Virginia Department of Health Professions
Board of Psychology

Agenda
Regulatory Committee Meeting
August 11, 2026
10 a.m
9960 Mayland Dr., 2nd Floor
Board Room 4
Richmond, VA 23233

Call to Order – William Hathaway, PhD, Chair

- Welcome and Introductions
- Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures.....Page 2

Approval of Minutes

- Regulatory Committee Meeting – May 5, 2026*.....Page 4

Adoption of Agenda*

Public Comment

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

- Statement from Jennifer Shaw, PsyD ..... Page 6

Unfinished Business

- Continued discussion of coursework requirements for Licensed Psychological Practitioners
  - § 54.1-3606.3 of the Code of Virginia ..... Page 8
  - Regulations for Licensed Psychological Practitioners ..... Page 9
  - Guidance Document 125-3 draft ..... Page 11
  - Proposed Areas of Study form ..... Page 14
- Continued discussion regarding the definition of "residency" ..... Page 20

New Business

- Consideration of the consolidation of scope of practice of School Psychologists into the scope of another Board of Psychologist license type .....Page 23
- Discussion of potential guidance regarding the use of artificial intelligence
  - *ASPPB: AI in Psychology Regulation Across Six U.S. and Canadian Boards* ..... Page 37
  - *AI in Psychological Practice: Governance, Risk, and Responsibility*, ASPPB ..... Page 52
  - Board of Counseling Guidance Document 115-4 ..... Page 60
  - *Ethical Guidance for AI in the Professional Practice of Health Service Psychology*, APA.. Page 62

Next Meeting – TBD

*Requires a Committee Vote

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 2.2-3708(D).

Virginia Department of
Health Professions
Board of Psychology

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

EMERGENCY EGRESS

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Board Room 1

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Rooms 3 and 4

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 1

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **LEFT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 2

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the doors, turn **LEFT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Virginia Department of Health Professions
Board of Psychology

Virginia Board of Psychology
DRAFT Regulatory Committee Meeting Minutes
Department of Health Professions
Training Room 1
9960 Mayland Drive, Henrico, VA 23233
Tuesday, May 05, 2026, at 10:00 a.m.

PRESIDING OFFICER:	William Hathaway, Ph.D., LCP (Chair)
COMMITTEE MEMBERS PRESENT:	Sonal Pancholi Doran, Psy.D., LCP Gary Sibcy, Ph.D., LCP (Vice Chair) Karen Trump, Ed.D., LSP
BOARD STAFF PRESENT:	Maria Stransky, LPC, CSOTP, CSAC, Executive Director Jennifer Lang, Deputy Executive Director Krystal Blanton, Discipline and Compliance Case Specialist Meagan Ohlsson, Senior Licensing Specialist
DHP STAFF PRESENT:	Erin Barrett, Director of Legislative Affairs and Policy, DHP
CALL TO ORDER:	Dr. Hathaway called the meeting to order at 10:03 a.m.
MISSION STATEMENT:	Dr. Hathaway read the mission statement of the Department of Health Professions and the emergency egress procedures.
ESTABLISHMENT OF A QUORUM:	With four Committee members present a quorum was established.
APPROVAL OF MINUTES:	The Committee reviewed the minutes from the last meeting held on October 06, 2025. **Motion:** Dr. Pancholi Doran made a motion, which was seconded by Dr. Hathaway, to adopt the minutes from October 06, 2025, Regulatory Committee as presented. The motion passed unanimously.
ADOPTION OF AGENDA:	The agenda was adopted as presented.
PUBLIC ATTENDEES:	Jennifer Morgan, Psy.D., Virginia Academy of Clinical Psychologist Liaison
PUBLIC COMMENT:	Jennifer Morgan, Psy.D. provided a public comment, and advised the committee that the VACP Fall Conference is scheduled for October 9th and 10th in Virginia Beach.
UNFINISHED BUSINESS:	**Discussion of Examination requirements** The committee discussed the exam requirements in regulations, and the inconsistency with the recent changes to the EPPP. The committee determined that, rather than naming a specific exam, the regulations should allow for any exam approved by the board. The specific exam(s) can be named in policy or

guidance documents issued by the board.

Motion: Dr. Trump made a motion, and Dr. Pancholi Doran seconded, to recommend to the board the adoption of a fast-track action as proposed. The motion passed unanimously.

NEW BUSINESS: **Discussion of coursework requirements for Licensed Psychological Practitioners**

The committee discussed changing the Guidance Document 125-3 language to align with degree requirements in 18VAC125-20-57 of the Regulations Governing the Practice of Psychology, and § 54.1-3606.3 of the *Code of Virginia*. The committee further discussed the need to more clearly define the course criteria for licensure as a psychological practitioner and to create a coursework verification form to be completed by the master's programs. Dr. Hathaway will draft amended language for Guidance Document 125-3 and present it to the Committee at its next meeting.

NEXT MEETING DATE: The next Committee meeting is scheduled for August 11, 2026.
Agenda items to be included:

- The use of AI in practice
- Regulation of advanced practicum trainees
- Standards of Practice
- School psychology licenses

ADJOURNMENT: Dr. Hathaway adjourned the meeting at 11:25 a.m.

_____ _____

Maria Stransky, LPC, CSOTP, CSAC, Executive Director Date

Jennifer A. Shaw, Psy.D.

July 30, 2026

To the Members of the Virginia Board of Psychology

August 10-11, 2026 Board Meetings

Dear Members of the Board:

I am writing to inform you that I intend to appear and address the Board at the meetings scheduled for August 10-11, 2026. My purpose will be to inform the Board concerning the following matters, each of which is important to the health and welfare of abused children.

Child Safety

The Board of Psychology must place child safety at the top of its agenda. The Board, its members and its staff owe duties of care to the children whose care is considered. I have witnessed grave risk of harm to abused children in the conduct of Board hearings and conferences. The Board must take steps to prevent this from ever happening again.

Ethical Standards

Each member of the Board of Psychology must adhere to the highest ethical standards. This is especially true of the psychologists on the Board. The Board must ensure that each of its own members and each member of its staff faithfully complies with applicable ethical standards. The Board leads the profession in Virginia and it must do so with integrity.

Favoritism

The Board of Psychology must prevent favoritism to friends, colleagues, family members and others from taking priority over (i) proper administration of Board affairs or (ii) outcomes that are fair and just. I have witnessed known child abusers receiving favorable treatment to the detriment of minor children, protective parents, legal guardians, courts and the community of professionals dedicated to protecting children.

Self-Protection

Hiding the truth to protect the Board and its staff must not be permitted, especially in the case of licenses granted to known child abusers. Transparency in the conduct of Board affairs must be maintained, subject only to confidentiality needed to prevent harm.

Proper Conduct of Hearings and Conferences

Board hearings and conferences must be conducted so that abused children are not subjected to the risk of additional harm by their abusers. I have witnessed serious violations of this important mandate. In addition, the knowledge, skill training and experience of qualified experts

must be considered. When the Board makes a mistake, it should recognize, acknowledge and correct that mistake.

Needed Legislation

Legislation is needed to ensure child safety, to enforce ethical standards, to prevent favoritism, to guarantee transparency and to establish minimum standards for Board hearings and conferences. The Board should support legislative efforts in these areas.

Respectfully submitted,

Jennifer A. Shaw, Psy.D.

Email: jenshaw14@gmail.com

Phone: 703.402.7232

Code of Virginia
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions
Chapter 36. Psychology

§ 54.1-3606.3. Licensure of psychological practitioners; independent practice

A. It is unlawful for any person to practice or hold himself out as a psychological practitioner in the Commonwealth or use the title of psychological practitioner unless he holds a license issued by the Board.

B. The Board shall establish criteria for licensure as a psychological practitioner, which shall include the following:

1. Documentation that the applicant received a master's degree in psychology or counseling psychology from a program accredited by the American Psychological Association, from a program equivalent to those accredited by the American Psychological Association as determined by the Board, or from a program accredited by another national accrediting body approved by the Board; and

2. Documentation that the applicant successfully completed the academic portion of a national exam recognized by the Board.

C. Every psychological practitioner who meets the requirements of subsection B shall practice under the supervision of a clinical psychologist unless the requirements of subsection D are met. The Board shall determine the requirements and procedures for such supervision.

D. A psychological practitioner may practice without supervision upon:

1. Successful completion of the clinical portion of a national exam recognized by the Board; and

2. Completion of one year of full-time experience, as determined by the Board, of practice under the supervision of a clinical psychologist.

Upon receipt of documentation of such examination and experience requirements and a fee as established by the Board, the Board shall issue to the psychological practitioner a new license that includes a designation indicating that the psychological practitioner is authorized to practice independently.

E. The Board shall determine appropriate standards of practice for psychological practitioners.

F. The Board shall promulgate such regulations as may be necessary to implement the provisions of this section.

2024, cc. 754, 761.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Part II. Requirements for Licensure

18VAC125-20-57. Education requirements for psychological practitioners.

Each applicant for licensure as a psychological practitioner shall provide evidence of receipt of a master's degree in psychology or counseling psychology from a program accredited by the American Psychological Association, from a program equivalent to those accredited by the American Psychological Association as determined by the board, or from a program accredited by another national accrediting body approved by the board.

18VAC125-20-58. Supervision and autonomous practice of psychological practitioners.

A. Unless an autonomous practice designation has been granted by the board, every psychological practitioner shall practice under the supervision of a clinical psychologist with at least two years of clinical experience post-licensure as a doctoral level clinical psychologist. No psychological practitioner shall represent that the practitioner can practice autonomously unless an autonomous practice designation has been granted by the board.

B. Unless an autonomous practice designation has been granted by the board, each psychological practitioner shall communicate to patients and the public in writing that the psychological practitioner cannot practice autonomously and provide the name and contact information of the supervising clinical psychologist.

C. A psychological practitioner with a current, unrestricted license may qualify for an autonomous designation upon:

1. Achievement of a passing score as determined by the board of the clinical portion of the Examination for Professional Practice of Psychology; and

2. Completion of one year of full-time, post-licensure practice under the supervision of a clinical psychologist. One year of full-time, post-licensure practice, for purposes of this section, is at least 2,000 hours. Such hours must be completed within three years immediately preceding application to the board for autonomous practice authorization.

D. Qualification for authorization for autonomous practice shall be determined upon:

1. Submission of a fee as specified in 18VAC125-20-30;

2. Evidence of a passing score for master's degree level psychological practice on the clinical portion of the Examination for Professional Practice of Psychology; and

3. Evidence of one year of full-time, post-licensure supervised practice. The evidence of

supervised practice shall consist of an attestation that meets the following criteria:

a. The attestation shall be signed by the licensed clinical psychologist that served as a supervisor for the required supervised practice in subsection A of this section;

b. The attestation shall specify that the psychological practitioner is competent to practice in all areas of practice contained on a form provided by the board; and

c. The attestation shall state that, in the opinion of the licensed clinical psychologist, the psychological practitioner demonstrated sufficient competency to practice autonomously.

18VAC125-20-59. Supervisors of psychological practitioners.

A. Supervisors shall be licensed as a clinical psychologist in Virginia.

B. Supervision of post-licensure practice by a clinical psychologist shall include:

1. The periodic review of patient charts or electronic patient records by the supervising clinical psychologist;

2. Appropriate and regular input by the clinical psychologist on cases, patient emergencies, and referrals;

3. Appropriate professional development; and

4. Management of areas of deficiency if needed or indicated during supervision.

C. The supervisor shall be responsible for ensuring that the psychological practitioner only practices within the scope of the psychological practitioner's education and training.

D. Prior to practice, a psychological practitioner that has not received an autonomous practice designation must enter into a supervisory agreement with a qualified supervisor.

E. Both the psychological practitioner and the supervisor shall maintain a copy of all supervisory agreements for three years from the date that supervision ends.

Board of Psychology
Education for Psychological Practitioner Applicants

Pursuant to Virginia Code § 54.1-3606.3 and 18VAC125-57, an applicant for licensure as a psychological practitioner must have received a master's degree in ~~clinical, counseling,~~ psychology or counseling~~school~~ psychology from a program accredited by the American Psychological Association ("APA"), from a program equivalent to those accredited by the APA as determined by the Board, or from a program accredited by another national accrediting body approved by the Board.

As of the effective date of this Guidance Document, the Board has not approved a national accrediting body for master's degree programs in clinical, counseling, or school psychology other than the APA.

Educational programs that meet the following guidelines are deemed equivalent to those accredited by the APA for master's degree programs in ~~clinical, counseling, or school psychology~~in health services psychology program accredited by APA.

1. The program offers a training which prepares individuals for practice as a psychological practitioner as defined in Virginia Code § 54.1-3600.

2. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing.

3. Graduates of programs that are not within the United States or Canada may provide documentation from a credential evaluation service that provides information that allows the board to determine if the program is comparable to those recognized by the U.S. Department of Education or the Association of Universities and Colleges of Canada.

4. The program is an integrated, organized sequence of study with an identifiable program of study and psychology faculty and a psychologist directly responsible for the program and educates an identifiable body of students who are matriculated in that program for a degree. The faculty of the program provides professional role models and engages in actions that promotes students' acquisition of knowledge, skills, and competencies consistent with the program's training goals.

5. The program encompasses at least two academic years of full-time graduate study or the equivalent thereof.

~~6.~~ The program requires that all students have acquired a general knowledge in the discipline of psychology prior to graduation in the knowledge areas listed below. Some, but not all, of these five areas may be attained at an undergraduate level.

a. Affective bases of behavior (e.g., the psychology of affect, emotion and mood including topics such as the neuroscience of emotion or emotional regulation). Education coverage in this area that focuses exclusively on psychopathological aspects of emotional functions does not meet this requirement;

b. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy); Educational coverage in this area that is limited to neuropsychological assessment or psychopharmacology does not meet this requirement.

c. Cognitive bases of behavior (e.g., learning theory, cognition, memory, decision making). Neither cognitive testing nor therapy meets this requirement;

d. Developmental bases of behavior (e.g., the psychology of development across the life span with a focus on two or more distinct developmental periods); and

e. Social bases of behavior (e.g., social psychology, group processes, attitudes, ~~organizational and systems theory~~, and discrimination). ~~multicultural issues).~~Coverage in multiculturalism, individual and cultural diversity or group counseling does not, by itself, meet this requirement.

~~7.~~6. The program requires the following knowledge areas to be~~are~~ mastered at the graduate level prior to graduation.

a. Research Methodology (e.g., research design, quantitative and qualitative methods, data analysis, sampling procedures sufficient to allow consumption and application of psychological research); and

b. Psychometrics (e.g., techniques of psychological measurement, issues of reliability and validity of psychological measures).

~~8.~~7. The program's clinical training requires attainment of the following master's level practice competencies listed below~~:~~. This can be done through required coursework or other evaluated educational experiences but must be sufficiently documented to allow the board to determine the required competencies have been instilled.

a. Integrating psychological science and practice;

b. Ethical practice;

c. Individual and cultural diversity;

d. Professional values and behavior;

e. Communication and interpersonal skills;

f. Psychological assessment;

g. Psychological intervention;

h. Knowledge of supervision approaches and theories; and

~~h.~~i. Consultation and interprofessional skills.

8. The program requires students to complete supervised experiences providing direct psychological practice services to a diverse population of clients as part of an organized sequence of training and under the supervision of a trained and credentialed professional that has direct responsibility for the clients receiving the student's services. The program ensures these supervised experiences allow for students to demonstrate practice competencies described in this guidance document.

9. In cases where some of the required coverage has been provided or documented by an otherwise qualifying graduate program, applicants may provide proof of having completed the required educational coverage or competency formation through another institutionally accredited graduate program.

Virginia Department of Health Professions
Board of Psychology

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Email: psy@dhp.virginia.gov
Phone: (804) 367-4697 **E-Fax:** (804) 767-3626
www.dhp.virginia.gov/Boards/Psychology/

AREA OF STUDY
VERIFICATION OF COMPLETION OF EDUCATIONAL REQUIREMENTS
PSYCHOLOGICAL PRACTITIONER

This form must be submitted to document the courses you would like considered to meet the educational coursework requirements for psychological practitioner licensure.

INSTRUCTIONS

Please review the Regulations Governing the Practice of Psychology for detailed education requirements.

Please indicate the evaluated educational experiences, documented by your program, that you would like considered to meet the educational requirements. Such experiences will commonly take the form of transcripted coursework. For each course, provide the course code, course title, number of semester or quarter hours, and the name of the college or university. Designate semester hours with a "S" and quarter hours with a "Q". You must attach the syllabus or course description for each course with your application. When other types of evaluated educational experiences are being submitted to demonstrate fulfillment of an educational requirement, the experience must be clearly documented by the program in a manner that allows the board to determine the requirement has been met. If the program cannot determine the course or other educational experience meets the requirement, additional information may be needed.
All information provided is subject to Board review and approval. This form must be completed in its entirety.

Applicant Information	
Applicant's Name (Last, First, Middle)	**Last 4 digits of Social Security Number** **XXX-XX-** ___ ___ ___ ___

Educational Area: General Knowledge in the Discipline of Psychology.
Undergraduate degree courses accepted by the master's program may be listed to meet some, but not all, of the requirements of this section.

At Least one of the psychology general knowledge courses or educational experiences was at the graduate level	☐

1. **Affective Bases of Behavior** (e.g., the psychology of affect, emotion and mood including topics such as the neuroscience of emotion or emotional regulation). Note: Coverage limited to affective psychopathology does not meet this requirement.

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

[First Name] [Last Name]

2. <u>Biological Bases of Behavior</u> (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy). Note: Coverage *limited* to neuropsychological assessment or psychoparmacology does not meet this requirement.

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

3. <u>Cognitive Bases of Behavior</u> (e.g., learning theory, cognition, memory, decision making). Note: Coverage *limited* to cognitive testing or therapy does not meet this requirement.

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

4. <u>Developmental Bases of Behavior</u> (e.g., the psychology of development across the life span with a focus on two or more distinct developmental periods).

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

5. <u>Social Bases of Behavior</u> (e.g., social psychology, group processes, organizational and system theory, discrimination multicultural issues). Coverage *limited* to individual or cultural diversity, group therapy or family therapy is insufficient.

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

[First Name] [Last Name]

Educational Area: Research Methodology and Psychometrics in the Discipline of Psychology.
Graduate or post-graduate level only.

1. **Research Methodology** (e.g., research design, quantitative and qualitative methods, data analysis, sampling procedures sufficient to allow consumption and application of psychological research). Statistic courses, by themselves, do not meet this requirement.

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

2. **Psychometrics** (e.g., techniques of psychological measurement, issues of reliability and validity of psychological measures).

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

Educational Area: Profession-Wide Competencies in the Discipline of Psychology.
Graduate or post-graduate level only.

1. Integrating Psychological Science and Practice

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

2. Ethical Practice

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

3. Individual and Cultural Diversity

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

4. Professional Values and Behavior

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

Commented [AC1]: Applicants often dump a psychopathology course in this section. We could elaborate on this requirement using the IRs, so that people quit doing that, but I'm not sure if that is really necessary. I usually find that this requirement is met across courses.

Commented [AC2]: Should we specify that this should include competence in the current version of the APA ethics code; and in relevant laws, regs, and standards? That is what I look for. I've turned down a couple applicants who have had no apparent coverage of the current ethics code.

Commented [AC3]: For what it's worth, applicants often dump "History and Systems" here…
I usually find this requirement is met in a clinical practicum seminar series.

[First Name] [Last Name]

5. Communication and Interpersonal Skills

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

6. Psychological Assessment

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

7. Psychological Intervention

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

8. Knowledge of Supervision Approaches and Theories

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

Commented [AC4]: Applicants put all kinds of things here. Also, it tends to get mixed up with the "consultation" requirement. I often approve courses that teach interviewing skills and/or therapeutic alliance, and I look for evidence of cross course coverage.

Commented [AC5]: This one is tricky for me because I know it's not supposed to be as rigorous as doctoral level assessment; but on the other hand, the license permits them to do all levels of assessment.
I tend to deny this when the coverage is limited to a course in clinical interviewing. I am looking for at least some coverage of key cognitive and socioemotional assessment tools, plus some coverage of the assessment process (selection of tools, administration, interpretation, report writing). Is that too much? Happy to accept feedback here on what to accept vs. not accept.

Commented [AC6]: This is hardly ever met unless the applicant is a doctoral student and has completed the relevant coursework. More than once, this has been the only missing requirement.

I recommend we look at our language ("approach and theories") versus the IRs ("knowledge of supervision roles and understanding of relevant supervision requirements for one's level and form of practice").

9. Consultation and Interprofessional Skills

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Description of Other Qualifying Evaluated Educational Experience	College/University	Documentation Attached
		☐

Educational Area: Supervised Experience in the Discipline of Psychology.
*Supervised experience acquired outside of a graduate or post-graduate practicum, internship, or field experience will **NOT** be considered.*

1. Practicum, Internship, or Field Experience Involving Psychological Interventions.

Course Code	Course Title	S/Q Hours	College/University	Syllabus Attached
				☐
				☐

Rationale for Expanding the Definition of "Residency" in the Virginia Board of Psychology Regulations

The Virginia Board of Psychology should consider redefining the term *residency* to include advanced practicum trainees who have completed a master's degree in clinical psychology and are functioning in the pre-internship or pre-doctoral phase of training under licensed supervision. This revision would align psychology training regulations with parallel standards already established for counseling and social work professions, while improving training quality, access to services, and regulatory consistency.

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1. Alignment With Comparable Mental Health Professions

Virginia regulations already recognize supervised trainees in counseling and social work as residents or equivalent supervised providers whose services may be billed through licensed supervisors. Psychology trainees at an equivalent stage of professional development—having completed graduate coursework, foundational clinical training, and substantial supervised practica—perform comparable clinical functions under supervision. Excluding psychology trainees from similar residency designation creates an unnecessary professional disparity across closely related behavioral health disciplines without a clear training or public-protection rationale.

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2. Support for High-Quality Supervision and Training

Effective clinical training requires substantial supervisory time, case review, documentation oversight, and structured professional development. When supervisors cannot bill for services provided by advanced trainees, they must absorb the financial cost of supervision and training activities. This creates disincentives for psychologists to accept practicum students or to provide intensive supervision.

Allowing residency status would enable supervisors to bill for trainee-delivered services under appropriate supervisory standards, thereby:

- supporting sustainable training models,
- increasing availability of qualified training placements, and
- allowing supervisors to devote adequate time to mentorship, case conceptualization, and competency development.

In practical terms, billing authority supports the infrastructure necessary for high-quality training—just as it does in counseling and social work supervision models.

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3. Consistency With Existing Virginia Residency Credit Rules

Virginia regulations already permit certain supervised practicum hours completed prior to internship to count toward residency requirements once trainees reach eligibility thresholds. As a result, many psychology trainees ultimately receive residency credit for work completed during advanced practicum phases.

However, under current rules, trainees cannot be recognized as residents *while they are accruing those same hours*. This creates a regulatory inconsistency: hours are retrospectively recognized as residency-equivalent, yet trainees and supervisors cannot operate under residency status during the training itself. Redefining residency to include

these advanced trainees would resolve this discrepancy and bring regulatory language into alignment with actual licensure pathways.

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4. Consistency With the Board's Creation of the Licensed Psychological Practitioner (LPP) Credential

The Board has already determined—through establishment of the **Licensed Psychological Practitioner (LPP)** credential—that individuals at this same stage of professional development are competent to provide psychological services under their *own* license with comparatively less supervision than would occur within a supervised residency model. Under the proposed residency expansion:

- trainees **would not practice independently**,
- they **would not bill under their own license**, and
- all services would be rendered **under the license and responsibility of a supervising psychologist**.

Importantly, these trainees would also not yet have passed the EPPP, further distinguishing them from both levels of the licensed practitioners. Thus, residency designation would actually provide **an additional layer of public protection**, because clinical responsibility, billing authority, and regulatory accountability would remain fully vested in the supervising psychologist, who is not just providing oversight but actually providing focused, training-level supervision (which is typically at a higher level of intensity).

In effect, the Board has already recognized the clinical readiness of these individuals through the LPP pathway. Allowing supervised residency status represents a *more conservative and protective* regulatory structure than independent LPP practice, not a relaxation of standards.

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5. Clarification Regarding Medicaid Requirements and Access to Care

This regulatory clarification is particularly important in light of current **Virginia Medicaid billing requirements**, which commonly require a formal *"residency status"* designation for supervisees whose services are billed under a supervising psychologist's license.

Because psychology regulations do not currently recognize a **pre-doctoral residency status** for post-master's clinical psychology trainees, these individuals are often **ineligible to provide Medicaid-reimbursable services**, even when they are working under appropriate licensed supervision. As a result:

- advanced psychology trainees are frequently barred from serving Medicaid populations,
- supervisors cannot sustainably include trainees in Medicaid-funded clinical settings, and
- vulnerable and underserved patients lose access to supervised psychological services.

This exclusion does not reflect differences in competency or supervision standards but instead arises from a terminology gap within existing regulations. Establishing a pre-

doctoral residency designation would allow supervised trainees to participate in Medicaid service delivery under their supervisors' licenses—mirroring structures already functioning successfully in counseling and social work.
Importantly, this change would **expand access to care for vulnerable populations while maintaining full supervisory accountability**, thereby advancing both workforce development and public service goals.

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6. Reduction of Training Disadvantages for Psychology Trainees

The absence of residency designation places psychology trainees at a structural disadvantage relative to counseling and social work trainees by:

- limiting access to funded or sustainable training sites,
- reducing availability of intensive supervision opportunities,
- discouraging psychologists from developing practicum placements, and
- constraining service delivery in underserved communities.

These barriers ultimately diminish training quality and reduce workforce development in psychology, contrary to public interest goals.

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7. Benefits to Public Access and Workforce Development

Recognizing advanced practicum trainees as residents would responsibly expand supervised service capacity while maintaining strong public protection through licensed oversight. Benefits include:

- increased access to psychological services,
- expanded training pipelines,
- improved preparation for independent practice, and
- stronger continuity between practicum, internship, and postdoctoral training phases.

The bottom line is that redefining *residency* to include master's-level–completed psychology trainees in advanced practicum phases would promote parity across mental health professions, enhance supervision quality, correct regulatory inconsistencies, and strengthen Virginia's psychology workforce. The Board has already acknowledged the clinical capability of these individuals through the Licensed Psychological Practitioner credential, which permits more autonomous practice. Granting residency status—where services are delivered strictly under supervising psychologists and billed through their licenses—would provide an even higher level of oversight while simultaneously enabling Medicaid participation and expanding services to underserved populations. This change represents a logical, consistent, and public-protective modernization of existing regulations that advances training quality, workforce sustainability, and access to care for the citizens of Virginia.

Agenda Item: Discussion of regulation of school psychologists

Included in your agenda package:

- Portions of Chapter 36 of Title 54.1 of the Virginia Code which pertain to school psychologist, school psychologist-limited, or psychological practitioner licenses; and

- Portions of 18VAC125-20 which pertain to school psychologist, school psychologist-limited, or psychological practitioner licenses.

Staff Notes: Due to the passage of HB255, which entered Virginia into the School Psychologist Compact (based entirely on DOE licensure of school psychologists), the Board should consider ways to modernize the current licensure of school psychologists in Virginia.

Options to consider include the following:

- Licensure of any applicant with a doctorate in psychology as a clinical psychologist, regardless of population treated;

- Licensure of any applicant with a master's degree in psychology as a psychological practitioner, regardless of population treated;

- Would removing "school psychologist" and "school psychologist-limited" as options impact current education of licensed school psychologists?

- Benefits and drawbacks of changing the current licensure of school psychologists and school psychologist-limited.

Assumptions:

- Any changes will require legislative action followed by regulatory action.

- Any changes will therefore take several years to implement.

Action needed:

- Discussion only.

Code of Virginia

Chapter 36. Psychology

§ 54.1-3600. Definitions

As used in this chapter, unless the context requires a different meaning:

"Practice of psychology" means the practice of applied psychology, clinical psychology, or school psychology.

The "practice of school psychology" means:

1. "Testing and measuring" that consists of psychological assessment, evaluation, and diagnosis relative to the assessment of intellectual ability, aptitudes, achievement, adjustment, motivation, personality, or any other psychological attribute of persons as individuals or in groups that directly relates to learning or behavioral problems that impact education.

2. "Counseling" that consists of professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education. Counseling services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, environmental manipulation, and group processes.

3. "Consultation" that consists of educational or vocational consultation or direct educational services to schools, agencies, organizations, or individuals. Psychological consulting relative to the practice of school psychology is directly related to learning problems and related adjustments.

4. Development of programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations.

"Psychological practitioner" means a person licensed pursuant to § 54.1-3606.3 to diagnose and treat mental and emotional disorders by providing counseling, psychotherapy, marital therapy, family therapy, group therapy, or behavioral therapy and to provide an assessment and evaluation of an individual's intellectual or cognitive ability, emotional adjustment, or personality, as related to the treatment of mental or emotional disorders.

"Psychologist" means a person licensed to practice school, applied, or clinical psychology.

"School psychologist" means a person licensed by the Board of Psychology to practice school psychology.

§ 54.1-3601. Exemption from requirements of licensure

The requirements for licensure provided for in this chapter shall not be applicable to:

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a licensed practitioner or a provider of clinical or **school** psychology services.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization, except that any such person who renders psychological services, as defined in this chapter, shall be (i) supervised by a licensed psychologist or clinical psychologist; (ii) licensed by the Department of Education as a **school** psychologist; or (iii) employed by a school for students with disabilities which is certified by the Board of Education. Any person who, in addition to the above-enumerated employment, engages in an independent private practice shall not be exempt from the licensure requirements.

§ 54.1-3603. Board of Psychology; membership

The Board of Psychology shall regulate the practice of psychology. The membership of the Board shall be representative of the practices of psychology and shall consist of nine members as follows: five persons who are licensed as clinical psychologists, **one person licensed as a school psychologist**, one person licensed in any category of psychology, and two citizen members. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited institution of higher education in the Commonwealth actively engaged in teaching psychology. The terms of the members of the Board shall be four years.

§ 54.1-3604. Nominations

Nominations for professional members may be made from a list of at least three names for each vacancy submitted to the Governor by the Virginia Psychological Association, the Virginia Academy of Clinical Psychologists, the Virginia Applied Psychology Academy and the **Virginia**

Academy of School Psychologists. The Governor may notify such organizations of any professional vacancy other than by expiration. In no case shall the Governor be bound to make any appointment from among the nominees.

§ 54.1-3606. License required

A. In order to engage in the practice of applied psychology, **school psychology**, or clinical psychology, or to engage in practice as a psychological practitioner, it shall be necessary to hold a license.

B. Notwithstanding the provisions of subdivision 4 of § 54.1-3601 or any Board regulation, the Board of Psychology **shall license, as school psychologists-limited, persons licensed by the Board of Education with an endorsement in psychology and a master's degree in psychology**. The Board of Psychology shall issue licenses to such persons without examination, upon review of credentials and payment of an application fee in accordance with regulations of the Board for school psychologists-limited.

Persons holding such licenses as **school psychologists-limited** shall practice solely in public school divisions; holding a license as a school psychologist-limited pursuant to this subsection shall not authorize such persons to practice outside the school setting or in any setting other than the public schools of the Commonwealth, unless such individuals are licensed by the Board of Psychology to offer to the public the services defined in § 54.1-3600.

The Board shall issue persons, holding licenses from the Board of Education with an endorsement in psychology and a license as a school psychologist-limited from the Board of Psychology, a license which notes the limitations on practice set forth in this section. Persons who hold licenses as psychologists issued by the Board of Psychology without these limitations shall be exempt from the requirements of this section.

§ 54.1-3606.1. Continuing education

C. The Board shall approve criteria for continuing education courses that are directly related to the respective license and scope of practice of **school psychology**, applied psychology and clinical psychology. Approved continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders. Any licensed hospital, accredited institution of higher education, or national, state or local health, medical, psychological or mental health association or organization may submit applications to the Board for approval as a provider of continuing education courses satisfying the requirements of the Board's regulations. Approved course providers may be required to register continuing education courses with the Board pursuant to Board regulations.

Only courses meeting criteria approved by the Board and offered by a Board-approved provider of continuing education courses may be designated by the Board as qualifying for continuing education course credit.

§ 54.1-3606.3. Licensure of psychological practitioners; independent practice

A. It is unlawful for any person to practice or hold himself out as a psychological practitioner in the Commonwealth or use the title of psychological practitioner unless he holds a license issued by the Board.

B. The Board shall establish criteria for licensure as a psychological practitioner, which shall include the following:

1. Documentation that the applicant received a master's degree in psychology or counseling psychology from a program accredited by the American Psychological Association, from a program equivalent to those accredited by the American Psychological Association as determined by the Board, or from a program accredited by another national accrediting body approved by the Board; and

2. Documentation that the applicant successfully completed the academic portion of a national exam recognized by the Board.

C. Every psychological practitioner who meets the requirements of subsection B shall practice under the supervision of a clinical psychologist unless the requirements of subsection D are met. The Board shall determine the requirements and procedures for such supervision.

D. A psychological practitioner may practice without supervision upon:

1. Successful completion of the clinical portion of a national exam recognized by the Board; and
2. Completion of one year of full-time experience, as determined by the Board, of practice under the supervision of a clinical psychologist.

Upon receipt of documentation of such examination and experience requirements and a fee as established by the Board, the Board shall issue to the psychological practitioner a new license that includes a designation indicating that the psychological practitioner is authorized to practice independently.

E. The Board shall determine appropriate standards of practice for psychological practitioners.

F. The Board shall promulgate such regulations as may be necessary to implement the provisions of this section.

Regulations

Part I. General Provisions

18VAC125-20-10. Definitions.

The following words and terms, in addition to the words and terms defined in §§ 54.1-3600 and 54.1-3606.2 of the Code of Virginia, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"NASP" means the **National Association of School Psychologists**.

"Professional psychology program" means an integrated program of doctoral study in clinical or counseling psychology or a **master's degree or higher program in school psychology** designed to train professional psychologists to deliver services in psychology.

"Resident" means an individual who has received a doctoral degree in a clinical or counseling psychology program or **a master's degree or higher in school psychology** and is completing a board-approved residency.
"**School psychologist-limited**" means a person licensed pursuant to § 54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.

18VAC125-20-30. Fees required by the board.
A. The board has established fees for the following:

	Applied psychologists, Clinical psychologists, School psychologists	School psychologists-limited	Psychological practitioners
1. Registration of residency (per residency request)	$50	--	--
2. Add or change supervisor	$25	--	--
3. Application processing and initial licensure	$200	$85	$200
4. Annual renewal of active license	$140	$70	$140
5. Annual renewal of inactive license	$70	$35	$70

6. Late renewal	$50	$25	$25
7. Verification of license to another jurisdiction	$25	$25	$25
8. Duplicate license	$5	$5	$5
9. Additional or replacement wall certificate	$15	$15	$15
10. Handling fee for returned check or dishonored credit card or debit card	$50	$50	$50
11. Reinstatement of a lapsed license	$270	$125	$270
12. Reinstatement following revocation or suspension	$500	$500	$500
13. Autonomous practice for psychological practitioners	--	--	$150

B. Fees shall be made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. Between January 1, 2025, and December 31, 2026, the cost for application processing and initial licensure of psychological practitioners shall be $100.

18VAC125-20-41. Requirements for licensure by examination.

A. Every applicant for licensure by examination shall:

1. Meet the education requirements prescribed in 18VAC125-20-54, 18VAC125-20-55, 18VAC125-20-56, or 18VAC125-20-57 and the experience requirement prescribed in 18VAC125-20-65 as applicable for the particular license sought; and

B. In addition to fulfillment of the education and experience requirements, **each applicant for licensure by examination as a** clinical, **school**, or applied **psychologist** must achieve a passing score on all parts of the Examination for Professional Practice of Psychology required at the time the applicant took the examination.

C. Every applicant for licensure as a psychological practitioner shall achieve a passing score as determined by the board for master's degree level psychological practice on the academic portion of the Examination for Professional Practice of Psychology. Every licensed psychological practitioner applying for autonomous practice shall achieve a passing score as determined by the board for master's degree level psychological practice on the clinical portion of the Examination for Professional Practice of Psychology.

18VAC125-20-42. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement for applied psychology, clinical psychology, or **school psychology** shall submit:

1. A completed application;

2. The application processing fee prescribed by the board;

3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;

4. Verification of all other health and mental health professional licenses, certificates, or registrations ever held in Virginia or any jurisdiction of the United States or Canada. In order to qualify for endorsement, the applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration;

5. A current report from the National Practitioner Data Bank; and

6. Further documentation of one of the following:

a. A current credential issued by the National Register of Health Service Psychologists;

b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;

c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;

d. Five years of active licensure in a category comparable to the one in which licensure is sought with at least 24 months of active practice within the last 60 months immediately preceding licensure application; or

e. If less than five years of active licensure or less than 24 months of active practice within the last 60 months, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience, and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following: (i) verification of a passing score on all parts of the Examination for Professional Practice of Psychology that were required at the time of original licensure and (ii) official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

18VAC125-20-43. Requirements for licensure as a school psychologist-limited.

A. Every applicant for licensure as a school psychologist-limited shall submit to the board:

1. A copy of a current license issued by the Board of Education showing an endorsement in psychology.

2. An official transcript showing completion of a master's degree in psychology.

3. A completed Employment Verification Form of current employment by a school system under the Virginia Department of Education.

4. The application fee.

B. At the time of licensure renewal, school psychologists-limited shall be required to submit an updated Employment Verification Form if there has been a change in school district in which the licensee is currently employed.

18VAC125-20-54. Education requirements for clinical psychologists.

A. Beginning June 23, 2028, an applicant shall hold a **doctorate** in clinical, counseling, **or school psychology** from a professional psychology program in a regionally accredited university that was accredited at the time the applicant graduated from the program by the APA, CPA, or an accrediting body acceptable to the board. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information verifying that the program is substantially equivalent to an APA-accredited program.

18VAC125-20-56. Education requirements for school psychologists.

A. The applicant shall hold **at least a master's degree in school psychology**, with a minimum of at least 60 semester credit hours or 90 quarter hours, from a college or university accredited by a regional accrediting agency, which was accredited by the APA or CAEP or was approved by NASP, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a master's degree in school psychology from a program accredited by the APA or CAEP or approved by NASP, the applicant shall have a master's degree from a psychology program that offers education and training to prepare individuals for the practice of school psychology as defined in § 54.1-3600 of the Code of Virginia and that meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board that demonstrates that the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of two academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:

a. Psychological foundations (e.g., biological bases of behavior, human learning, social and cultural bases of behavior, child and adolescent development, individual differences).
b. Educational foundations (e.g., instructional design, organization and operation of schools).
c. Interventions/problem-solving (e.g., assessment, direct interventions, both individual and group, indirect interventions).
d. Statistics and research methodologies (e.g., research and evaluation methods, statistics, measurement).
e. Professional school psychology (e.g., history and foundations of school psychology, legal and ethical issues, professional issues and standards, alternative models for the delivery of school psychological services, emergent technologies, roles and functions of the school psychologist).
6. The program shall be committed to practicum experiences that shall include:
a. Orientation to the educational process;
b. Assessment for intervention;
c. Direct intervention, including counseling and behavior management; and
d. Indirect intervention, including consultation.

C. Candidates for school psychologist licensure shall have successfully completed an internship in a program accredited by APA or CAEP, or approved by NASP, or is a member of APPIC or one that meets equivalent standards.

18VAC125-20-57. Education requirements for psychological practitioners.

Each applicant for licensure as a psychological practitioner shall provide evidence of receipt of a master's degree in psychology or counseling psychology from a program accredited by the American Psychological Association, from a program equivalent to those accredited by the American Psychological Association as determined by the board, or from a program accredited by another national accrediting body approved by the board.

18VAC125-20-58. Supervision and autonomous practice of psychological practitioners.

A. Unless an autonomous practice designation has been granted by the board, every psychological practitioner shall practice under the supervision of a clinical psychologist with at least two years of clinical experience post-licensure as a doctoral level clinical psychologist. No psychological practitioner shall represent that the practitioner can practice autonomously unless an autonomous practice designation has been granted by the board.

B. Unless an autonomous practice designation has been granted by the board, each psychological practitioner shall communicate to patients and the public in writing that the psychological practitioner cannot practice autonomously and provide the name and contact information of the supervising clinical psychologist.

C. A psychological practitioner with a current, unrestricted license may qualify for an autonomous designation upon:

1. Achievement of a passing score as determined by the board of the clinical portion of the Examination for Professional Practice of Psychology; and

2. Completion of one year of full-time, post-licensure practice under the supervision of a clinical psychologist. One year of full-time, post-licensure practice, for purposes of this section, is at least 2,000 hours. Such hours must be completed within three years immediately preceding application to the board for autonomous practice authorization.

D. Qualification for authorization for autonomous practice shall be determined upon:

1. Submission of a fee as specified in 18VAC125-20-30;

2. Evidence of a passing score for master's degree level psychological practice on the clinical portion of the Examination for Professional Practice of Psychology; and

3. Evidence of one year of full-time, post-licensure supervised practice. The evidence of supervised practice shall consist of an attestation that meets the following criteria:

a. The attestation shall be signed by the licensed clinical psychologist that served as a supervisor for the required supervised practice in subsection A of this section;

b. The attestation shall specify that the psychological practitioner is competent to practice in all areas of practice contained on a form provided by the board; and

c. The attestation shall state that, in the opinion of the licensed clinical psychologist, the psychological practitioner demonstrated sufficient competency to practice autonomously.

18VAC125-20-59. Supervisors of psychological practitioners.

A. Supervisors shall be licensed as a clinical psychologist in Virginia.

B. Supervision of post-licensure practice by a clinical psychologist shall include:

1. The periodic review of patient charts or electronic patient records by the supervising clinical psychologist;

2. Appropriate and regular input by the clinical psychologist on cases, patient emergencies, and referrals;

3. Appropriate professional development; and

4. Management of areas of deficiency if needed or indicated during supervision.

C. The supervisor shall be responsible for ensuring that the psychological practitioner only practices within the scope of the psychological practitioner's education and training.

D. Prior to practice, a psychological practitioner that has not received an autonomous practice designation must enter into a supervisory agreement with a qualified supervisor.

E. Both the psychological practitioner and the supervisor shall maintain a copy of all supervisory agreements for three years from the date that supervision ends.

18VAC125-20-65. Residency.

A. Candidates for clinical or **school psychologist** licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours of supervised experience in the delivery of clinical or school psychology services acceptable to the board.

2. **School psychologist** candidates shall complete all the residency requirements after receipt of a final school psychology degree.

B. Residency requirements.

1. Candidates for clinical or **school psychologist** licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to extend a residency if there were extenuating circumstances that precluded completion within three years.

C. Residents shall not refer to or identify themselves as clinical psychologists **or school psychologists**, independently solicit clients, bill directly for services, or in any way represent themselves as licensed psychologists. This does not preclude supervisors or employing institutions from billing for the services of an appropriately identified resident. During the residency period, residents shall use their names, the initials of their degree, and the title "Resident in Psychology" in the licensure category in which licensure is sought.

Part III. Examinations

18VAC125-20-80. General examination requirements.

A. A candidate shall achieve a passing score on the final required step for the licensure type applied for of the national examination within two years immediately preceding licensure. A candidate may request an extension of the two-year limitation for extenuating circumstances. If the candidate has not taken the examination by the end of the two-year period, the applicant shall reapply according to the requirements of the regulations in effect at that time.

B. A candidate for autonomous practice as a licensed psychological practitioner shall achieve a passing score on the clinical portion of the national examination within two years immediately

preceding the application for autonomous practice. A candidate may request an extension of the two-year limitation for extenuating circumstances.

C. The board shall establish passing scores on all steps of the examination.

ASPPB: AI in Psychology Regulation Across Six U.S. and Canadian Boards

ADVOCACY, PSYCHOLOGY AND REGULATION TRENDS / July 1, 2026

Artificial intelligence (AI) is rapidly becoming a central issue for professionals across disciplines, and its relevance to psychology regulation is pai

introduces complex challenges at the intersection of professional standards, ethical practice, accountability frameworks, and risk management, while also raising new questions about competence, supervision, and the appropriate use of technology in clinical and assessment settings. As AI tools become more embedded in mental health services, regulators are increasingly tasked with ensuring that innovation does not outpace safeguards designed to protect the public.

The Association of State and Provincial Psychology Boards (ASPPB)® gathered six perspectives from regulatory boards and colleges in Arizona, Ontario, Quebec, New Mexico, Minnesota, and Missouri, including individual commentary, legal and ethical analysis, and jurisdiction-specific approaches. Together, they provide insights on how different regulatory bodies and their professionals are responding to the challenges and opportunities posed by artificial intelligence to professional regulation.

Boundaries of Use: AI and Its Legal and Ethical Ramifications in the Regulatory Space

For AI to be effectively integrated into psychological practice, it must be clearly understood, appropriately regulated, and implemented with robust safeguards rather than approached with apprehension. **Sarah Ledg**

Sarah Ledgerwood, JD

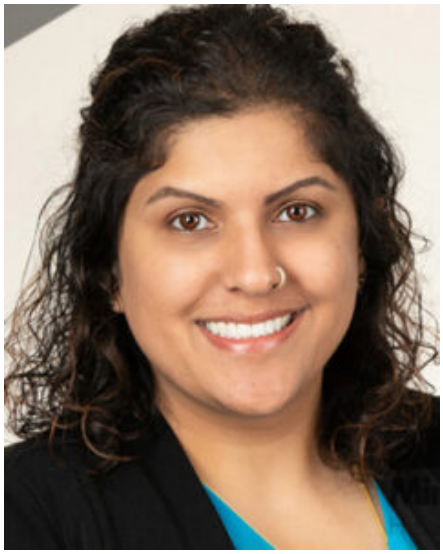
Division of Professional Registration, emphasizes the importance of developing a deeper understanding of AI's role and implications for professional regulation.

Drawing on 17 years of regulatory experience, Ledgerwood has observed significant shifts in the landscape, from the rapid expansion of virtual practice during the COVID-19 pandemic to the emerging challenges posed by artificial intelligence. She notes that the acceleration of virtual processes during the pandemic offers a useful parallel to the current moment, as boards and colleges once again confront the challenge of adapting regulatory frameworks in response to transformative technological change.

"We have had a lot of changes in in-person versus virtual supervision and even care. So I think it's in the same vein. As regulators, we have to accept AI is here and we have to incorporate it into our ethics and what we expect of our practitioners," said Ledgerwood. Understanding the legal and moral implications of AI is fundamental for her and her colleagues from other jurisdictions.

Sonal Markanda, PhD, LP, and **Samuel Sands, JD**, from the **Minnesota Board of Psychology**, shared that their board reviews the topic of AI at each meeting. "We have a subcommittee working to actively explore the creation of legislation around the topic, including reviewing psychology-specific guidance such as from the American Psychological Association (APA

sources, track legislation in other states, and review articles in evidence-based journals on the use of AI in mental health and related fields, such as medicine. “At this time, the Minnesota Board of Psychology has not adopted or proposed legislation specific to the use of generative artificial intelligence.”



Dr. Sonal Markanda

Samuel Sands, JD

According to a written statement from the **Ordre des Psychologues du Québec**, “regulators in Québec have no prohibition on using AI to support profe

and promotes the use of clinical judgment and professional autonomy. For them, "ethical and legal obligations—including confidentiality and the protection of personal information—remain fully applicable regardless of the tool used." The Order promotes responsible use of AI as a clinical tool, not as a substitute.

In contrast to Québec's position, the **Arizona Board of Psychologists Examiners** had not endorsed the unrestricted use of AI in psychological practice. However, both boards see eye to eye on viewing AI as an assistive tool. Arizona, in particular, has not endorsed the use of AI in psychological practice for diagnosis, risk assessment, administration of psychological tests, or other functions that require nuanced clinical judgment. Current Arizona Board discussions generally emphasize viewing AI as an assistive tool rather than a substitute for clinical expertise.

Equally important to psychology regulators are matters such as professional accountability, boundaries of use, validation standards, documentation requirements, and AI literacy expectations. However, regulators agree that responsibility for the responsible use of AI lies with practitioners.

This is where the concept of augmented intelligence comes into play, as it refers to the use of AI tools designed to assist—not replace—human clinicians. By focusing on enhancing human reasoning, pattern recognition, and empathy, augmented intelligence could reduce burnout and administrative burdens while allowing licensed psychologists to retain control over final patient decisions.

Responsibilities of Psychology Regulators: Accountability

Tony DeBono, MBA, Ph.D., C.Psych., and Registrar & CEO of the College of Psychologists and Behaviour Analysts of Ontario, is keen on human accountability and on balancing the potential benefits and risks of AI use by the College and for psychologists.

Dr. Tony DeBono

"The role of technology and its idea of augmented intelligence that a practitioner will have is a consideration. But ultimately, it is incumbent upon that individual to use their knowledge, skills, and judgment to safely use whatever technology is available," said DeBono. "We cannot defer responsibility to the technology to say, '*Oh, well, it was AI that did it*.' Ultimately, it's the human beings behind the technology, behind the machines, that have to account for it."

The duty of Boards and Colleges is to regulate the psychology profession, not the companies that develop AI. This is fundamental, as all six participants from Arizona, Ontario, Quebec, New Mexico, Minnesota, and Missouri agree that the presence of AI in clinical practice does not shift acco

Dr. Meranda Marrin

Meranda Marrin, PhD, Board Member of the New Mexico State Board of Psychologist Examiners, stated that the Board focuses on whether the psychologist exercised independent professional judgment, as this aligns with the Board's rules and statutes. "We are going to want to know if they really understood the tool's limitations, if they appropriately reviewed the output, whatever the output is. And then, of course, are they operating within the bounds of competence?"

Diana Medina, PhD, Board Chair for the Arizona Board of Psychologists Examiners, offered her personal professional perspective on how regulators could determine decision-making in cases where AI played a role. "From a regulatory perspective, the presence of AI in clinical practice does not shift accountability away from the licensed psychologist." Ongoing Board discussions have generally emphasized that AI should be viewed as an assistive tool rather than a substitute for clinical expertise.

The **Ordre des Psychologues du Québec** enlisted some factors to be considered when assessing the psychologist's responsibility, including:

1. The psychologist's competence and training in using the tool,
2. Whether informed consent was obtained,
3. The validity and reliability of the tool,
4. Human verification of AI-generated output,
5. Consideration of the tool's biases and limitations, and

6. The potential for harm to the client.

Using AI tools is inherently linked to third-party providers, raising concerns about documentation and responsible data management.

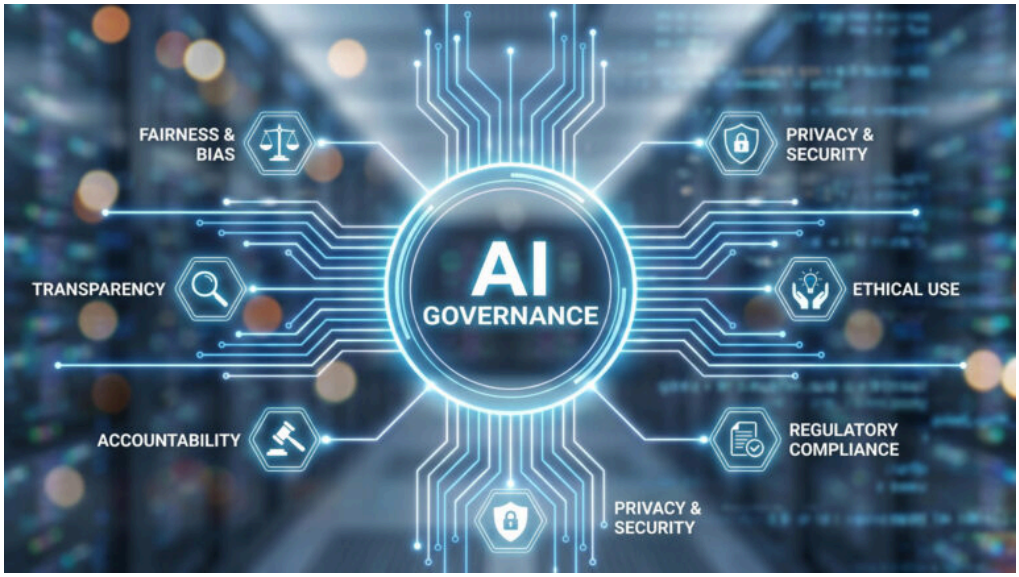
AI and Documentation Requirements

Patients' Rights are fundamental, particularly to expect that information provided to the psychologist is kept in the strictest confidence. In Minnesota, there is no current requirement to disclose AI in documentation, at least not from any legislative authority. "In terms of transparency in the psychologist-client relationship, up front informed consent, Minn. R. Ch 7200.4720 Subp. 1F requires informed consent on information and uncertainty of benefits if the proposed service or method is innovative in nature." However, as per Sands and Markanda, the Board has not yet determined what, if any, type of disclosure is necessary in various forms of clinical documentation, such as the authoring of a particular progress note."

The New Mexico State Board of Psychologist Examiners has not specified how to include AI in documentation; however, as Dr. Marin pointed out, their rules require that records include diagnoses, clinical formulations, test evaluation services or results, any consultations, and evaluation reports. "I think, within that, what we would be looking at is whether there is documentation to show what role AI played and whether the psychologist conducted an independent review."

The Ordre des Psychologues du Québecpointed out that "free and informed consent is required whenever personal data is provided to an AI tool." They list factors that should be considered when obtaining patient cons

1. The type of AI tool used,
2. The purpose for which it will be used,



3. The data retention period,
4. The confidentiality protocol and who can access the information,
5. The limitations and risks associated with the AI tool.

For the Ordre, it is important that, for the sake of transparency and to maintain trust, the psychologist should indicate in their clinical records whether AI was used and for what purposes.

Just as important as disclosing the use of AI to clients is the psychologist's responsibility to carefully verify the output generated by AI-assisted note-taking tools, given the risk of *AI hallucinations*. These occur when an AI system confidently produces content that is incorrect, altered, omits facts, or entirely fabricates data, rather than accurately reflecting the original notes or transcript.

For Ledgerwood, it is important to begin educating graduate students about AI and its risks and opportunities, particularly because AI is inherently part of their world, with accountability for using AI apps being fund[illegible]

even thought about it because I have used it in a very limited way." However, that is not the case for future licensed psychologists. "I think we need to do some work with talking to our graduate students, because this is going to be their life."

Furthering public protection is fundamental to all boards and colleges alike, creating a significant opportunity for regulators in the era of AI: Continuing Education.

Literacy Expectations for Psychology Regulators

Continuing education is important for psychology regulators as they continue to work towards public protection, and they also need to deepen their understanding of AI. "I think we are in the same position as the profession itself: learning rapidly while attempting to keep pace with technological change," said Dr. Medina. "Many boards have begun engaging in ongoing discussions, conference presentations, legal consultations, ethics reviews, and interjurisdictional collaboration regarding AI. Organizations such as the Association of State and Provincial Psychology Boards (ASPPB) have been particularly valuable in helping regulators, especially me, share information and identify best practices across jurisdictions."

For Dr. Medina, regulators do not necessarily need to become technology experts, but they do need enough understanding of evolving AI tools; "AI literacy should become part of the ongoing professional competence of psychologists themselves."

With the New Mexico Board of Examiners, Dr. Marin points out that there are opportunities for psychologists to pursue continuing education credits

Dr. Diana Medina

focused on the use of AI; these credits could cover ethics, privacy and confidentiality, data storage, and protection.

In addition, the Ordre des Psychologues du Québecpoints out that its regulators are reinforcing their knowledge of AI through training sessions and discussions with members, the Ordre president's participation in panels and discussions on the use of AI in clinical practice, and by informing its members in the Ordre's magazine.

The presence of AI and its impact on regulatory boards and colleges is summarized by Dr. DeBono: "AI has significant potential to increase efficiencies and expand the knowledge base by processing large volumes of psychological data to identify trends." However, DeBono's optimism is tempered by the pace of AI advancement, which means that possibilities today may be far exceeded in the coming months and years.

These are important considerations for governing bodies that must remain flexible and adjust parameters as AI continues to evolve in sophistication and they steadfastly advance in their duty to protect the public.

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Con

"The danger wasn't that machines would become too intelligent. It was that humans would be too quick to believe that machines were intelligent." — Joseph Weizenbaum.

In today's society, Artificial Intelligence (AI) is ubiquitous. Its impact can be seen in a myriad of ways, from healthcare to education to professional services. For regulators, this growing presence raises important questions about the implications for the provision of psychological services and how best to ensure public protection. Overall, it also compels deeper consideration of ethical obligations, data privacy, and the preservation of trust in the therapeutic relationship.

At the Association of State and Provincial Psychology Boards (ASPPB)® 40th Midyear Meeting in April, Ernest Wayde, Ph.D., M.I.S., addressed critical governance and accountability issues in his keynote, "*Who is Responsible? Governing Psychological Practice in an Era of Artificial Intelligence.*"

AI and the Practice of Psychology

AI is already embedded in clinical workflows, with 56% of practitioners reporting use within the past year. Its primary functions—pattern recognition, drafting documentation, summarization, and early risk detection—are assistive rather than autonomous.

However, these systems operate through probabilistic language generation rather than clinical reasoning. They lack judgment, ethics, and accountability. As such, their output cannot replace the core responsibilities of licensed psychologists, particularly in decision-making and patient care.

Ernest Wayde, Ph.D., M.I.S.

> ***"AI is a tool, a great tool that can be very helpful and useful, but it has no accountability, no responsibility, no moral code, it has no licensure," said Dr. Wayde. "Who is ultimately responsible for the use of this technology, and how are regulatory bodies rising to provide guidance on a rapidly evolving technology?"***

Responsibility and Accountability

For regulators, one principle remains clear: accountability does not shift to AI. The licensed psychologist remains fully responsible for all aspects of care, including any AI-supported processes.

This becomes especially critical when harm occurs. If AI informs or influences a clinical decision, regulators must still evaluate the practitioner's role—how the tool was used, whether its outputs were critically assessed, and whether professional standards were upheld.

Key Governance Challenges for Regulators

The integration of AI raises a set of pressing governance questions that boards and jurisdictions are beginning to address more explicitly:

- **Accountability from Harm:** When AI-guided care causes harm, responsibility is attributed to the practitioner. However, it is up to regulators to determine how to assess decision-making in cases where AI played a role.

- **Boundaries of Use:** There is a critical gap in defining where AI use is appropriate and where it is not. This includes its role in assessment, diagnosis, documentation, and clinical judgment.

- **Standards for Validation:** There is currently limited consensus on how clinicians should verify AI-generated outputs. Regulators must consider what constitutes sufficient review and validation.

- **Documentation Requirements:** When AI is used, should it be

with what level of detail? These are important considerations for governing bodies that must remain flexible and adjust parameters as AI continues to evolve in sophistication and they steadfastly advance in their duty of public protection.

- **AI Literacy Expectations:** Both practitioners and regulators should establish a baseline level of AI literacy. Without it, meaningful oversight and enforcement could become difficult.

Immediate Actions for Boards and Colleges

While long-term frameworks are still developing, Dr. Wayde offered several concrete steps regulatory bodies can consider taking to strengthen oversight:

- **Coordinate Across Jurisdictions:** Collaboration through organizations such as the Association of State and Provincial Psychology Boards can promote consistency and shared standards.
- **Define AI Literacy Thresholds:** Establish clear expectations for what practitioners and board members should understand about AI systems, their limitations, and risks.
- **Build Capacity:** Invest in education and training to enhance regulators' AI literacy.
- **Adopt a Position on Accountability:** Clearly articulate that the boundaries of responsibility for AI use remain with the licensed professional.
- **Issue Documentation Guidance:** Provide direction on when and how AI use should be recorded in clinical documentation.

When a Complaint Involves AI

Regulators should also be prepared for complaints involving AI-assisted practice, Dr. Wayde underscored. When such cases arise, investigations may need to address new lines of inquiry:

Key questions to examine

- Was AI involved in the service provided?
- Did the practitioner review and critically evaluate the AI-generated output?
- Is the clinical documentation accurate and complete?

Equally important are potential gaps

- Is there any disclosure that AI was used?
- Is there evidence of independent clinical judgment?
- Are there applicable AI-specific standards to guide evaluation?

In many cases, these elements may be absent, reflecting the current lack of formalized guidance and consistent practice standards.

Regulatory Focus Moving Forward

Despite the novelty of AI, the regulatory mandate remains unchanged: protect the public by ensuring competent, ethical, and accountable practice. AI does not alter this mandate—it intensifies it. These slides illustrate some of the laws that may impact the practice of psychology and AI.

Furthermore, regulators must stay up to date with laws in both the U.S. and Canada, while keeping in mind that regulatory bodies govern people, not AI.

As adoption accelerates, regulators face a dual challenge: enabling responsible innovation while ensuring that professional standards are not dilut

will be essential to maintaining trust in psychological services in an AI-enabled future.

About Dr. Ernest Wayde

Dr. Ernest Wayde operates at the intersection of human behavior and advanced technology, partnering with organizations to educate, strategize, and execute successful ethical and responsible AI adoption. His unique background combines technological expertise with a deep understanding of human behavior and organizational dynamics.

With a master's in Information Systems from Wright State University, Dr. Wayde has established himself as an AI authority through extensive certifications from the Microsoft Academy and the MIT Sloan School of Management in Artificial Intelligence: Implications for Business Strategy.

His doctorate in Clinical and Cognitive Psychology from the University of Alabama provides valuable insight into the human factors critical to successful AI integration.

Dr. Wayde specializes in guiding organizations through technological transformation, addressing both technical requirements and organizational readiness. His methodology combines cutting-edge AI knowledge with proven organizational development principles, ensuring ethical and sustainable AI implementation that drives strategic growth. To learn more about Dr. Wayde, visit https://www.waydeai.com/

Virginia Board of Counseling

Use of Artificial Intelligence (AI) as a Tool in Practice

Artificial Intelligence ("AI") generally refers to the ability of a computer or computer-controlled robot to perform tasks that would typically require human intelligence, such as reasoning, learning, decision-making, problem-solving, and perception. As AI becomes increasingly integrated into clinical practice, the Board of counseling is committed to ensuring that AI enhances care quality while maintaining client safety, privacy, and the integrity of the therapeutic relationship.

Licensees remain responsible for the care they provide regardless of the tools they use. The standards of practice and the grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license set forth in 18VAC115-20-110 and 18VAC115-20-120 apply regardless of the method of delivery. The regulations do not prohibit the use of AI, but AI is merely a tool, and the licensee remains accountable and responsible for all decisions.

AI may contain biases and may provide guidance that is clinically contraindicated. AI is an emerging technology, and the Board urges caution in its use.

Utilization of AI should enhance the provision of services and should not interfere with human relationships. The protection of public health, safety, and welfare and the best interest of the public shall be the primary guides in determining the appropriate professional conduct of all individuals whose activities are regulated by the Board of Counseling.

The Board interprets the following regulations as potentially impacting the use of AI in practice:[1]

1. **18VAC115-20-130(B)(1)** requires a licensee to practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.

2. **18VAC115-20-130(B)(2)** requires that a licensee practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and requires that a licensee represent their education training and experience accurately to clients.

3. **18VAC115-20-130(B)(3)** requires that a licensee stay abreast of new counseling information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services.

4. **18VAC115-20-130(B)(9)** requires a licensee to inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; requires a licensee to inform clients of the limitations of confidentiality; and requires a licensee to inform clients of other pertinent information when counseling is

[1] Similar standards of practice are found in regulations for marriage and family therapists and licensed substance abuse treatment practitioners. *See* 18VAC115-50-110.

initiated and throughout the counseling process as necessary. The regulation requires that licensees provide clients with accurate information regarding the implications of diagnoses, the intended use of tests and reports, fees, and billing arrangements.

5. **18VAC115-20-130(C)(2)** requires that licensees maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality.

6. **18VAC115-20-130(C)(4)** requires that licensees ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations.

The Board suggests that licensees review the following links from national counseling associations. These resources, as of October 17, 2025, provide information and templates for informed consent regarding AI.

- American Counseling Association (ACA) - Recommendations for Practicing Counselors and Their Use of AI

- National Board for Certified Counselors (NBCC) - Ethical Principles for Artificial Intelligence in Counseling

- American Association of State Counseling Boards (AASCB) - AASCB AI Position and Guidelines

AMERICAN PSYCHOLOGICAL ASSOCIATION

Ethical Guidance for AI in the Professional Practice of Health Service Psychology

UPDATED: JULY 2025

The integration of artificial intelligence (AI) into behavioral health is evolving rapidly, presenting opportunities and challenges for health service psychologists. AI has the potential to enhance psychological clinical decision-making and outcomes, improve access to care, and enhance provider workflow and efficiency. As AI tools become increasingly integrated into health care and other workforce settings, human oversight and thoughtful human-technology interaction are critical. While we do not yet have all the answers, we do know that AI is already supporting clinical decision-making and improving outcomes for some providers and patients/clients.

However, in its current state, significant ethical issues exist, including transparency, bias, data security, and misinformation. In addition, there are issues of professional liability. As AI's influence on health care continues to grow, psychologists are encouraged to take a proactive role in shaping its development and implementation to ensure its ethical, responsible, and equitable use. We need a balanced, flexible approach that allows us to learn and adapt as these technologies evolve—especially since many tools are already being deployed in practice.

This document outlines some key considerations for health service psychologists who use AI in professional practice. This document is not exhaustive and does not represent official APA policy but was informed by relevant APA standards and guidelines, including the *APA Ethical Principles of Psychologists and Code of Conduct* (APA, 2017). The considerations included in this document are intended to educate and inform psychologists, and are aligned with fundamental Ethical Principles, including Beneficence and Nonmaleficence, Fidelity and Responsibility, Integrity, Justice, and Respect for People's Rights and Dignity. They do not reflect standards that are mandatory, exhaustive, or accompanied by an enforcement mechanism, nor are they intended to guide regulatory action. Psychologists are also aware of the

standards of practice for the settings in which they practice, and they are expected to comply with those standards, including any federal and state laws and regulations.

1. TRANSPARENCY & INFORMED CONSENT

AI use in settings where psychological services are offered are encouraged to be disclosed to other relevant providers, individuals who are receiving direct care services, and any third parties who may be considered a patient/client of psychological services (e.g., the court) in a culturally and linguistically appropriate manner. Psychologists have an ethical obligation to obtain informed consent by clearly communicating the purpose, application, and potential benefits and risks of relevant AI tools. Transparent communication maintains patient/client trust and upholds Principle E: Respect for People's Rights and Dignity.

Recommendations for Health Service Psychologists:

- Be thoughtful in the disclosure of use of AI tools as it relates to patient/client care. While certain AI use cases may be considered more subtle and/or innocuous (e.g., using predictive text when writing provider notes), others may be considered more substantial and would require greater discussion and disclosure with patients/clients (e.g., a health care system using AI to determine the best mental health treatment approach for an individual). Discussion with the patient/client includes specific mention of the AI tool being used in the delivery of patient care as needed.
- In their written informed consent, psychologists may consider adding information regarding when, how, and the type of AI tool(s) they use in the delivery or support of patient care.
- Communicate information in a culturally, developmentally, and linguistically appropriate manner.
- Inform patients/clients about AI's role, limitations, risks, and benefits to ensure true autonomy.
- Inform patients/clients that they have the right to opt out of certain AI-driven interventions and will be provided with alternative options if available.
    - » Best practice would involve clearly explaining the available alternative options (e.g., non-AI facilitated care with the current provider, remaining on the waitlist, referral to another provider, etc.) and reviewing the associated pros and cons of each option.
    - » Patients/clients should be informed of whom to contact if they have concerns regarding the use of AI or wish to withdraw consent for the use of AI tools in their care.

2. MITIGATING BIAS & PROMOTING EQUITY

AI systems should ideally be evaluated with a focus on addressing bias and preventing exacerbation of existing health care disparities. Responsible AI development considers the full range of lived experiences to avoid unfair discrimination. The APA Ethics Code (2017) Principle E: Respect for People's Rights and Dignity calls on psychologists to strive to eliminate the effect of biases on their work.

Recommendations for Health Service Psychologists:

- Evaluate AI tools for potential biases that could potentially worsen disparities in mental health outcomes.
    - » For example, psychologists are encouraged to review how tools are/were normed and what data the AI was trained on, including diverse lived experiences to reduce inadvertently reinforcing discrimination and/or harmful stereotypes.
- To ensure AI serves everyone equitably, psychologists should strive to play a role in helping to build high-quality, representative datasets, especially from underrepresented regions, which are consistent with data privacy requirements. This includes supporting health systems in these communities to participate in data creation and infrastructure development, so they too can shape and benefit from AI.

3. DATA PRIVACY & SECURITY

AI systems handling sensitive behavioral health data pose risks related to privacy breaches and unethical data use. Psychologists must ensure that any tools they select can be used in a manner that is in compliance with HIPAA and other relevant data privacy regulations; this necessitates advocating for robust cybersecurity strategies to protect patient/client information. Data privacy and security also aligns with professional standards of conduct and the APA Ethics Code (2017) Principles of Beneficence and Nonmaleficence, Fidelity and Responsibility, and Respect

for People's Rights and Dignity in maintaining privacy, confidentiality, and trust.

Recommendations for Health Service Psychologists:

- Review AI tools to check for compliance with relevant data privacy and security laws and regulations such as HIPAA, or other relevant federal or state privacy requirements to protect patient information. Health service psychologists should strive to avoid and/or discontinue using AI tools when security concerns arise.
- Be knowledgeable about how patient/client data are used, stored, or shared, including aggregated or de-identified data and inform patients/clients of this information.
- Strong cybersecurity measures should be in place to prevent data breaches or misuse.

4. ACCURACY & MISINFORMATION RISKS

AI tools should ideally be rigorously validated before implementation in psychological practice. Health service psychologists should strive to critically evaluate AI-generated content before applying it in clinical settings to the greatest extent possible and are encouraged to critically evaluate AI tools they recommend patients/clients to use. Psychologists should strive to assess AI tools for their quality, performance, and appropriateness in behavioral health settings, aligning with Principle A: Beneficence and Nonmaleficence . Upholding the Ethical Principle of Integrity, psychologists take responsibility for the quality of information used in their practice, including promptly discontinuing the use of AI tools if misinformation concerns arise.

Recommendations for Health Service Psychologists:

- Critically evaluate AI-generated content, both at the start of use and in ongoing applications.
- Health service psychologists are encouraged to review AI tools for information on how the tool was validated during development by health care experts and supported by transparent, high-quality evidence.
- Psychologists in health service settings are encouraged to use products and services that rely on AI models that have undergone rigorous accuracy testing to ensure reliability. This information should be easily identified by the developers (e.g., the model developers have published their testing/reliability data and outcomes).
- Psychologists should strive to integrate tools that disclose their training data source and provide evidence of validation.
- Psychologists should strive to integrate tools that offer recommendations for auditing model performance/effectiveness in health service contexts.

5. HUMAN OVERSIGHT & PROFESSIONAL JUDGMENT

AI should augment, not replace, human decision-making. Psychologists remain responsible for final decisions and must not blindly rely on AI-generated recommendations. Maintaining professional oversight ensures adherence to the Ethical Principles of Beneficence and Nonmaleficence, and Fidelity and Responsibility, protecting patients/clients from potential harm.

Recommendations for Health Service Psychologists:

- Psychologists should strive to be competent regarding any AI tools they use
- Establish clear human intervention points (i.e., human in the loop) within AI-driven workflows to maintain professional accountability and to ensure that AI-generated insights are reviewed critically.
- Psychologists should strive for autonomy in approving or rejecting AI-generated recommendations based on their professional judgment and in line with available research evidence and/or professional standards.

6. LIABILITY & ETHICAL RESPONSIBILITY

The legal implications of AI in behavioral health are still emerging. Health service psychologists are encouraged to consider liability risks related to AI tool selection and ensure that they provide proper training and understanding of AI systems that can help mitigate legal and ethical risks.

Recommendations for Health Service Psychologists:

- Health service psychologists understand legal and ethical risks associated with AI tool selection and use in health service settings.
- Negligent reliance on AI without proper validation or oversight could create liability issues.
- Transparency and competence in AI are crucial for managing legal risks and ensuring ethical practice.
- In alignment with best practice standards, psychologists should participate in continuing education about developments in mental health AI and how to leverage it in psychological practice.

CONCLUSION

Health service psychologists have an ethical obligation to prioritize patient/client safety, protect confidentiality and data privacy, promote equity, and function competently and transparently when integrating AI into their work. AI should serve as a tool to support, not replace, professional judgment in health care settings. The above considerations are meant to help health service psychologists assess whether their selection and use of AI-driven interventions aligns with existing principles and standards within the practice of psychology while safeguarding patient/client well-being and trust. When using AI-powered tools, health service psychologists have an ethical duty to act in the best interests of patients/clients and avoid contributing to greater disparities or harm when possible. Engaging in proactive discussions and continuing education, advocating for ethical AI development, and upholding professional standards will help shape a responsible and equitable AI-integrated future.

When opportunities arise, health service psychologists are encouraged to actively participate in interdisciplinary discussions (including with professionals from other subdisciplines of psychology), collaborate with AI developers, and engage with organizations shaping AI policies. Failure to engage in these conversations risks leaving critical decisions to those without the necessary psychological expertise. AI's expansion in mental health care necessitates that health service psychologists stay informed and adapt to technological changes. The practice of psychology must balance innovation with ethical responsibility to ensure long-term sustainability and public trust.

AUTHOR'S NOTE

In January 2025, APA's Mental Health Technology Advisory Committee (MHTAC) hosted a day-and-a-half hybrid meeting in Washington, D.C., to develop a thought leadership paper about navigating the responsible and ethical incorporation of AI into mental health practice for psychologists. MHTAC members in attendance included: Jessica Jackson, PhD (chair), Victoria Bangieva, PhD, David Cooper, PsyD, Ellen Fitzsimmons-Craft, PhD, Karen Fortuna, PhD, Andrea Graham, PhD, Charmain Jackman, PhD, Eric Kuhn, PhD, Kay Nikiforova, MA, Marie Onakomaiya, PhD, Pooja Raghani, PsyD, and Hilary Weingarden, PhD. Additional stakeholders in attendance included: Deborah Baker, JD (APA Professional Legal & Regulatory Affairs), Lindsay Childress-Beatty, JD, PhD (APA Ethics), Corbin Evans, JD (APA Science & Technology), Kamieka Gabriel, PhD (APA Board of Professional Affairs), Tony Habash, DSc (APA Information Technology Services), Dominique Haywood (APA Public Interest), Keely Kolmes, PsyD (Independent Psychological Practice), Laura Lamminen, PhD, ABPP (Former APA Ethics Committee Member; Independent Psychological Practice), Lauren Sommers, PhD, JD (APA Public Interest), Dennis Stolle, JD, PhD (APA Applied Practice), Andrew Strickland, JD (APA Public Policy & Engagement) and Wendy R. Williams, PhD (APA Education). MHTAC members drafted this document based on top themes and consensus areas of importance that emerged during the hybrid meeting. All attendees reviewed the draft document and contributed editorial feedback, as did Ashley Batastini, PhD (MHTAC), Ashleigh Golden, PsyD (MHTAC), and Clifton Berwise, PhD (Liaison to APA Committee on Early Career Psychologists). The APA Ethics Committee has adopted this document. The initiative was supported by APA's Office of Health Care Innovation: Leanna Fortunato, PhD, Aaron Jones, MA, and C. Vaile Wright, PhD.

APA RESOURCES

Artificial Intelligence in Mental Health Care

APA's Technology in Practice

Artificial Intelligence and Machine Learning

APA's Mental Health Technology Advisory Committee

APA's Ethical Principles of Psychologists and Code of Conduct

APA Ethics Committee's Frequently Asked Questions Regarding Ethical Issues related to the Use of Artificial Intelligence and Social Media in Psychology

CONTINUING EDUCATION RESOURCES

Bringing the Power of Artificial Intelligence to Your Clinical Practice: A Hands-on Guide

From Couch to Computer: Converting Psychological Expertise to Digital Health

The Future is Now: How Digital Interventions Could Address the Mental Health Crisis

The Chatbot Cannot Replace You: Using Digital Technologies to Expand Your Positive Impact on Mental Health

OTHER RESOURCES

Describing the Framework for AI Tool Assessment in Mental Health and Applying It to a Generative AI Obsessive-Compulsive Disorder Platform

Readiness Evaluation for AI-Mental Health Deployment and Implementation (READI):

A Review and Proposed Framework

Google Generative AI-Powered Healthcare: The Future is Now