral-level providers who have worked so hard to define our roles. Thank you for your time.

Ann VanSkiver  
Oceanside Evaluations  
1162 Professional Drive  
Williamsburg, VA 23185  
516-455-1536

**Public Comment to the  
Board of Psychology  
Regarding the Licensure of Psychological Practitioners  
September 9, 2024**

FROM: James Werth, Jr., PhD, ABPP

- Point of Disclosure: I am a past Chair of the Board of Psychology, but I am not representing the Board in these comments.
- I am representing the Radford University Department of Psychology because we are working on creating a Master's Program designed to allow graduates to become licensed. I would be happy to continue a conversation with the Board from the perspective of a faculty member.
- I also am representing Tri-Area Community Health, a Federally Qualified Health Center in Southwest Virginia that offers integrated care and would like to hire Psychological Practitioners. I would be happy to continue a conversation with the Board from the perspective of a potential employer.

COMMENTS ON PROPOSED REGULATIONS for 18VAC125-20...

- 57: The relevant part of this addition states that an applicant must be from an APA-accredited program or an equivalent program. As I indicated, we are going through the process of developing our program at Radford. The soonest we can admit students is in Fall 2026, and to do that, we had to start working on the program (including specifying the curriculum and submitting courses to various committees) over the summer to meet a variety of timelines. The soonest that our students would graduate is after Spring 2028. However, we cannot apply for APA accreditation until we have sufficient outcomes (e.g., graduates getting hired) to demonstrate that we have a quality program. Thus, our program, and any others in development, are dependent on the Board for direction in building an "equivalent program" so that our graduates are considered license-eligible before we can obtain APA accreditation.

This, then, is the focus of our comments: Please minimize ambiguity and maximize specificity to make the process of faculty developing programs, employers hiring graduates, and Board staff reviewing the adequacy of applicants as easy and straightforward as possible.

- 41C: We imagine the Board has talked about the passing scores for the EPPP. We would request that, to the extent possible, the passing scores be based on data related to Master's level practitioners and that those scores be shared publicly so training programs and graduates know what is needed to pass.
- 58A: We see here that Psychological Practitioners must practice under the supervision of a Licensed Clinical Psychologist until they become licensed to practice autonomously. That is understandable. We highlight this because we raise a question about the qualifications of supervisors later.

- 58C2: As an employer and potential supervisor who will want my employees / supervisees to be able to practice autonomously, I request that the Board be more specific about what “One year of full-time, post-licensure practice, for the purposes of this section, is at least 2,000 hours” means. For example, how many of those 2,000 hours need to be face-to-face with clients? If you mean all 2,000 hours, then it will take many years for someone to be licensed and will take a lot of supervision time. On the other hand, if watching videos and reading journals is sufficient, then a year will be enough time.
- 58D3b: This piece includes “competent to practice in all areas of practiced [sic] contained on a form provided by the board...” This form is important for educators to see so we can make sure our courses will prepare a student to be competent in the areas specified by the Board. As I noted earlier, we already have to prepare courses to submit for review, so the sooner this form is available, the better for educators.
- 59: We do not see anything specifying that the supervisor and supervisee need to interact with each other for a certain number of hours per week or total or as a ratio of clients seen. If that is what the Board intends, okay. However, if so, then I do not want to have a supervisee apply for licensure and have there be a form that asks me as a supervisor to attest to a certain number of supervision hours.

If there is to be a requirement for live interaction, I request that the Board specify that the supervision can be conducted in person or using video technology. As the Workforce report demonstrates, there is a shortage of Clinical Psychologists in Southwest and Southside Virginia, so face-to-face supervision with a Psychologist could significantly restrict where Psychological Practitioners can work.

In the minutes of the May 13, 2024 Regulatory Committee Meeting, there was a paragraph about individuals who graduated many years ago. Radford University had a Clinical-Counseling Master’s program in the past. Graduates were licensed as LPCs until the Board of Counseling changed their requirements. After these graduates were no longer eligible for licensure, the faculty decided to close the program. We can imagine that some of these graduates from many years ago may apply for licensure as a Psychological Practitioner. Therefore, we urge the Board to be ready to determine whether these older graduates meet the course requirements, supervision expectations, and levels of competence. If they are missing courses, they are likely to return to their alma mater to remediate the courses. This leads to our next set of comments.

- Moving to Guidance Document 125-3 (“Education for Psychological Practitioner Applicants”), again, we ask the Board to provide specifics whenever possible. We can see that the Board is trying to mirror the APA’s documents. On the one hand, we appreciate this because it means we do not have to try to meet double the number of requirements. On the other hand, one of our frustrations with the APA’s accreditation documents is that they are vague, so we will only know if we did not meet their expectations when they do the accreditation review, which is too late. The same can therefore be said about the Board’s current guidance document – it does not give us enough information to know whether our courses will satisfy the Board.

- “As of the effective date...programs in psychology or counseling psychology other than APA.”
  - Should this say, “clinical psychology, counseling psychology, or school psychology”?
  - The regulations seem to indicate that only Master’s programs in clinical or school are allowed. As a Counseling Psychologist, I would ask the Board to be consistent with APA and make it clear that those with Master’s degrees in Clinical Psychology, Counseling Psychology, or School Psychology (or a combination) are eligible for licensure. That will maximize portability from other states into Virginia.
- “Educational programs... in psychology or counseling psychology.”
  - See the above comments
  - Do you have a minimum number of semester credit hours that would count as an acceptable program?
- Item 5: Can the “identifiable psychology faculty” be comprised of Master’s (and Ed.S.) level faculty? We understand that there must be a “psychologist” who is responsible, but non-doctoral level faculty can meet the other requirements. If you require doctoral-level faculty, please specify because that has an impact on our hiring plans.
- Item 7: Although this section does not specify that courses must be offered with these titles, that is the easiest way to demonstrate that students have covered the material. We will be more specific below, but our overall concern is how staff (or Board Members) will be able to determine if students have had this material, let alone have “masters-level competency.” Will applicants have to submit all their syllabi and highlight how the courses ensured they achieved competence in the various areas listed?
  - The last sentence in the introduction is vague. If you will allow at most two areas to be counted at the undergraduate level, please state that (for example, see item f. in the ASPPB document on page 120 of the Board Meeting Packet). Otherwise, as it stands, we could make a case that we interpreted this as 4 areas could be covered at the undergraduate level and if you were expecting at most 2, then some of our graduates may be considered ineligible for licensure.
  - Also, is one of the “e.g.” items sufficient for a course to meet the area? For example, would a course in psychopharmacology satisfy Biological bases of behavior? Based on what we see here, we would say yes; however, the ASPPB document says it would not (see item g on page 120). If that is the case, then do all the topics listed in the “e.g.” have to be covered? Basically, how do we know if our course is sufficient?
  - On this note, we are confused by this part of the Social bases of behavior e.g., section: “discrimination multicultural issues” – we imagine the word “discrimination” should be deleted.
- Item 8: These two areas seem clearer to us that the items in the “e.g.” list are truly examples of content that should be included in courses.



- **Item 9: We are very concerned that, if left as is, there will be a great deal of uncertainty about how to meet some of these requirements.**
  - How will the Board determine if the student has had sufficient training and experience to achieve “masters-level competencies” in:
    - Integrating psychological science and practice
    - Professional values and behavior
    - Communication and interpersonal skills
  - We can include a course on ethics and a course on diversity to demonstrate they have had training in those areas, but the three above do not lend themselves to stand-alone courses, given all the other requirements.
  - We also need direction on what aspects of “psychological assessment” the Board will consider to be in the scope of practice of Psychological Practitioners. ASPPB goes into some detail. We are not suggesting the Board adopt ASPPB language, but we are asking for more guidance, so we know what to include in our assessment courses. We are not planning to attempt to train to perform projective tests or neuropsychological testing, but what about personality assessments? We do not want to guess what the Board will allow.
- **Item 10: Several aspects of this one are vague.**
  - What does “a diverse population of clients” mean? There are many ways to interpret “diverse.” In our area of the state, if you mean diverse in terms of “race,” it is unlikely we can meet that requirement. If you mean diverse in terms of presenting issues or general demographics, that would be possible.
  - Because you do not specify supervision by a Psychologist here, as opposed to post-graduation supervision, we are interpreting “under the supervision of a trained and credentialed professional” to mean that non-Psychologists can serve as supervisors while students are in training programs. We hope this is correct. If you require Psychologists as supervisors of trainees, then we may as well not start our program because we do not have enough Psychologists to supervise, especially given that services provided by trainees will be non-reimbursable.
  - Please specify how many practicum/internship hours are required and, similar to our question earlier, how many of these hours need to be face-to-face with clients and in supervision (whether in person or via technology). ASPPB has some language (see page 122, item e). Again, we are not saying we agree with their numbers (and we do not, because 400 of 500 hours in face-to-face is not feasible [at least that is how we interpret “direct practice of psychology”]), but we would know what requirements to build into the practicum and internship placements.
  - A nitpicky request is that you use commas and semi-colons in the last sentence because both “or” and “and” are used.

Although this is not under the purview of the Board, as an employer, I will note that all of this work to establish licensure for Psychological Practitioners is moot if we cannot be paid for the services performed by these individuals. DMAS and private insurers must add these to their list of reimbursable behavioral health providers, or no one will hire them, which means no programs will have any outcomes, and therefore programs will not be able to be accredited.

**Subject: Public Hearing Draft Regarding  
Psychological Practitioner Licensure Regulations.**

**Commentor: Shannon McDuffie**

**Organization: Diamond Counselling**

**Date: 9/9/2024**

The field of psychology plays a pivotal role in understanding human behaviour, mental health, and emotional well-being. Addressing the global mental health crisis has evolved psychology by moving it from being seen as an academic pursuit to a multifaceted discipline. The application of psychology in fields such as leadership in the corporate world, health care, and public service has become undeniable. I am a proud graduate of the University of Maryland, College Park with a Bachelor of Science in Psychology. My psychology degree provided me with an extensive understanding of human cognition, behaviour, and interpersonal relationships which I essentially applied in corporate America. By leveraging this knowledge, I outperformed many in my field, showcasing the transferable skills that psychology offers in various professional domains and was awarded Top Sales Performer/ Top 10% during my tenure as pharmaceutical representative with Abbott Laboratories.

At its core psychology is the foundation upon which the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is built, providing the essential framework for diagnosing and treating mental illness. Expanding licensure to holders of a Master of Science in Psychology will directly address Virginia's mental health workforce shortage. Psychology professionals possess the academic rigour and clinical understanding needed to diagnose and treat a wide range of psychological disorders and our inclusion in the state's licensure framework will directly address the ongoing mental health crisis. A recent rise has been seen in fentanyl addiction and opioid misuse and the demand for mental health professionals capable of early intervention is a necessary solution. Expanding licensure to holders of a Master of Science in Psychology would enable us to step into critical roles that will offer therapeutic services to treat mental health, prevent addiction, support recovery, and reduce the devastating impact that untreated mental health and of substance misuse has on our families and our community. Furthermore, the field of psychology is uniquely

positioned to address not just individual mental health issues but also broader public health concerns. The solution to Virginia's mental health and fentanyl pandemic lies in embracing the full potential of psychology and the professional strength within this field. The psychology community's role in developing and implementing the (DSM-5) reinforces the discipline's authority and expertise in diagnosing and rating mental illness. Extending licensure to master's level practitioners will enable Virginia to tap into a well-trained workforce that is capable of immediate and impactful interventions. Ultimately it will help improve public health outcomes and restore hope to countless individuals and families affected by the mental health and opioid crisis. By offering licensure to qualified professionals, the state not only acknowledges the legitimacy of the field but also sets the stage for a healthier and more resilient future for all Virginians. I am proud to announce that I am completing my Master of Science in Psychology from Purdue University this Fall and will be ready to hit the ground running come January 1, 2025.

Kind Regards,



Shannon McDuffie